All Wales NHS Induction Programme Workbook for HCSWs supporting Nursing and Allied Health Professions

Name: .....

Department: .....

Induction Start Date: .....

Date workbook to be completed by: .....

Named Assessor: .....

VERSION 4

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau'r Gweithlu, Addysg a Datblygu
Shared Services Partnership
Workforce, Education and Development Services

The Core Principles of NHS Wales

The core principles that underpin the NHS in Wales are:

- We put patients first – being honest, open, empathetic and compassionate, ensuring quality and safety above all else, providing appropriate evidence based care for our patients at all times
- We focus on prevention, health improvement and removing inequalities – as key to the wellness and wellbeing for future generations of the people of Wales
- We seek improvements – so as to eliminate harm, reduce waste and inappropriate variation; integrating improvement and openness into everyday working and being innovative in all that we do
- We learn and reflect – through investing in training and development, enabling staff to influence decisions and providing them with the tools, systems and environments to work competently, safely and effectively
- We work as a team – working in true partnership with partners, organisations and our staff; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others

These core principles support good governance and help ensure the achievement of the highest possible standards in all that the NHS in Wales does.

All individuals operating within the NHS in Wales are expected to carry out their roles with dedication and a commitment to the NHS and its core principles.

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Welcome to NHS Wales and to your role as a Healthcare Support Worker.

We hope you enjoy working within your organisation and team.

Introduction

Why do I need to attend a Healthcare Support Worker induction?

The aim of your induction is to equip you with key knowledge and skills to prepare you for your role as a Support Worker within your organisation. The workbook can be used for all disciplines.

How and what will I learn during my Healthcare Support Worker induction?

The induction will equip you to deliver evidence-based care to patients. Learning is initially classroom based, and some of the learning will take place in your department once you have finished the classroom-based induction.

On completion of your induction, you will be able to:

1. Understand your role as a Healthcare Support Worker (HCSW)
2. Understand person centred practice
3. Understand the importance of communication in a healthcare setting and the meaning of a limited number of Healthcare Terminology
4. Understand record keeping and reporting in a healthcare setting
5. Be able to carry out good hand washing technique
6. Know how falls can be prevented
7. Understand pressure area care
8. Know the role of nutrition and hydration in a healthcare setting, including fluid balance recording
9. Know how to support individuals to maintain continence
10. Understand how to support the wellbeing of individuals in a healthcare setting
11. Know how to support individuals with cognitive impairment
12. Know how to support individuals with sensory loss
13. Be able to use reflection in a healthcare setting

In addition, if you are going to be working in a nursing environment then you will also be able to:

14. Be able to take and record physiological measurements
15. Understand how to recognise a deteriorating patient
16. Understand how to support the hygiene needs of individuals
17. Know how to support oral care

18. Know how to support footcare
19. Know about death, dying and bereavement
20. Know how clinical specimens are taken

Why do I need to complete an induction workbook?

It is a mandatory requirement for all HCSWs employed by NHS Wales, as part of your induction to the Organisation, to successfully complete your workbook. The workbook provides evidence of achievement of the Agored Cymru Units:

- NHS Wales Induction for Clinical Healthcare Support Workers (Core) and/or
- NHS Wales Induction for Clinical Healthcare Support Workers (Nursing) Units (Appendix 1).

You will achieve a certificate and recognised credits from Agored Cymru at Level 2. This shows you have achieved recognition for your learning during induction. The induction will also provide you with evidence for your annual Personal Appraisal Development Review (PADR), which will facilitate the awarding of your annual increment as a rerward for positive performance. It will also provide you with evidence of your prior learning which can contribute towards relevant QCF units.

How do I complete my workbook?

You will learn all about the topics included in your workbook during your classroom based induction. This will enable you to answer the questions and complete the activities in the workbook. There will be opportunities for you to complete some of the activities during the classroom-based induction, but you will need to complete others during your shadow shifts. Assessment of your workbook will be undertaken by a registered practitioner, or an occupationally competent clinical healthcare practitioner who holds an assessor qualification.

How long do I have to complete my workbook?

Completion date for your workbook is four weeks from the end of your induction. However, should you experience any difficulties in completing your workbook please contact either your assessor, line manager or the Support Worker Education and Development Team as soon as is practicably possible. Failure to complete the workbook could result in disciplinary action.

What are NOS?

NOS = National Occupational Standards. NOS are competences, which have been developed by Skills for Health to describe what individuals, need to do, what they need to know and which skills they need to carry out an activity. They can be used across the board - by all health professions, and all levels of staff, whether in the

independent or voluntary sectors or in the NHS. Competences can be used to meet the demands of the NHS Knowledge and Skills Framework [KSF]. (*www.skillsforhealth.org.uk 2009*). All activities in this workbook have been matched to the relevant NOS.

What is KSF?

KSF = Knowledge and Skills Framework. "KSF defines and describes the knowledge and skills which NHS staff need to apply to their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff." (Department of Health 2004)

What are Health and Care Standards (2015)?

The Healthcare Standards for Wales (2015) were issued by the Welsh Govermnment in 2015 (and replace the fundamentals of care) to be implemented in all health and care services, settings and locations.

They establish a basis for improving the quality and safety of health and care services by providing a framework which can be used in identifying strengths and highlighting areas for improvement. They are divided in to seven themes. A copy of the health and care standards can be downloaded from *http://gov.wales/docs/dhss/publications/150402standardsen.pdf*

Standards are needed to ensure that there is a consistent framework that enables organisations to look across the range of their services to ensure that all they do is of the highest quality.

What are Agored Cymru units?

Agored Cymru units are blocks of learning with academic credits attached. This means you achieve recognition for the learning you have done. Any evidence that you have gathered in this workbook can be used towards any additional units you undertake. To complete additional Agored Cymru units as a part of the All Wales Career and Education Framework must be agreed with your line manager.

The letters ACc and a number often follow the questions and activities contained within this workbook. e.g. *Joseph da Costa tells you that he and his carers would like to make a complaint about the care that he has received. He is very angry and upset and does not want to tell you what is wrong* (**ACc 1.1j; ACc 3.1b; ACc 3.3a; ACc 4.1**). **ACc stands for Assessment Criteria and the reference number refers to the specific unit assessment criteria and the letter to the bullet point referenced in the assessment**

information section that should be covered by your answer.
The units (including assessment criteria) covered by this workbook, NHS Wales Induction for Clinical Healthcare Support Workers Core and Nursing Units, are reproduced in Appendix 1.

Some of the criteria will be referenced as **ACn**… here the criteria map only to the NHS Wales Induction for Clinical Healthcare Support Workers (Nursing) unit, and therefore do not have to be covered by those working in other support roles, unless otherwise indicated by your trainers. If the criteria is referenced by ACc, then it is specific to the NHS Wales Induction for Clinical Healthcare Support Workers (Core) unit.

How to complete your workbook

Your workbook does not have to be completed in any particular order. Please follow all instructions carefully and remember that ALL sections of your workbook must be completed within four weeks from your start date.

Please use **ink** and not pencil when completing your workbook.

If you would like an electronic copy of the workbook, please access via *www.nhswalesdevelopinghealthcare.wales*

Your workbook comprises of reflection sheets, activities and recorded observations

- **Reflection sheets** are for you to complete. Additional copies can be found at the end of this workbook. Reflection enables you to look at what you have learnt during a session, and how you will use this new knowledge in your work. Don't worry if you have not used reflection before, you will attend a session on Reflective Practice during your induction, which will help you to complete the Reflection sheets in your workbook.

- **Activities** are a range of questions for you to answer. You can answer these questions by writing the answers in the spaces provided. Your answers will be marked when you submit your completed workbook, so please *do not* ask registered practitioners/ line managers in your work area to mark these.

- **Recorded Observation**
  Your Assessor will *observe you* undertaking practical demonstrations and *assess you* against specified standards. It does not have to be the same Clinical Assessor who observes you for each demonstration. Following each observation the Assessor will sign to indicate that you have achieved all of the specified standards. It is *your responsibility* to arrange a suitable time for the observations.

Will I have any support while I am completing my workbook?

Yes, you will have a named buddy and Registered Practitioner assessor for your shadow shifts in order for you to complete this induction programme. Your Registered Practitioners/Line Managers will have the required knowledge and experience to observe and assess you in the workplace. They will observe you during normal work activities and

be able to sign any observations you have completed in your workbook.

Is there anyone else I can contact if I need further support with completing my workbook?
Always speak to your buddy, registered practitioner/line manager, or named assessor first. You can also contact the Education Lead. There is a space on page 84 for their contact details.

What do I do with my workbook once I have completed it?
Once completed, you will return your workbook to the Support Worker Education and Development Team for accreditation. *Please make sure that your Assessors have signed all of the observation records and Page 12. Ensure that you have completed and signed all sections in your workbook. This will help speed up the certification process.*

Will I be able to keep my workbook once I have received my certificate?
Yes, once it has been checked and signed by your named assessor, Internal Verifier and the Support Worker Education and Development Team as successfully completed, and your certificate has been applied for, your workbook will be sent back to you. *Please make sure you provide us with your work place address – there is a space on page 11 of your workbook in which to write your workplace address and contact details.*

When will I receive my certificate?
If you have not received your certificate after three months from the date you sent your workbook to your Support Worker Education and Development Team, please contact them.

What happens after I complete this induction programme and workbook?
You will be required to complete the All Wales NHS Career and Education Framework during your first two years of employment. The required training and completion of additional workbooks will comprise core competencies and those that relate specifically to your area of work.

Will I be able to use my completed workbook towards any other course?
Yes. You can use it towards additional Agored Cymru units or other accredited learning – as long as it is used within three years of completing the workbook, and covers the relevant subjects.

Where can I find additional information on Support Worker Education and Training once I have finished my induction phase?

You can contact the Education Lead. It may be useful for you to write the contact details of the Education Lead in your speciality on page 82 of your workbook so that you know whom to contact.

Please talk to your line manager/ KSF reviewer prior to applying for additional courses in line with your Organisation's study leave policy.

I am having difficulty in completing my workbook, what do I do?

Firstly, don't worry…
There are many reasons why learners have difficulty in completing their workbook, e.g. difficulties with reading and writing, breaks from work including sick leave/maternity leave/special leave etc. Should you encounter any difficulties at all, please contact your named assessor who will be able to support and advise you.

Who is involved during the induction?

HEALTHCARE SUPPORT WORKER

The HCSW is responsible for ensuring that the workbook is completed within four weeks after your induction. The completed workbook is to be returned to your Support Worker Education and Development Team.

ASSESSOR

There will be a designated person who will be responsible for assessing your completed workbook, to ensure that the standards for each observation have been achieved. *The assessor will also mark your completed written answers/activities in the workbook.* You will be notified of your named assessor during induction.

BUDDY

The buddy will be a named person in the work area who will provide guidance and support to the newly appointed HCSW during the induction period.

REGISTERED PRACTITIONERS/ LINE MANAGERS

Registered Practitioners/ Line Managers will observe practical demonstrations in the workplace and *will sign the sections in the workbook where indicated.*

INTERNAL VERIFIER

This will be a designated person who will ensure that quality assurance processes are followed in line with the awarding body's (Agored Cymru) requirements.

Contact Details	
Healthcare Support Worker/ Learner	Name:
	Job Title:
	Work Place:
	Contact Number:
	Email:
Course Tutor	Name:
	Job Title:
	Work Place:
	Contact Number:
	Email:
Assessor	Name:
	Job Title:
	Work Place:
	Contact Number:
	Signature:

Assessors who have observed and assessed you for the observations in your workbook		
Name:		
Job Title:		
Work Place:		
Activity Assessed:		
Signature:		
Name:		
Job Title:		
Work Place:		
Activity Assessed:		
Signature:		
Name:		
Job Title:		
Work Place:		
Activity Assessed:		
Signature:		
Name:		
Job Title:		
Work Place:		
Activity Assessed:		
Signature:		
Name:		
Job Title:		
Work Place:		
Activity Assessed:		
Signature:		

Information for the assessors who are observing and assessing you for the observations in your workbook

Thank you for agreeing to undertake observation/assessment to enable the learner to complete the practical element of their workbook. Before you carry out an observation, please read the information below on assessment, NOS and Guidelines for observation of practical demonstrations. Should you have any questions regarding the observation, please contact a member of your Support Worker Education and Development Team (details below).

Assessment

Assessment involves establishing how much an individual learner or group has learnt, and will involve both learners and tutors/assessors. In some cases the process begins before the course starts and continues until after it has finished.

Learning is a change in skill and/or attitude and/or knowledge and measuring these changes are the steps in the assessment process. Assessment is the judgement of evidence showing that learning has taken place (an act of measurement) and confirming that a learning outcome, or part of a learning outcome, has been achieved.

Why assess?

Assessment can be a very positive experience for learners, they frequently appreciate assessment because it:

- confirms that they are on the appropriate course;
- motivates and encourages further learning;
- helps learners recognise how they are changing;
- allows them to chart their progress;
- allows them to gain credits/qualifications and therefore have their achievement recognised;
- gives them a sense of achievement

It also gives employers assurance that staff have relevant knowledge, understanding and/or skills required to undertake delegated tasks safely and effectively.

Evidence of achievement must be mapped against specific learning outcomes/assessment criteria. Learners cannot be awarded credit on Agored Cymru programmes for partial achievement of a unit. This

evidence will be made available to the Agored Cymru Verifier to confirm the Award of Credit for the learner/group of learners.

Observation of practical activities/ demonstrations are acceptable forms of evidence that may/will have to be accompanied by signed assessor checklists.

Competences/National Occupational Standards (NOS)

NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

This definition is supported by UK Commission for Employment and Skills (UKCES)

What are the benefits of NOS?

NOS are tools to help individuals, organisations and training providers to improve performance. They are useful for carrying out a wide range of activities such as:

- They describe the minimum standard to which an individual is expected to work in a given occupation
- Set out a statement of competence which bring together the skills, knowledge and understanding necessary to do the work
- Provide managers with a tool for a wide variety of workforce management and quality control
- Offer a framework for training and development
- Form the basis of Vocational Qualifications (VQs) on the Qualification and Credit Framework (QCF) and Scottish Vocational Qualifications (SVQs).

Competences

A competence describes the performance criteria, knowledge and understanding needed for an individual to carry out a work function effectively.

Guidelines for observing practical demonstrations

- Agree with the HCSW a convenient time to conduct an observation of the delegated task
- Sign the workbook to indicate each standard has been achieved for each observation
- Please add additional observational comments of what you have witnessed/seen
- Ensure you have signed and dated the observation you have assessed
- Please ensure that you have completed your contact details in one of the boxes on page 11. (You need only complete one box regardless of how many observations you carry out
- You are not expected to mark or make written comments on the activities in the workbook i.e. written answers/activities. The named assessor will do this
- Please contact your Support Worker Education and Development Team if you have any queries – see page 82.

Certificate of authenticity

Candidates on the program are required to confirm their understanding of unfair practice and its limitations. Unfair practice includes cheating in examinations, competences, plagiarising the work of others, replicating work or submitting commercially prepared assignments.

This statement will apply to **all** work submitted as part of your current course.

This statement is to be signed by the candidate for any work submitted for accreditation. A copy of this booklet may be held by your organisation.

Candidates Name : .....

Course Title: .....

Education Centre: .....

Start Date: .....

Submitted Date: .....

I confirm that I understand that any unfair practice on my part may be deemed as misconduct in accordance with organisational Policy.

I, undersigned, confirm that the assignment/competences I submit on this course are all my own work.

I, undersigned, confirm that I will inform my mentor/program manager of any mitigating circumstances that might affect my performance.

Signature: ..... Date .....

Summary of achievement record			
Please date and sign when all activities/ reflections etc for each subject have been completed			
Subject	Date	Support Worker Signature	Assessor Signature
Role of the Healthcare Support Worker			
Person Centred Practice			
Communication Skills			
Principles of Record Keeping and Reporting			
Hand Washing			
Prevention of Falls			
Care of Pressure Areas			
Nutrition and Hydration			
Maintenance of Continence			
Support the Wellbeing of Individuals			
Cognitive Impairment			
Sensory Loss			
Understand and take physiological measurements (Nursing Unit only)			
Deteriorating patient (Nursing Unit only)			
Hygiene needs (Nursing Unit only)			
Oral care (Nursing Unit only)			
Foot care (Nursing Unit only)			
Care of the dying (Nursing Unit only)			
Clinical Specimens (Nursing Unit only)			
Reflection			
Date credits achieved			Date of Assessment
Internal Verifier			

Understanding healthcare terminology

It is generally acknowledged that best practice is to avoid the use of jargon and abbreviations. However, there are some instances where abbreviations are considered acceptable. Please write in full the six abbreviations below (**ACc 3.5; ACn 3.5**).

C.Diff	DNAR
MRSA	MSU
PPE	NEWS

A prefix is placed before the beginning of a word. Adding it to the beginning of one word changes it into another word. For example, when the prefix un- is added to the word happy, it creates the word unhappy.

What does each of the following healthcare prefixes mean?
(**ACc 3.5; ACn 3.5**)

cardio-	hypo-
gastro-	ophthalm-
haem-	osteo-
hyper-	paed-
pre-	post-

A suffix is a letter or a group of letters attached to the end of a word to form a new word or to alter the grammatical function of the original word. For example, the verb read can be made into the noun reader by adding the suffix -er; read can be made into the adjective readable by adding the suffix -able.

What does each of the following healthcare suffixes mean?
(**ACc 3.5; ACn 3.5**)

-aemia	-oscopy
-ectomy	-ostomy
-itis	-plasty

Reflection in a healthcare setting

Describe a method of reflection to use in a healthcare setting (**ACc 13.1; ACn 20.1**).

Communication

1. Describe communication skills used in a healthcare setting (**ACc 3.1; ACc 1.1g, b, c; ACn 1.1b, c, g; ACn 3.1**).

a) obtaining consent

b) giving and receiving information

c) taking messages

2. What is (**ACc 1.1g; ACn 1.1g**):-

a) informed consent

b) mental capacity

c) patient/service user identification

3. Describe how to identify the language and cultural preferences of individuals in a healthcare setting (**ACc 3.2; ACn 3.2**).

4. List who could help you to communicate with patient/service users who are experiencing communication difficulties? (**ACc 3.1; ACn 3.1**)

5. How do you ensure that your communication is respectful towards all? (**ACc 3.1; ACc 3.2; ACn 3.1; ACn 3.2**)

6. Give examples of how you would support a patient in distress? (**ACc 3.3; ACn 3.3**)

7. What does accountability mean to you in the context of your role? (**ACc 1.1a, b, c, e; ACn 1.1a, b, c, e**)

8. What are your responsibilities for recording and reporting your actions? (**ACc 1.1j; ACc 4.1; ACn 1.1j; ACn 4.1**)

9. List the key points of the relevant organisational policies and procedures – for example record keeping, concerns and complaints (**ACc 1.1a, b, c; ACc 4.1; ACn 1.1a, b, c; ACn 4.1**).

11. Describe how confidentiality relates to your role as a HCSW (**ACc 1.1h; ACn 1.1h**).

12. What challenges are posed by social media in maintaining a) confidentiality and b) what are the key points of the organisational policy on social media? (**ACc 1.1h; ACn 1.1h**)

a) confidentiality

b) organisational policy

Message to Ward/department based Assessor **Learner Name:** **Ward:**

The **learning outcome** from this exercise is that the HCSW will be able to use communication in a healthcare setting.

The **assessment criteria** against which you are measuring the HCSW is:
The HCSW will communicate with individuals in a healthcare setting with healthcare team members and for patients on three separate occasions. They need to demonstrate verbal and non-verbal skills across all activities and include an explanation of the Active Offer (**ACc 3.4; ACn 3.4**).

	Assessment 1	Assessment 2	Assessment 3
Did the HCSW use verbal communication?	YES/NO	YES/NO	YES/NO
Did the HCSW use written communication?	YES/NO	YES/NO	YES/NO
Did the HCSW use non-verbal communication e.g. gesture and facial expression?	YES/NO	YES/NO	YES/NO
Did the HCSW introduce him/herself to the person?	YES/NO	YES/NO	YES/NO
Did the HCSW explain the Active Offer i.e. the opportunity for care to be delivered in the medium of Welsh?	YES/ NO	YES/ NO	YES/ NO
If not, why not?			
In your opinion what did the HCSW do particularly well in this communication exercise?			
How could they improve?			
Signature:			
Learner Signature:			
Date:			

NB Assessor to sign page 12.

Understand person centred practice

All staff need to understand the importance of respecting individuals' choices and promoting their ability to care for themselves.

1. Explain what is meant by person centred practice (**ACc 1.1i; ACc 2.1; ACn 1.1i; ACn 2.1**).

2. Give three examples of how to work in person centred ways (**ACc 1.1i; ACc 2.2; ACn 1.1i; ACn 2.2; ACn 15.1**).

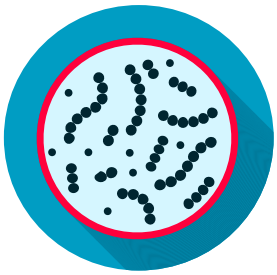
1.

2.

3.

3. Explain why individuals have the right to make choices and take risks (**ACc 2.4; ACn 2.4**).

4. Identify how your own personal beliefs, values and life experiences could affect your behaviour towards individuals (**ACc 1.1e; ACc 2.3; ACn 1.1e; ACn 2.3**).



Infection control and hand washing

Hand washing is an essential component of patient care and the prevention of cross infection.
Identify when hand washing should be carried out (**ACc 5.1; ACn 5.1**).

List the process of how hand washing should be carried out (**ACc 5.1; ACn 5.1**).

1.

2.

3.

4.

5.

6.

7.

Hand hygiene technique audit – minimum of three assessments (**ACc 5.2; ACn 5.2**)

Learner's Name:

Ward: Site:

Performance Checklist For Hand Washing						
	Y/N √/X	Y/N √/X	Y/N √/X	Y/N √/X	Y/N √/X	Y/N √/X
	Assessment No.					
Criteria	1	2	3	4	5	Extra
Date						
1. All jewellery and watches are removed, and sleeves rolled up if necessary.						
2. Fingernails are clean with no polish.						
3. Any cuts are covered with waterproof dressings.						
4. The water is turned on and the temperature checked and adjusted to warm where possible.						
5. Hands are wet under continuously running water.						
6. Liquid soap is applied to wet hands.						
7. Hands are rubbed together to create a lather.						

NB Assessor to sign page 12.

	Assessment No.					
Criteria	1	2	3	4	5	Extra
Date						
8. The lather is rubbed over all surfaces of the hands for 10-15 seconds, including the thumbs, between the fingers, fingertips and wrists.						
9. Splashing of clothing and floor is minimised.						
10. Hands are rinsed thoroughly.						
11. Taps are turned off using wrist/elbow levers or using a clean paper towel.						
12. Hands are patted dry thoroughly with paper towels.						
13. Paper towels are disposed of in an appropriate bin without contaminating hands (using a foot pedal or paper towel to open the bin).						
Pass/Fail						
Assessor Signature						
Comments						

NB Assessor to sign page 12.

Chaperoning and "specialling" responsibilities

Your Organisation has best practice Chaperoning and Escorting guidelines to safeguard patients and employees. These guidelines are available on the intranet, and may be available on the internet site for your organisation.

Practice highlight
Although all the guidance provided by your Organisation applies equally to children and adults there are additional guidelines that relate to children which need to be considered. If you work with children please familiarise yourself with these.

Your Organisation has guidance relating to the use of 'specialling' (also known as one on one). In particular it draws reference to the use of Bank & Agency Staff. There is a 'specialling' assessment and authorisation process for your Organisation to ensure high quality, safe care and cost-effective care for vulnerable patients.

Describe the role of a chaperone (**ACc 1.1e, f; ACn 1.1e, f**).

When must a patient require a chaperone? (**ACc 1.1e, f; ACn 1.1e, f**)

What is meant by "specialling", and why might it be necessary? (**ACc 1.1e; ACn 1.1e**)

Prevention of falls

1. Identify five factors that will make an individual at risk of falls (**ACc 6.1; ACn 6.1**).

1.

2.

3.

4.

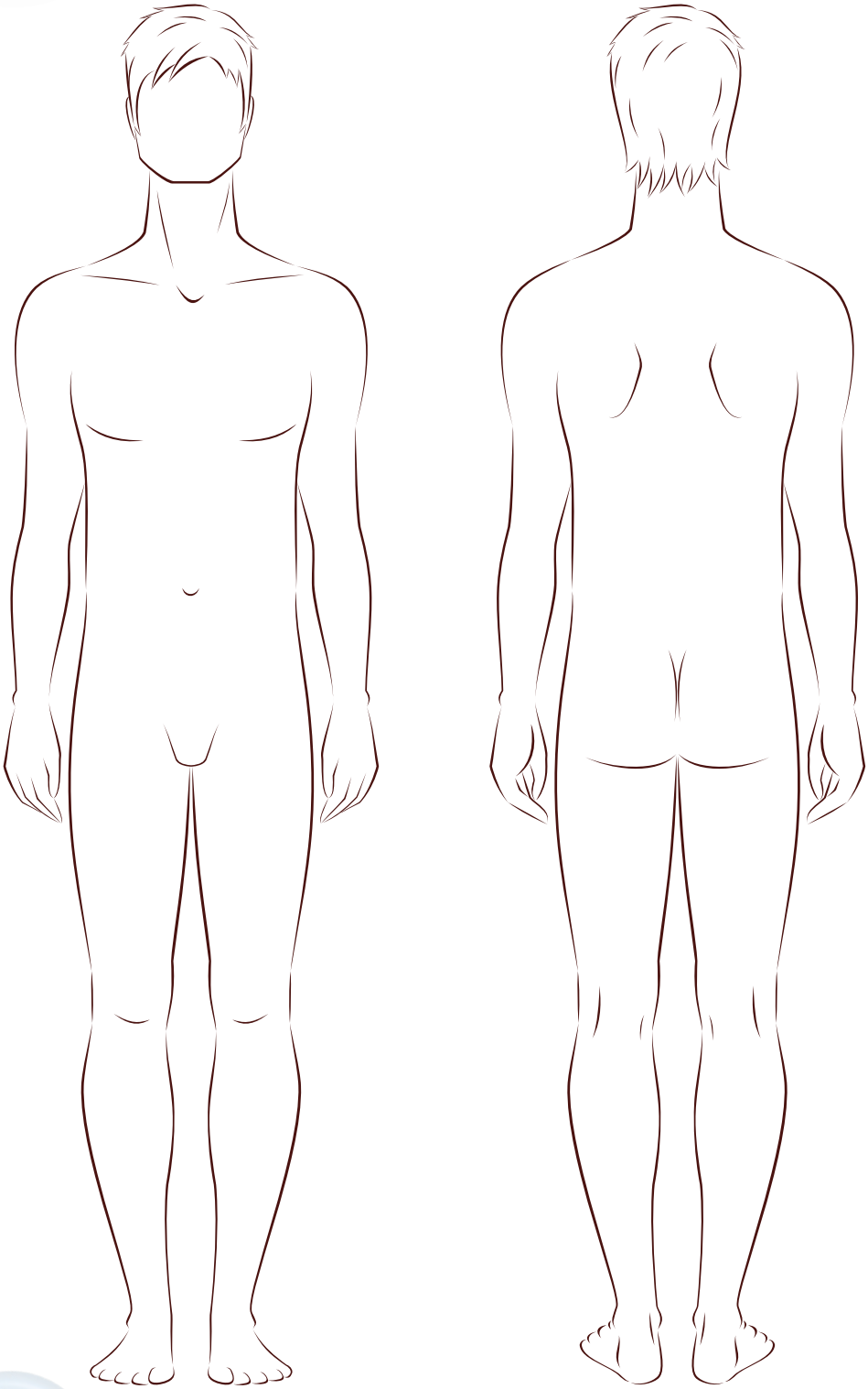
5.

2. Identify strategies to reduce falling for all factors mentioned in Question 1 (p33) (**ACc 6.2; ACn 6.2**).

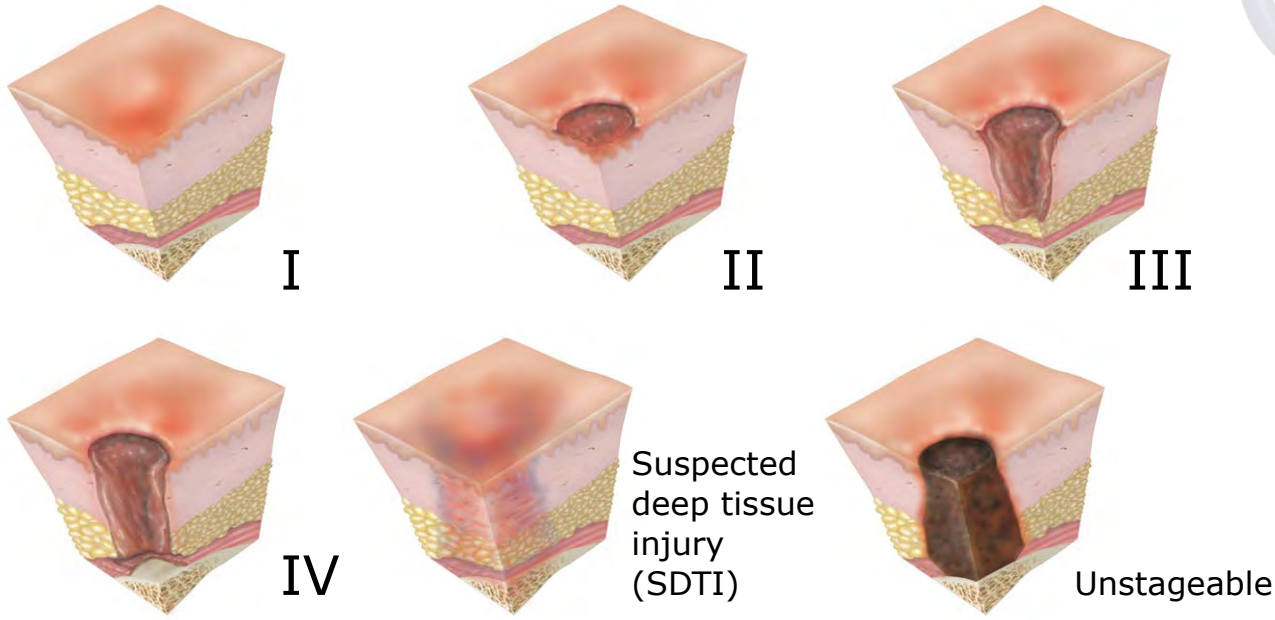
3. How would you respond if the service user did not wish to use an identified falls prevention strategy? (**ACc 1.1e, j; ACc 2.4; ACc 4.1; ACn 1.1e, j; ACn 2.4; ACn 4.1**)

Pressure injury care and prevention

Using the body map below circle at least **seven areas** at risk of pressure damage (**ACc 7.1; ACn 7.1**).



Reference classification of pressure ulcer and damage



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Also please visit *https://www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf* for more information

Briefly describe each of the stages of pressure ulcer and damage development (**ACc 7.2; ACn 7.2**).

Stage I

Stage II

Stage III

Stage IV

SDTI

Unstageable

Identify five factors that cause skin breakdown (**ACc 7.3; ACn 7.3**).

1.

2.

3.

4.

5.

Identify five interventions which can reduce the individual's risk of developing pressure ulcer and damage (**ACc 7.4; ACn 7.4**).

1.

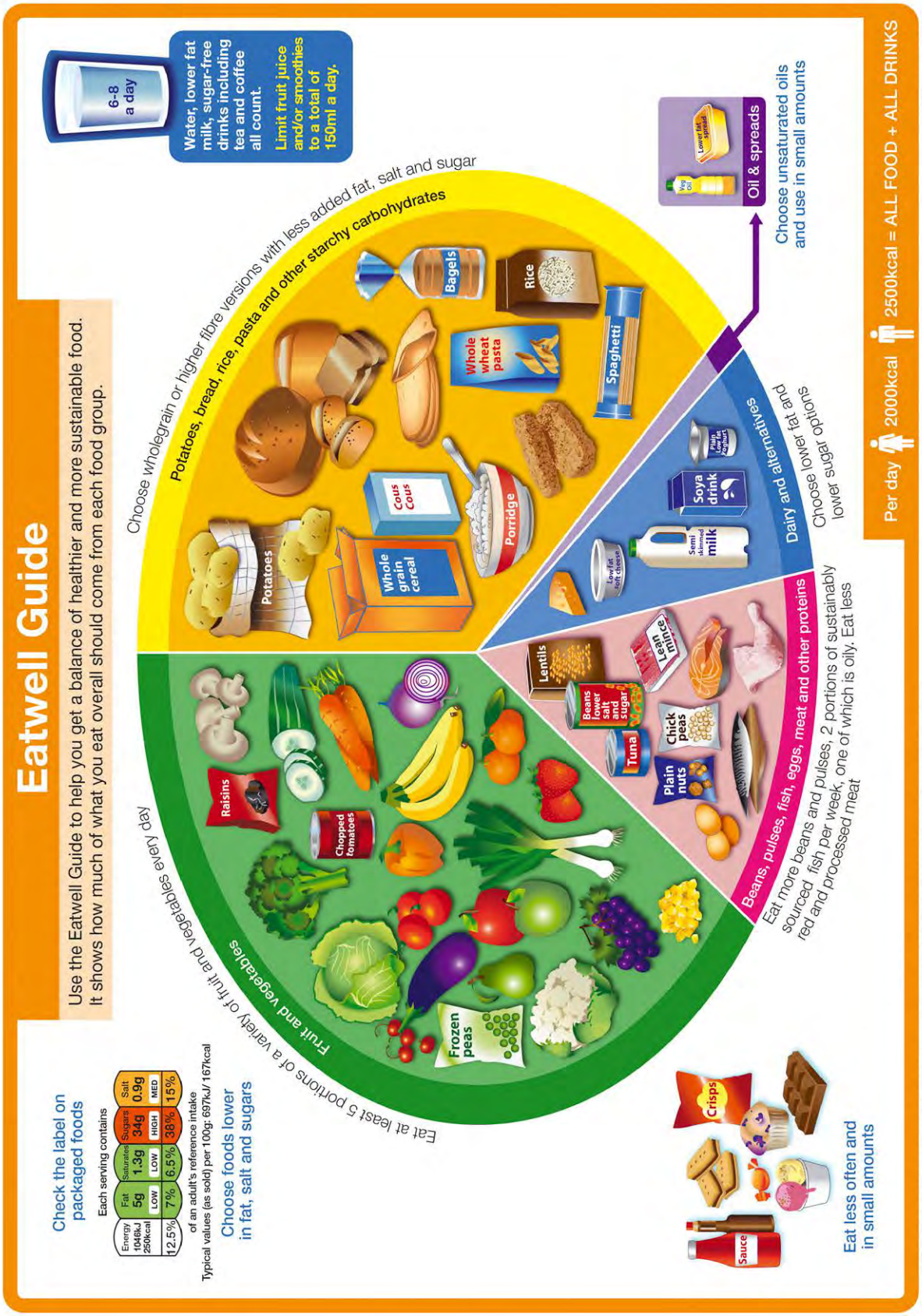
2.

3.

4.

5.

Nutrition and hydration



Identify the National and Local Initiatives that have been introduced to support nutrition and hydration for individuals receiving healthcare in your organisation, and your role in supporting these (**ACc 8.1; ACn 8.1**).

Identify seven factors that affect nutrition and hydration (**ACc 8.2; ACn 8.2**).

1.

2.

3.

4.

5.

6.

7.

Why it is important that individuals are well nourished and hydrated? (**ACc 8.2; ACn 8.2**)

Fluid balance

What is fluid balance and why is it important? (**ACc 8.2; ACn 8.2**)

Provide three routes of (**ACc 8.2; ACn 8.2**):-

Fluid intake	Fluid loss
1.	1.
2.	2.
3.	3.

Provide five symptoms of dehydration? (**ACc 8.2; ACn 8.2**)

1.

2.

3.

4.

5.

Completing a fluid balance chart (**ACc 8.3; ACc 9.5; ACn 8.3; ACn 9.5;**)

06:00 start, Totalling up the score at the end of each twelve hour period.

Ms Alice James was admitted to your clinical area after a three day history of profuse diarrhoea and vomiting

- She has rheumatoid arthritis
- She is not currently on intravenous fluids and the doctors have asked you to monitor her intake and output for the next 24 hours

*ON FLUID CHART PLEASE ENSURE THERE ARE THREE ID POINTS
e.g.:- Name, address, hospital no., date of birth

This is her fluid and dietary intake for 24 hours:

07:00	half a cup of tea (100mls)
08:00	three sips of water with medication (15mls)
08.15	half a piece of toast
09:00	commode 300mls urine and no diarrhoea
09:25	half a bed pan full of diarrhoea (550mls)
10:00	three sips of water (15mls)
10:30	half a cup of tea (100mls)
11:00	went to the toilet but forgot to measure it
12:00	½ bowl of clear soup and half a cup of water (100mls)
13:00	300mls of diarrhoea
13:30	86mls of urine passed
14:00	20mls water with medication
14:30	half a cup of tea (100mls)
17:00	half a cup of water with medication (100mls)
17:30	half sandwich and a full cup of tea (200mls)
19:00	half a cup of squash at visiting (100mls)
19:45	48mls of urine passed
20:15	half a cup of horlicks before bed (100mls)
21:00	400mls of diarrhoea before bed

Feeling very tired went to bed and slept until 04:00 when she had half a cup of water and slept until morning. A sip is 5mls in the All Wales guidance.

Complete Fluid Balance Chart

What is the balance over 24 hours?

DAILY INTAKE-OUTPUT CHART

(Record MUST be recorded on Weekly Chart)

24 HRS FROM .....ON.....TO.....ON.....

WARD

ADDRESSOGRAPH

INSTRUCTIONS FOR 24 HOURS - All intravenous/enteral fluid therapy and drugs must be administered as prescribed on the **ALL WALES PRESCRIPTION CHART.** The "Type" heading below refers to the particular fluid prescribed.

INSTRUCTIONS FOR 24 HOURS

	INTAKE						OUTPUT					
Time	Intravenous/Enteral Fluids				Oral		Urine		Gastric		Wound Drainage	Bowel
	Type Intravenous/Enteral	Vol. Set up	IV Vol. Given	E Vol. given	Vol.	Type	Vol.	Running Total	Vol.	Running Total	Vol.	Type
c/f												
12 Hr Total												
12 Hr Total												
24 Hr Total												

TOTAL INPUT: ..... **mls** **FLUID BALANCE +/-:** ..... **mls**

TOTAL OUTPUT: ..... **mls**

P480R656 CP

WARD: Weekly Intake and Output Chart				ADDRESSOGRAPH:						
Date	INTAKE (ml)			OUTPUT (ml)						
	Intravenous	Oral	Enteral	Urine	Gastric Contents	Drainage	Bowel	Balance (ml)	Signature	RN Signature
Total										

Date	COMMENTS:	RN Signature
5/09	EXAMPLE: Fluid intake low due to nausea, refer to Care Plan for action	J Reason

PTO FOR FURTHER COMMENTS

HMR210B (W) 2009 V02

P480R656 CP

Date	COMMENTS (CONT')	RN Signature

HMR210B (W) 2009 V02

Continence care

In your own words, what is the definition of continence? (**ACc 9.1; ACn 9.1**)

Identify five factors which affect continence, including at least one each of physical, psychological and pharmacological factors. (**ACc 9.1; ACn 9.1**)

1.

2.

3.

4.

5.

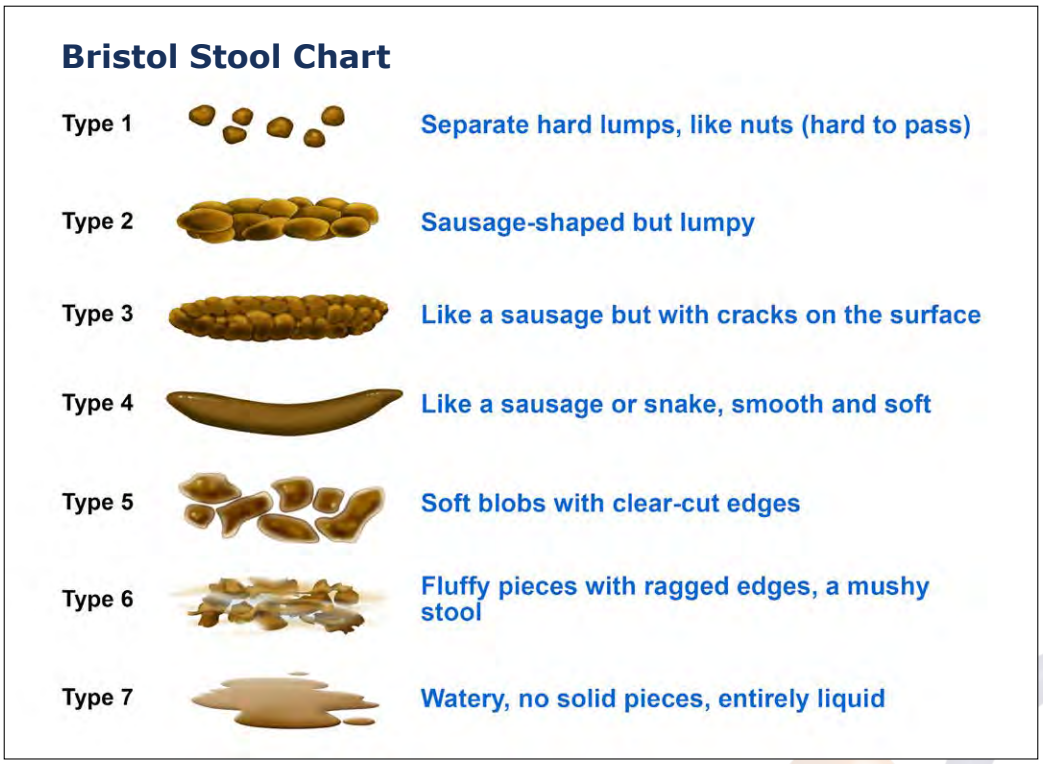
What is a normal bladder capacity?

Identify the aids which support urinary continence (**ACc 9.3; ACn 9.3**).

How can you support the dignity of those in your care who need continence support? (**ACc 9.4; ACn 9.4**)

How would you record bowel excretion? (**ACc 9.5; ACn 9.5**)

Identify the aids which support faecal continence (**ACc 9.3; ACn 9.3**).



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Supporting the wellbeing of individuals

In order to maintain physical and emotional wellbeing. Individuals need rest, relaxation and an environment that promotes sleep. Use the table below to identify specific factors that can impact on an individual's rest, relaxation and sleep in your area. (**ACc 10.1; ACc 10.2; ACn 10.1; ACn 10.2**)

Factors that affect:	
Physical 1. 2. 3.	Emotional 1. 2. 3.
Strategies to support identified factors	
Physical 1. 2. 3.	Emotional 1. 2. 3.

Cognitive impairment

Identify five reasons for cognitive impairment (**ACc 11.1; ACn 11.1**).

1.

2.

3.

4.

5.

Discuss how you would support an individual using an identified initiative in your health board (**ACc 11.2; ACc 11.3; ACn 11.2; ACn 11.3**).

Using an identified method, reflect on how you have supported an individual with cognitive impairment (**ACc 11.3; ACc 11.2; ACn 11.3; ACn 20.2**).

Sensory loss

List the five senses and give an example of when each sense is lost (**ACc 12.1; ACc 12.2; ACn 12.1; ACn 12.2**).

Sense	Example
1.	
2.	
3.	
4.	
5.	

Identify five factors which might contribute to sensory loss (**ACc 12.3; ACn 12.3**).

1.

2.

3.

4.

5.

Identify an initiative/tool that support individuals with sensory loss (**ACc 12.4; ACn 12.4**).

Using an identified reflective method, reflect on how you have supported an individual with sensory loss (**ACc 12.5; ACc 13.2; ACn 12.5; ACn 20.2**).

Recognising the deteriorating patient

1. Identify the physiological observation charts used in your organisation?

2. When assessing a patient's condition we use the ABCDE approach – what does ABCDE stand for?

A:

B:

C:

D:

E:

Describe the signs and symptoms of a deteriorating patient in relation to ABCDE (**ACn 13.3; ACc 14.1**).

A:

B:

C:

D:

E:

Physiological measurements

List the physiological measurements taken in practice (**ACn 13.1**).

1.	4.
2.	5.
3.	6.

1. Identify normal ranges of the following physiological measurements at rest (**ACn 13.2**).

Physiological Measurement	Normal Range					
	Adult	Child 6 to 12	Young Child 2 to 6 years	Toddler 12 months to 2 years	Infant 1 to 12 months	Newborn
Blood pressure						
Respiratory Rate						
Pulse						
Temperature						
Oxygen Saturations						
Consciousness Level						

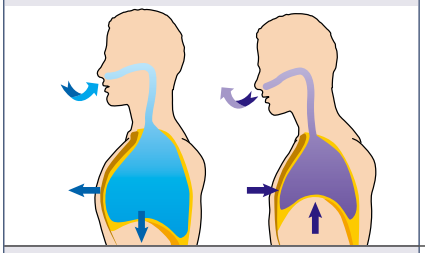
Anything outside these readings can be abnormal.

2. What is the significance of abnormal physiological measurements? (**ACn 13.2; ACn 13.3; ACn 14.1**)

3. What action should you take if you discover recordings are outside a patient's normal ranges? (**ACn 1.1j**)

Activity 1

There are many factors that can affect physiological measurements. Complete the table below to identify factors which can alter physiological measurements (**ACn 13.3; ACn 14.1**).

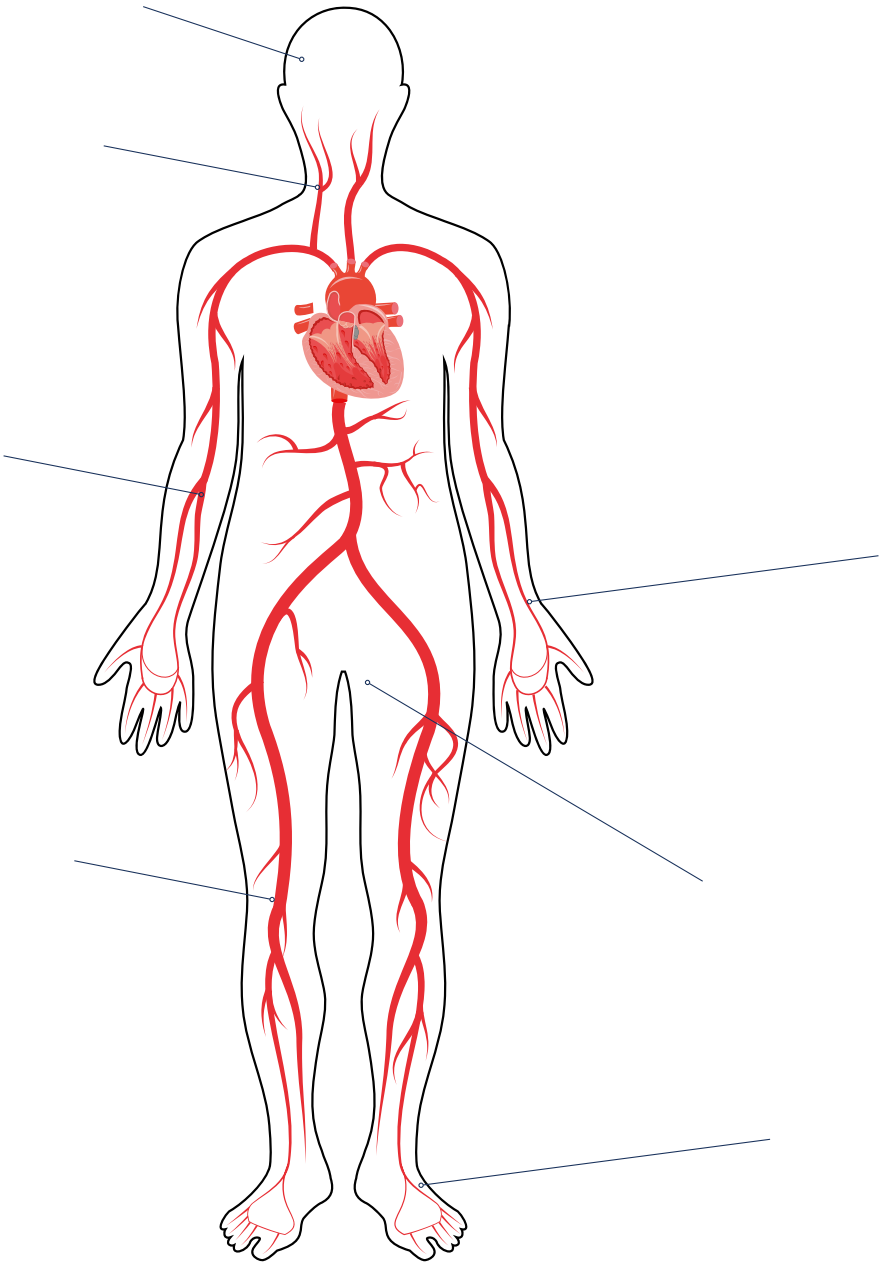
Physiological Measurement	Factors that affect
Blood pressure	
Respiratory Rate 	
Pulse	
Temperature	
Oxygen Saturation	

Activity 2

Label the diagram below to identify the following pulse sites:

1. Temporal	2. Pedal	3. Popliteal	4. Femoral
5. Carotid	6. Brachial	7. Radial	

Try and locate your own pulse at each of the main sites (circle each one as you find them, you may wish to complete this exercise at home). Pulse rates should always be assessed manually for a full minute.



Activity 3

Undertake physiological measurements observed by your mentor/assessor (please include completed physiological observation chart as evidence). Please ensure that at least one set is manual (**ACn 13.4; ACn 13.5**).

Simulated Observation	Pulse	O2 Sats	Respirations	Temperature	Blood pressure manual	Blood pressure electronic
1						
2						
3						
4						
5						

See observations chart for evidence.

Learner Assessment Record Sheet

Assessment to be completed on five patients with a minimum of two manual blood pressure readings. Tick each box when completed. If not assessed as competent the HCSW must be considered for retraining (**ACn 13.4; ACn 13.5; ACn 14.1**).

Ward Placement The Learner should be able to:	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Check all clinical observation equipment used is up-to-date with relevant checks					
Explain procedure to client and obtain consent					
Make appropriate adjustments to clothing to take a blood pressure recording					
Correctly obtain and record a **Manual** pulse rate					
Correctly chose the appropriate Blood Pressure machine for the client					
Use the correct cuff size for the client					
Correctly obtain and record a **Manual** Blood pressure					
Correctly obtain and record an Oxygen saturation					
Correctly obtain and record a temperature using a tympanic thermometer					
Correctly obtain and record a respiration rate					
Correctly identify and record the AVPU Score.					
Correctly obtain and record a **Mechanical** Blood pressure (using automated device e.g. Dinamap) • Correct Cuff Size • Turn off in between patients • Place the machine on charge if appropriate					
Accurately record vital signs on the observation chart					

Ward Placement The Learner should be able to:	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Discuss the NEWS scoring system and required actions to take when measurements fall outside of normal ranges					
Discuss when to use PPE					
Correctly follow infection control procedures after each client use					
Discuss how to obtain clinical observations in an isolation room					
Discuss reporting defective equipment and removal form the clinical area					
Assessors Signature & Date Achieved					
Learners Signature & Date Achieved					

Assessors Feedback to Candidate	Candidate Comments

NB Assessor to sign page 12.

Personal hygiene

Identify how and why you would support an individual with their hygiene (**ACn 15.1; ACn 15.2; ACn 15.3**):

Give five examples of how and why to support individuals with oral care and foot care – in all cases provide reasons why (**ACn 16.1; ACn 16.2**).

ORAL CARE

1.

2.

3.

4.

5.

(**ACn 17.1; ACn 17.2**)

FOOT CARE

1.

2.

3.

4.

5.

Describe five ways you can protect the privacy and dignity of individuals while providing support with hygiene needs (**ACn 15.2**).

1.

2.

3.

4.

5.

Taking clinical specimens

Describe how the following clinical specimens are taken (**ACn 19.1**):

1. Midstream specimen of urine (MSU)

2. Catheter specimen of urine (CSU)

3. Stool sample

4. MRSA sceening

5. Sputum specimen

Identify how and when to label clinical specimens (**ACn 19.2**).

Death and dying

All staff need to understand their role in caring for the dying patient and their relatives/carers; and understand how to perform last offices correctly whilst also demonstrating respect and maintaining privacy.

An important part of a healthcare workers role is to support the dignified and peaceful death of patients and the care of their families. Caring for a person at the end of their life, and after death, is enormously important and a privilege. There is only one chance to get it right and it is not at all easy to coordinate everything that needs to happen.

The healthcare workers role at the end of life extends beyond death to provide care for the deceased person and support to their family and carers. The physical care given by nurses following death in hospitals or at home has traditionally been referred to as 'last offices'. Last offices are the procedures performed, usually by a nurse, to a person shortly after death has been confirmed. The procedure can vary from culture to culture.

Describe "the care of dying adults in the last days of life".
See *http://www.nice.org.uk/guidance/ng31* for additional information (**ACn 18.2**).

Identify five cultural and religious differences associated with death and dying (**ACn 18.1**).

1.

2.

3.

4.

5.

Explain how you would perform last offices (**ACn 18.3**).

Identify how the property of an individual is handled and stored after death (**ACn 18.4**).

Identify the five stages of grief (**ACn 18.5**).

1.

2.

3.

4.

5.

Identify how **you** as a HCSW will be supported when working with individuals who are dying (**ACn 18.6**).

Learning from practice template (reflection)

Activity
Using an identified reflective model, please complete **at least one** reflection on your role and responsibilities as a HCSW, related to your experiences during your shadow shifts. It is important that you refer to your scope of practice, the All Wales Code of Conduct, accountability and delegation, your duty of care, and the specific training required for your role as a part of your reflection, if not already covered by responses to previous questions within this workbook. (**ACc 1.1d; ACc 13.2;** (**ACn 1.1d; ACn 20.2**)

Name			
Work place *Where were you working, and what was your role title when you undertook this learning?*			
Brief description of your work or role			
Date		How much time did this reflection take?	
Experience *Description of the event, where it was, who was present, what happened, what did I do?*			
Reflection *How did I feel? What did I do well? What could I have done better? What did I learn?*			

Action

What actions do I now need to take? How can I make a difference to care and services?

Outcome of the learning activity

What did you gain from your learning? How did the learning relate to your work; What effect it has had on the way in which you work or intend to work in the future; Is there any follow up learning which you may be planning in the future. This will be a personal view (reflection) of the way in which the learning has informed and influenced your work.

Location of additional evidence in your portfolio

Link this record to evidence within your portfolio

Learning from practice template (reflection)

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Name			
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Work place *Where were you working, and what was your role title when you undertook this learning?*			
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Location of additional evidence in your portfolio

Link this record to evidence within your portfolio

Final feedback and review

When you have completed your workbook, please write down the key points you feel have benefitted you the most during your induction phase, (including classroom sessions, workbook and work place), and your on going role and personal responsibilities relating to **statutory and mandatory training**.

(Optional) Additional comments from your buddy/line manager/ registered practitioner in the workplace

Final Feedback and Review from your Assessor

Support Worker signature:		Date:
Assessor signature:		Date:
Internal Verifier signature:		Date:

Additional contact details

(it may be useful for you to add any useful contact details here)

Name	Job Title	Contact Details
	Education lead for your area of work	
	Nominated Buddy in your workplace	

Completed workbook checklist

Have you completed all sections in the workbook? ☐
Summary of Achievement Record? ☐
Are all sections dated and signed? ☐

Please write your work base address below (this is where your workbook will be returned to you).

Your assessor may need to contact you to discuss your work book, please write your preferred contact telephone number below.

Appendix 1

NHS Wales Induction for Clinical Healthcare Support Workers (Core)

Unit Code: **PH52CY107**
Level: **Two**
Credit Value: **6**
Unit ID: **CDK196**
LDCS: **PH5**
Sector: **1.2 Nursing and Subjects and Vocations Allied to Medicine**
Last registration date: **31/07/2019**
Lower age restriction: **16+**

Purpose and Aim

To develop the knowledge and skills of clinical healthcare support workers in Wales in preparation for work in NHS Wales, and in addition to mandatory on line induction. This unit supplements and supports the Core Skills Training Framework that is mandatory for all NHS Wales staff. Geared to all disciplines.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand the role of a healthcare support worker.	1.1 Describe the role and responsibilities of a healthcare support worker.
2. Understand person centred practice.	2.1 Explain what is meant by person centred practice. 2.2 Give examples of how to work in person centred ways. 2.3 Identify how own beliefs, values and life experiences can affect behaviour towards individuals. 2.4 Explain why individuals have the right to make choices and take risks.

Learning Outcomes	Assessment Criteria
3. Be able to use communication skills in a **healthcare setting**.	3.1 Describe communication skills used in a healthcare setting. 3.2 Describe how to identify the language and cultural preferences of individuals in a healthcare setting. 3.3 Give examples of ways to support a distressed person. 3.4 Communicate with: • **individuals** using a healthcare setting • healthcare team members 3.5 Define **key terminology** used in a healthcare setting.
4. Understand record keeping and reporting in a healthcare setting.	4.1 Describe the responsibilities of a healthcare support worker for • record keeping • reporting.
5. Be able to carry out hand washing technique.	5.1 Identify when and how hand washing should be carried out. 5.2 Demonstrate **hand washing technique**.
6. Know how falls can be prevented.	6.1 Identify the factors that can contribute to falls. 6.2 Identify strategies for falls prevention.
7. Understand pressure injury.	7.1 Identify the common sites for pressure damage. 7.2 Identify the stages of pressure ulcer development. 7.3 Identify factors which cause skin breakdown. 7.4 Identify interventions which reduce: • skin breakdown • pressure damage.
8. Know the role of diet, nutrition and hydration in a healthcare setting.	8.1 Identify national and local initiatives [r1] for diet, nutrition and hydration. 8.2 Identify **factors that affect diet, nutrition and hydration** in healthcare settings. 8.3 Identify how fluid input and output are recorded on a fluid balance chart.

Learning Outcomes	Assessment Criteria
9. Know how to support individuals to maintain continence.	9.1 Define continence. 9.2 Identify **factors which affect continence**. 9.3 Identify aids which support continence. 9.4 Identify how to support the dignity of individuals during continence support. 9.5 Identify how to record excretion from: • bladder • bowels.
10. Understand how to support the wellbeing of individuals in a healthcare setting.	10.1 Identify factors that affect: • physical wellbeing • emotional wellbeing. 10.2 Identify strategies to support factors identified in 10.1.
11. Know how to support individuals with cognitive impairment.	11.1 Give reasons for cognitive impairment. 11.2 Identify an initiative for supporting individuals with cognitive impairment. 11.3 Reflect on how to support individuals with cognitive impairment.
12. Know how to support individuals with sensory loss.	12.1 List the senses. 12.2 Give examples of sensory loss. 12.3 Identify factors that affect sensory loss. 12.4 Identify an initiative for supporting individuals with sensory loss. 12.5 Reflect on how to support individuals with sensory loss.
13. Be able to use reflection in a healthcare setting.	13.1 Describe **a method of reflection** to use in a healthcare setting. 13.2 Produce a reflective account of a shadow shift during NHS Wales induction.

Assessment Methods

There is no assessment information available for this unit. Assessments used should be fit for purpose for the unit and learners, and generate evidence of achievement for all the assessment criteria.

Assessment Information

ACc 1.1 Role and responsibilities of a healthcare support worker must include:

a. Scope of practice
b. codes of conduct (NHS Wales and/or Care Council for Wales)
c. accountability and delegation
d. the mandatory and statutory training for own work setting
e. duty of care
f. chaperoning
g. consent
h. confidentiality and the use of social media
i. using an enabling approach
j. reporting concerns in line with organisational policies and procedures.

ACc 2.2 A minimum of three examples must be given.

Healthcare setting refers to any setting in which a clinical healthcare support worker is working.

ACc 3.1 Communication skills must include verbal and non verbal skills and cover all the following situations

a. obtaining consent
b. giving and receiving information
c. taking messages.

ACc 3.4 Must include a minimum of three individuals or three team members, and the demonstration of verbal and non verbal skills across both groups. Must include an explanation of the active offer.

Individuals could include Families and Carers.

ACc 3.5 **Key terminology** must include at least: NEWS, C Diff, DNAR, MRSA, MSU, cardio-, gastro-, haem-, osteo-, paed-, hypo-, hyper- , pre-, post-, –aemia, -oscopy, -ectomy, -ostomy, -itis, -otomy, -omy, -plasty.

ACc 5.2 **Hand washing technique** as defined by current NICE guideline:

Infection: Prevention and control of healthcare-associated infections in primary and community care
www.nice.org.uk

ACc 6.1 A minimum of five factors.

ACc 6.2 A minimum of five strategies must be evidenced.

ACc 7.1 A minimum of seven.

ACc 7.2 A minimum of four stages must be evidenced.

ACc 7.3 A minimum of five factors must be evidenced.

ACc 7.4 Minimum of five interventions must be evidenced.

ACc 8.2 Factors that affect diet, nutrition and hydration.

ACc 9.2 Factors which affect continence must include physical, pharmacological and psychological factors.

ACc 11.1 A minimum of five examples must be evidenced.

ACc 11.3 To be based on a given scenario or shadow shift.

Individuals will include patients, service users, clients, relatives, carers.

ACc 12.2 A minimum of five examples must be evidenced – at least one example for each of the senses.

ACc 12.3 A minimum of five factors must be evidenced.

ACc 13.1 A method of reflection must be relevant to the level of learning, for example:

a. Gibbs
b. Rolfe et al.

ESDGC

The following key themes can be integrated into this unit:

a. Identity & Culture
b. Health
c. Choices & Decisions
d. The Natural Environment.

Assessor Requirements:

Assessors of this unit must be registered practitioners OR occupationally competent clinical healthcare practitioners in Band 4 or above, who have undertaken appropriate assessor training.

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NHS Wales Induction for Clinical Healthcare Support Workers (Nursing)

Unit Code: **PH52CY108**
Level: **Two**
Credit Value: **10**
Unit ID: **CDK199**
LDCS: **PH5**
Sector: **1.2 Nursing and Subjects and Vocations Allied to Medicine**
Last registration date: **31/07/2019**
Lower age restriction: **16+**

Purpose and Aim

To develop the knowledge and skills of clinical healthcare support workers in NHS Wales working in nursing settings, following mandatory on line induction and general induction. This unit supplements and supports the Core Skills Training Framework for NHS Wales healthcare support workers. Geared to all disciplines.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand the role of a healthcare support worker.	1.1 Describe the role and responsibilities of a healthcare support worker.
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Learning Outcomes	Assessment Criteria
9. Know how to support individuals to maintain continence.	9.1 Define continence. 9.2 Identify **factors which affect continence**. 9.3 Identify aids which support continence. 9.4 Identify how to support the dignity of individuals during continence support. 9.5 Identify how to record excretion from: • bladder • bowels.
10. Understand how to support the wellbeing of individuals in a healthcare setting.	10.1 Identify factors that affect: • physical wellbeing • emotional wellbeing. 10.2 Identify strategies to support factors identified in 10.1.
11. Know how to support individuals with cognitive impairment.	11.1 Give reasons for cognitive impairment. 11.2 Identify an initiative for supporting individuals with cognitive impairment. 11.3 Reflect on how to support individuals with cognitive impairment.
12. Know how to support individuals with sensory loss.	12.1 List the senses. 12.2 Give examples of sensory loss. 12.3 Identify factors that affect sensory loss. 12.4 Identify an initiative for supporting individuals with sensory loss. 12.5 Reflect on how to support individuals with sensory loss.
13. Be able to take physiological measurements.	13.1 List the **physiological measurements** undertaken. 13.2 Identify normal and abnormal ranges for physiological measurements. 13.3 Identify **factors which affect physiological measurements**. 13.4 Take physiological measurements. 13.5 Record physiological measurements.
14. Understand how to recognise a deteriorating patient.	14.1 Describe the signs and symptoms of a deteriorating patient.

Learning Outcomes	Assessment Criteria
15. Understand how to support the hygiene needs of individuals.	15.1 Identify how to encourage an individual to communicate their needs, preferences and personal beliefs affecting their personal care. 15.2 Give examples of ways to protect the privacy and dignity of individuals while providing support with hygiene needs. 15.3 Describe how to support the hygiene needs of individuals.
16. Know how to support oral care.	16.1 Identify why oral care is needed. 16.2 Give examples of how to support individuals with oral care needs.
17. Know how to support footcare.	17.1 Identify why footcare is needed. 17.2 Give examples of how to support individuals with footcare needs.
18. Know about death, dying and bereavement.	18.1 Identify cultural and religious differences associated with death and dying. 18.2 Describe the care of a patient in their last days of life. 18.3 Identify how to care for a body after death in ways which respects cultural differences. 18.4 Identify how the property of an individual is handled and stored after death. 18.5 Identify the stages of grief. 18.6 Identify how HCSWs are supported when working with individuals who are dying.
19. Know how **clinical specimens** are taken.	19.1 Describe how clinical specimens are taken. 19.2 Identify how to label clinical specimens.
20. Be able to use reflection in a healthcare setting.	20.1 Describe a method of reflection to use in a healthcare setting. 20.2 Produce a reflective account of a shadow shift during NHS Wales induction.

Assessment Methods

There is no assessment information available for this unit. Assessments used should be fit for purpose for the unit and learners, and generate evidence of achievement for all the assessment criteria.

Assessment Information

ACc 1.1 Role and responsibilities of a healthcare support worker must include:

a. scope of practice
b. codes of conduct (NHS Wales and/or Care Council for Wales)
c. accountability and delegation
d. the mandatory and statutory training for own work setting
e. duty of care
f. chaperoning
g. consent
h. confidentiality and the use of social media
i. using an enabling approach
j. reporting concerns in line with organisational policies and procedures.

ACc 2.2 A minimum of three examples must be given.

Healthcare setting refers to any setting in which a clinical healthcare support worker is working.

ACc 3.1 Communication skills must include verbal and non verbal skills and cover all the following situations:

a. obtaining consent
b. giving and receiving information
c. taking messages.

ACc 3.4 Must include a minimum of three individuals or three team members, and the demonstration of verbal and non verbal skills across both groups. Must include an explanation of the active offer.

Individuals could include Families and Carers.

ACc 3.5 **Key terminology** must include at least: NEWS, C Diff, DNAR, MRSA, MSU, cardio-, gastro-, haem-, osteo-, paed-, hypo-, hyper-, pre-, post-, –aemia, -oscopy, -ectomy, -ostomy, -itis, -otomy, -oma, -plasty.

Hand washing technique as defined by current NICE guideline:
Infection: Prevention and control of healthcare-associated infections in primary and community care
www.nice.org.uk

ACc 6.1 A minimum of five factors.

ACc 6.2 A minimum of five strategies must be evidenced.

ACc 7.1 A minimum of seven.

ACc 7.2 A minimum of four stages must be evidenced.

ACc 7.3 A minimum of five factors must be evidenced.

ACc 7.4 A minimum of five interventions must be evidenced.

ACc 8.2 Factors that affect diet, nutrition and hydration.

ACc 9.2 Factors which affect continence must include physical, pharmacological and psychological factors.

ACc 11.1 A minimum of five examples must be evidenced.

ACc 11.3 To be based on a given scenario or shadow shift.

Individuals will include patients, service users, clients, relatives, carers.

ACc 12.2 A minimum of five examples must be evidenced – at least one example for each of the senses.

ACc 12.3 A minimum of five factors must be evidenced.

ACc 13.1 Physiological measurements.

Factors which affect physiological measurements must include
a. internal factors
b. external factors.

ACc 13.3 A minimum of five factors.

ACc 13.4 and **13.5** Assessment must take place either in a simulated setting or in a supervised shadow shift setting, and must include a minimum of five physiological measurements.

ACc 15.2 A minimum of five examples must be given.

ACc 16.2 A minimum of five examples must be given.

ACc 17.2 A minimum of five examples must be given.

ACc 18.1 A minimum of five differences must be given.

L.O.19 Clinical specimens must include:
a. midstream specimen of urine (MSU)
b. catheter specimen of urine (CSU)
c. stool sample
d. sputum
e. MRSA screen.

ACc 20.3 A method of reflection must be relevant to the level of learning, for example:
a. Gibbs
b. Rolfe et al.

ESDGC
The following key themes can be integrated into this unit:
a. Identity & Culture
b. Choices & Decisions
c. The Natural Environment
d. Identity & Culture
e. Health
f. Choices & Decisions
g. The Natural Environment.

Other Mappings

NOS: GEN4, GEN5, GEN8, GA101, HSC23, HSC218, IPC2, IPC4, IPC7, IPC8, MH32. KSF CfA101, CfA103, IPC1, IPC9, IPC10, IPC12, ISC9, ISC39, SS04, HSC22, HSC212, HSC216.

KSF: HWB1 level 1, HWB1 level 2, HWB5 level 1, HWB5 level 2, HWB6 level 1, HWB6 level 2, HWB2 level 1, HWB2 level 2.

Assessor Requirements

Assessors of this unit must be registered practitioners OR occupationally competent clinical healthcare practitioners in Band 4 or above, who have undertaken appropriate assessor training.

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