



Northern Ireland Regional Programme for Maternity Support Workers



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Representatives of the Health and Social Care Trusts in Northern Ireland were involved in the development of the programme for Maternity Support Workers.

This programme has been endorsed by the Trusts identified below:



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Introduction

The provision of maternity care in Northern Ireland and throughout the United Kingdom has, and continues to undergo significant review and change. A number of factors have come together to drive these changes. These include policy, population demographics, changes to service provision and greater choice. Consequently maternity services are constantly under pressure to use manpower resources effectively and efficiently. Within this review and change, midwifery skill mix within maternity services has been a significant focus of debate. The introduction & development of maternity support workers (MSWs) is seen nationally as one way of developing & modernizing the maternity services in order to be responsive to current & future needs.

In 2006 an audit report of acute maternity services was undertaken and presented to the Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPSNI). One of several recommendations was that the scope for enhancing the midwifery skill mix on acute maternity wards should be reviewed. In January 2008 in response to this and other recommendations the Chief Nursing Officer, (CNO) a review of the skill mix within maternity services was established by the DHSSPS and was completed in 2008 (DHSSPS, 2008). The aim, objectives and methodology for the project were established and a wide range of key stakeholders were involved on data collection, interpretation and analysis. A number of recommendations were agreed and presented in a report to the CNO, DHSSPS in August 2008. One of the recommendations was to develop a regional programme for the preparation of Band 3 maternity support workers, (Appendix 1 for Indicative Job Description). The DHSSPS accepted this recommendation with the proviso that the regional programme be developed within the National Vocational Qualifications (NVQ) Framework (Appendix 2 for Description of The NVQ Process).

A steering group, coordinated by The Northern Ireland Practice & Education Council (NIPEC), was set up and terms of reference were agreed which included the formation of a sub group with a specific remit to develop a regional programme for Maternity Support Workers. A copy of the report of the work undertaken to develop a Maternity Support Worker Programme for Northern Ireland can be downloaded from the NIPEC web-site. <http://www.nipec.hscni.net/>

NVQs currently sit within the National Qualification Framework (NQF) which will expire in December 2010 to be replaced by the Qualifications and Credit Framework (QCF). This will be the new framework for recognising and accrediting qualifications in England, Wales and Northern Ireland. It is important to remember that NVQs will continue to be recognised as relevant and valid qualifications even when they have been replaced by QCF qualifications.

The Royal College of Midwives (RCM, 2006) supports the need for appropriate training of support workers in maternity services to maximise their skills and competencies within a framework of recognised qualifications that encapsulates theoretical knowledge and practical skills.

Central to any change in maternity service provision must be the maintenance of a high quality service centred on the woman, her baby and her family.

Rationale

Maternity Support Workers (MSWs) are essential members of the multidisciplinary team and investing in their education and training needs recognises the valuable contribution they make to maternity services throughout the region and adds to the skill mix of maternity teams.

The impetus to support the education and training of MSWs has come from the recognised need to develop a flexible and sustainable workforce that will improve recruitment and retention of both midwives and MSWs and deliver high quality maternity services (DHSSPS, 2008).

The training provision for support staff in maternity services throughout Northern Ireland is currently diverse in terms of frequency, content, duration, accreditation, level and educational provision. Training that is not standardised at regional level creates confusion with regard to clear roles and responsibilities and does not allow for the transferability of skills. In terms of governance this lack of clarity poses risks with the potential for inappropriate tasks to be delegated to MSWs.

Training MSWs to a regional standard will provide greater consistency and ensure clarity in terms of roles and tasks to be delegated to them. A standardised approach will ensure equitable educational provisions for MSWs that will support lifelong learning and equip MSWs to function across the range of maternity care settings: antenatal clinics, community, birth centres, midwife led units and obstetric led units. One of the key features of the regional programme is that it will equip MSWs with the knowledge and skills to work with flexibility across a range of maternity care settings rather than focusing on roles in specific areas.

The advantages and benefits of a regional programme are wide ranging and will:

- Provide a comprehensive and innovative educational experience for MSWs;
- Reward MSWs with credit based learning;
- Enable MSWs to work flexibly across a range of maternity settings;
- Provide transferability of skills within maternity settings;
- Identify unambiguous roles and tasks that may be undertaken by MSWs;
- Support midwives to have a better understanding of what MSWs are trained to do and what tasks may be delegated to them;
- Enable midwives to delegate appropriate tasks to MSWs;
- Raise the profile of MSWs and maternity services;
- Enhance continuing professional development (CPD) opportunities for MSWs.

Delegation, Accountability and Responsibility

The National Health Service (NHS) Career Framework differentiates roles of staff within the NHS with MSWs defined as workers who have:

“A higher level of responsibility than support worker, probably studying for or have attained National Vocational Qualification (NVQ) Level 3.”

A registered midwife has the authority to delegate tasks to a competent MSW however the registrant will retain responsibility and accountability for that delegation, (NMC 2008).

The Nursing and Midwifery Council (NMC) has issued new advice to reflect the changing dynamic of the provision of healthcare, (NMC 2008). The advice sets out ten principles for nurses and midwives to follow when delegating to non regulated healthcare staff, www.nmc-uk.org.

The DHSSPS in September 2009 published the Central Nursing Advisory Committee (CNAC) Operational Framework for Delegation Decision Making (DHSSPS). The Operational Framework includes a flow chart to assist organisations and nurses and midwives in relation to delegation of care. (Appendix 3 for Operational Framework).

Programme for Maternity Support Worker

Aim: The aim of the programme is to

- Provide an accredited, recognised, transferable and flexible education programme for MSWs across Northern Ireland that standardises the knowledge and skills required by workers in the role.
- Develop the knowledge and skills of MSWs to enable them to provide proficient support to midwives, women and babies.
- Provide clarity for midwives and women regarding roles and tasks that MSWs are trained to undertake.

Accreditation and Awarding Body

This programme consists of 11 units which are credit based and mapped to National Occupational Standards (NOS) and the Knowledge and Skills Framework (KSF).

Learners who successfully complete the programme will be awarded: NVQ Health (Maternity Support) Level 3 from City & Guilds (C&G) www.city-and-guilds.co.uk with a Level 3 Certificate in Maternity Support Work.¹

¹ The programme will be presented for NVQ accreditation.

Programme Overview

The following 11 units have been agreed by the Steering Group as the minimum required for the development of the MSW role. They must be completed for achievement of NVQ Health (Maternity Support) Level 3. Each unit has additional information specific to the maternity context and relating underpinning knowledge. The detailed content for each unit is presented from pages eight to 111.

NVQ Units

- HSC31: (CORE)** Promote effective communication for and about individuals.
- HSC32: (CORE)** Promote, monitor and maintain health, safety and security in the working environment.
- HSC226:** Support individuals who are distressed.
- HSC314:** Care for newly born baby when the mother is unable to do so.
- HSC320:** Support professional advice to help parents to interact with and take care of their newly born baby (ies).
- HSC321:** Support and encourage parents and guardians to care for babies during the first year of their lives
- CHS19:** Undertake physiological measurements.
- CHS132:** Obtain venous blood samples.
- GEN14:** Provide advice and information to individuals on how to manage their own condition.
- GEN4:** Prepare individuals for clinical/therapeutic activities.
- GEN5:** Support individuals during and following clinical/therapeutic activities.

(See Appendix 6 for a list of Additional NVQ Units).

Teaching and Learning Strategies

The teaching and learning strategies are based on sound adult education theories (Bloom 1956, Knowles 1970) and a range of theoretical concepts have been referred to in the construction of the programme. It is acknowledged that learners accessing the programme may have a wealth of experience and knowledge and the teaching and learning strategies employed will introduce new concepts, develop and enhance existing skills and progress underpinning knowledge.

Reflective practice will be embedded throughout the programme. The use of reflective practice based on models of reflection (Kolb 1984, Boud et al 1985, Gibbs 1988, and Johns 1995) will enrich learning and equip learners to link theory to practice. Applying

reflective practice will assist in learning from clinical experiences and events and will improve practice.

Learners accessing the programme may have a range of previous work experiences and diverse educational backgrounds. In recognition of this inclusive learning will be achieved through the use of a range of resources and teaching and learning activities which will include:

- Lectures
- Group work
- Reflective writing
- Presentations
- Group discussions
- Visual aids-DVDs/Videos
- Workbooks
- Scenarios/role play
- Demonstrations
- Debates
- Seminars
- Quizzes

All of the above activities will be reflected in the assessment strategy.

Each MSW will be supervised and assessed by midwives who meet the criteria required for NVQ programmes. Other clinically based midwives will provide supervision and teaching on an on-going basis. Opportunities will also be provided for midwives to engage in formal teaching and learning within the classroom setting element of this programme.

Assessment Strategy

The Assessment Strategy will follow the NVQ Framework;

(Appendix 4 for a Full Description of the Required Evidence for Assessment of each NVQ Unit).

The importance of 'assessment' is that it describes any processes that appraise an individual's knowledge, understanding, abilities and skills. There are many different forms of assessment, serving a variety of purposes. These include:

- Promoting learning by providing the individual with feedback, normally to help improve her/his performance;
- Evaluating the learner's knowledge, understanding, abilities and skills;
- Enabling the public, employers and programme providers to know that an individual has attained competence that reflect the standards as outlined in the requirements of the awarding body.

Assessment Principles

The assessments measure the unit learning outcomes and are congruent with the learning and teaching methods used.

Assessments provide an opportunity for learners to demonstrate their learning.

There is variety in the range and type of assessments used within the programme to measure the learner's achievement of competence.

The nature of the assessment will be explained to learners by programme coordinators and the assessors.

The learner will receive regular feedback with regard to progress and development from the assessor.

Criteria for Assessment

Each unit has a specific set of assessment criteria. Each competence in the NVQ Health (Maternity Support) Level 3 has a specific set of performance criteria, scope and knowledge specifications.

Throughout the programme, learners will maintain a portfolio that contains evidence that can be assessed against the credit based units and the competencies.

Assessment methods will include:

- Observation – skills, presentations, group discussion, role play, simulation;
- Practical demonstrations;
- Written questions – reflections, essays, workbooks, reports;
- Oral questions and answers.

See Appendix 5 for NVQ Infrastructure, Who's Who in Assessment?

Criteria for Course Completion

- The programme will normally be completed within 10 months and not more than two years. Extenuating circumstances may be considered.
- Formal teaching hours and guided study will be included in the programme.
- MSWs accessing the programme are expected to be working a minimum of 15 hours per week in clinical practice.
- A one day introduction will take place prior to commencement of the programme.
- Annual leave hours may be taken during units to suit individual/service needs.
- Programme facilitators will determine frequency of formal learning hours

NVQ Units

HSC31: CORE

**Promote effective communication with,
for and about individuals**

HSC31: Promote effective communication with, for and about individuals

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers promoting effective communication with, for and about individuals. This involves identifying ways of communicating effectively on difficult, complex and sensitive issues, supporting others to communicate and updating and maintaining records and reports.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced DIAB_DA1 and DANOS BI5 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004)

Core 1: Communication

Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations

Keywords

Origin

This competence is from the Health and Social Care suite of National Occupational Standards (2009) (Level 3 core).

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Active support	Working in a way that recognises that people have a right to take part in the activities and relationships of every day life as independently as they can, and so supports them by helping only with what they really cannot do for themselves
Arrange	Arranging the environment, furniture etc. to enable effective communication
Communication and language needs and preferences	Are the individuals' needs and preferences in terms of their preferred language and ways of communicating with you, and you communicating and responding to them
Individuals	The actual people requiring health and care services. Where individuals use advocates and interpreters to enable them to express their views, wishes or feelings and to speak on their behalf, the term individual within this standard covers the individual and their advocate or interpreter
Key people	Those people who are key to an individual's health and social well-being. These are people in the individual's life who can make a difference to their health and well-being
Others	Other people within and outside your organisation who are necessary for you to fulfil your job role
Reactions	Reactions include non-verbal and verbal cues that indicate that the individual is distressed, does not understand etc.
Rights	The rights that individuals have to: <ul style="list-style-type: none"> • be respected; • be treated equally and not be discriminated against; • be treated as an individual; • be treated in a dignified way; • privacy; • be protected from danger and harm; • be cared for in a way that meets their needs, takes account of their choices and also protects them; • access information about themselves; • communicate using their preferred methods of communication and language.
Specific aids	Specific aids that will enable individuals with speaking, sight or hearing difficulties, additional needs or learning difficulties, to receive and respond to information

Scope

This section provides guidance on possible areas to be covered in this competence.

Communication and language needs and preferences	<ul style="list-style-type: none"> a) individual's preferred spoken language; b) the use of signs; c) symbols; d) pictures; e) writing; f) objects of reference; g) communication passports; h) other non verbal forms of communication; i) human and technological aids to communication.
Difficult, complex and sensitive communications	<p>are likely to be:</p> <ul style="list-style-type: none"> a) distressing; b) traumatic; c) frightening; d) threatening; e) pose a risk to and/or have serious implications for the individuals and/or key people; f) communications that might be difficult to understand and assimilate; g) communications on sensitive issues would include issues of a personal nature.
Extra support	<p>can include the use of:</p> <ul style="list-style-type: none"> a) key people; b) interpreters; c) translators; d) signers; e) specialist equipment to aid the individuals' communication abilities.
Key people	<p>include:</p> <ul style="list-style-type: none"> a) family; b) friends; c) carers; d) others with whom the individual has a supportive relationship.

Performance Criteria

You need to:

1. obtain, record and gain the individual's agreement to pass on information about the individual's communication and language needs and preferences.
2. work with individuals to understand their preferred methods of communication and language and ensure that any specific aids they require are available.
3. identify different styles and methods of communicating to meet the needs and preferences of individuals and key people.
4. seek information and advice from key people where:
 - you have difficulty communicating with individuals using their preferred communication methods and language;
 - the issues to be communicated are outside your expertise.
5. seek information on:
 - the issues to be communicated with the individuals and key people;
 - how to deal with any potential reactions to the communication.
6. change your approach and seek additional help:
 - to meet the individual's changing needs;
 - where the communication methods are inappropriate or ineffective.
7. select, use and arrange the environment to facilitate effective communication and aid understanding.
8. check that individuals have the appropriate support to communicate their views, wishes and preferences.
9. use appropriate styles and methods of communicating to meet the needs and preferences of individuals and key people.
10. communicate in ways which:
 - are sensitive to the individual's needs, concerns and reactions;
 - are appropriate to the content and purpose of the communication.
11. give individuals sufficient time to understand the content of the communication.
12. observe and respond appropriately to the individual's reactions during communications.
13. work with individuals to help clarify any misunderstandings.
14. support individuals to deal with the content and their reactions to the communication.

15. take appropriate action when individuals' reactions to the information may result in risk or harm to the individual, others and yourself.
16. record and report the processes and outcomes from the communication according to confidentiality agreement and legal and organisational requirements.
17. support individuals to:
 - express how they want to communicate with others;
 - communicate using their preferred methods of communication and language.
18. ensure that any specific aids are set up to enable individuals to communicate.
19. support others who are communicating with individuals to:
 - understand them;
 - communicate using, or through others that are able to use, the individuals' preferred methods of communication and language.
20. encourage individuals to:
 - engage with others and to respond appropriately;
 - express their feelings and emotions in acceptable ways;
 - overcome barriers to communication;
 - find alternative methods of communication.
21. identify legal and organisational requirements and procedures for recording and reporting on individuals.
22. identify, record and pass on information about the individual's communication and language needs.
23. seek permission from the appropriate people to access records.
24. access and update records and reports on your work with the individuals accurately, comprehensively and according to legal, organisational procedures and requirements and the limits of your job role.
25. record and report:
 - any signs and symptoms that indicate a change in the condition and care needs of the individual and in their support requirements;
 - any decisions you have made and actions you have taken about the individual's support needs and condition;
 - any conflicts that have arisen and actions taken to resolve these.
26. record and report any difficulties you have in accessing and updating records and reports.
27. involve and support individuals to contribute and understand records and reports concerning them.

28. ensure the security and access to records and reports are according to confidentiality agreements and legal and organisational procedures.

<p>NVQ Unit HSC31: Promote effective communication for and about individuals</p> <p>The MSW must need the NVQ requirement of knowledge and understanding as described below. She/He must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will communicate effectively with women, families and the multidisciplinary team in the provision of maternity care.</p>
<p>Knowledge and Understanding You need to apply:</p>	<p><i>On completion of this unit the MSW will have the knowledge, understanding and skills to:</i></p>
<p>Values</p> <p>K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination and rights:</p> <ul style="list-style-type: none"> a) relating to individuals' and key people's language and communication preferences; b) on equal treatment for language and communication; c) when completing records and reports. <p>K2. A working knowledge of how to provide active support to enable individuals and key people to communicate their needs, views and preferences using their preferred method and media of communication and language.</p> <p>K3. A working knowledge of methods and ways of communicating that support equality and diversity and are effective when dealing with, and challenging discrimination when communicating with, individuals and key people.</p>	<p>Acknowledge and respect women's expressed beliefs, preferences and choices.</p> <p>Support women to express their needs and expectations using different methods and types of communication.</p> <p>Demonstrate sensitivity and empathy to women and their families according to their needs and concerns.</p> <p>Communicate with women in an appropriate manner consistent with their level of understanding and culture.</p>

Legislation and organisational policy and procedures

K4. A working knowledge of codes of practice and conduct, and standards and guidance relevant to your own and the roles, responsibilities, accountability and duties of others when communicating on difficult, complex and sensitive issues and recording and reporting.

K5. A working knowledge of current local, national and European legislation and organisational requirements, procedures and practices for:

- a) accessing records and information about an individual's communication and language needs and preferences;
- b) recording, reporting, confidentiality and sharing information, including data protection;
- c) communicating with individuals.

Describe current, national and European legislation relating to information and documentation in the care of women in particular, confidentiality, data protection and freedom of information.

Comply with organisational standards for record keeping.

Maintain and respect confidentiality at all times.

Identify precautions that need to be taken in maintaining confidentiality.

Identify what measures need to be taken when confidentiality is breached.

Maintain organisational standards/local practices which relate to telephone responses/ongoing messages.

Report any changes or concerns regarding a woman's condition to the responsible midwife.

Identify the role and responsibilities of the MSW and its boundaries.

Identify limitations of own knowledge and skills in regards to communication, recording and reporting and refer to the responsible midwife.

Theories and practice	
K6. A working knowledge of where to go and the best ways to find out about and get advice about individuals' communication and language needs, wishes and preferences.	Demonstrate effective verbal and non-verbal communication skills.
K7. A working knowledge of how and where to access information and support that can inform your knowledge and practice about communication and language skills.	Support women to make informed choices about their health and healthcare.
K8. A working knowledge of theories relevant to the individuals with whom you work:	Obtain a woman's co-operation and consent prior to undertaking any care intervention.
K9. A working knowledge of human growth and development and its affect on communication and language skills and abilities.	Be aware of the importance of appropriate/inappropriate self disclosure.
K10. A working knowledge of in relation to specific conditions in your area of practice that can affect communication and language of individuals and key people.	Demonstrate effective listening skills responding promptly and politely to requests from women for help and information.
K11. A working knowledge of how communication and language differences and difficulties can affect the identity, self-esteem and self-image of the individuals with whom you work.	Give clear, accurate and appropriate information to women without the use of jargon.
K12. A working knowledge of how communication and language differences and difficulties can affect the identity, self-esteem and self-image of the individuals with whom you work.	Provide help to women who are unable to communicate effectively and assist them to access help and support from groups such as language interpreters or interpreters for the deaf.
K13. A working knowledge of power and how it can be used and abused when communicating on difficult, sensitive and complex issues.	Assist women in their ability to communicate in order to resolve (avoid) conflicts and dilemmas.
K13. A working knowledge of factors that can affect the communication skills, abilities and development of the individuals with whom you are working and any resultant behaviour that might occur.	Demonstrate the ability to: access appropriate documentation; write and complete documentation that is legible and which is appropriate to the role of the MSW. Adhere to local protocols/policies relating to the use of information technology.

<p>K14. A working knowledge of methods to support individuals to communicate.</p> <p>K15. A working knowledge of specific aids to communication that may be used in your area of work.</p> <p>K16. A working knowledge of how to arrange the environment and position yourself to maximise communication and interaction.</p> <p>K17. A working knowledge of conflicts and dilemmas created by difficulties in communication and language in your area of work.</p> <p>K18. A working knowledge of how to work with, and resolve conflicts that you are likely to meet when communicating with individuals and key people.</p> <p>K19. A working knowledge of the skills, styles and methods of communicating difficult, complex and sensitive messages and how to deal with the outcomes.</p> <p>K20. A working knowledge of the environments that are most appropriate for communicating difficult, complex and sensitive messages.</p> <p>K21. A working knowledge of where, why and how to access permissions to access records and reports.</p> <p>K22. A working knowledge of the difference between fact, opinion and judgement and why it is important when recording and reporting information about individuals.</p>	<p>Adhere to legislation and policies relating to the retrieval and input of information from electronic databases.</p> <p>Adhere to the complaints policies in resolving concerns and complaints from women and their families.</p>
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K23. A working knowledge of how to, and why you need to complete records accurately, completely and in ways that can be understood by those who need to access and use the records and reports.

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HSC32: Promote, monitor and maintain health, safety and security in the working environment

HSC32: Promote, monitor and maintain health, safety and security in the working environment

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers keeping yourself, individuals and others for whom you are responsible, safe and secure within your working environment and minimising risks arising from emergencies.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced HCS E3, Diab_HE3 and DANOS BD4 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

Core 3: Health, safety and security

Level 2: Monitor and maintain health, safety and security of self and others

Keywords

Origin

This workforce competence is from the Health and Social Care suite of National Occupational Standards (2009).

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Accident	Unforeseen major and minor incidents where an individual is injured
Emergencies	Immediate and threatening danger to individuals and others
Hazards	Something with the potential to cause harm
Incidents	Occurrences that require immediate attention to avoid possible danger and harm to people, goods and/or the environment
Individuals	The actual people requiring health and care services. Where individuals use advocates and interpreters to enable them to express their views, wishes or feelings and to speak on their behalf, the term individual within this standard covers the individual and their advocate or interpreter
Key people	Those people who are key to an individual's health and social well-being. These are people in the individual's life who can make a difference to their health and well-being
Others	Other people within and outside your organisation who are necessary for you to fulfil your job role
Right to enter	Those people who have a right to be on the property, it excludes people who may have a court order against them and those who have no need to be on the premises
Rights	The rights that individuals have to: <ul style="list-style-type: none"> • be respected; • be treated equally and not be discriminated against; • be treated as an individual; • be treated in a dignified way; • privacy; • be protected from danger and harm; • be cared for in a way that meets their needs, takes account of their choices and also protects them; • access information about themselves; • communicate using their preferred methods of communication and language.
Risk assessments	A document that identifies actual and potential risks and specifies actions related to specific activities and functions
Risks	The likelihood of the hazard's potential being realised
The working environment	This will include all environments in which you work

Scope

This section provides guidance on possible areas to be covered in this competence.

Accidents	Include: a) falls; b) hazards in the environment; c) illness; d) disability; e) weaknesses; f) sensory and cognitive impairment; g) frailty.
Incidents	Include: a) intruders; b) chemical spillages; c) lost keys, purses etc., d) missing individuals; e) individuals locked out; f) contamination risk; g) aggressive and dangerous encounters; h) bomb scares.
Key people	Include: a) family; b) friends; c) carers; d) others with whom the individual has a supportive relationship.
Risks	Include: a) the possibility of danger, damage and destruction to the environment and goods; b) the possibility of injury and harm to people.
The working environment	Include: a) within an organisation's premises; b) in premises of another organisation; c) in someone's home; d) out in the community.
Working practices	Include: a) activities; b) procedures; c) use of materials or equipment; d) working techniques.

Performance Criteria

You need to:

1. follow organisational safety and security procedures.
2. check people's right to enter, be in and around the premises and the environment in which you are working.
3. take appropriate actions to deal with people who do not have a right to enter, be in and around the premises and the environment in which you are working.
4. before starting and during work activities, you identify and minimise health, safety and security risks, seeking additional support where necessary.
5. monitor work areas and working practices to ensure that they:
 - are safe and free from hazards;
 - conform to legal and organisational requirements for health and safety.
6. take account of individuals' needs, wishes, preferences and choices, whilst ensuring your own and the safety of individuals, key people and others when carrying out your work activities.
7. take appropriate action, following legal and organisational requirements, to:
 - ensure that equipment and materials are used and stored correctly and safely;
 - deal with the spillage of hazardous and non hazardous materials;
 - dispose of waste immediately and safely.
8. follow, and support others to understand and follow correct safety procedures.
9. report health and safety issues to the appropriate people and complete health, safety and security records, within confidentiality agreements and according to legal and organisational requirements.
10. identify and work with others to identify, minimise and manage potential risks and hazards in the working environment and when undertaking work activities.
11. operate within the limits of your own role and responsibilities, in relation to health and safety.
12. use, and support others to use:
 - safe procedures and techniques for moving and handling;
 - approved methods and procedures when carrying out potentially hazardous work activities;
 - appropriate risk assessments.

13. identify and report, encourage and support others to identify and report any issues in the working environment, that may put yourself and others at risk.
14. act as a role model in promoting health, safety and security.
15. take appropriate action where there is the likelihood of an accident or injury.
16. ensure that the appropriate people know where you are at all times.
17. support others to complete health and safety records correctly.
18. take appropriate and immediate action to deal with health and environmental emergencies and incidents, summoning assistance immediately when this is necessary.
19. identify and make informed decisions about actions to take when risk factors and hazards may cause an incident or emergency.
20. provide ongoing support and assistance within your own competence until someone who is qualified to deal with the emergency is available.
21. make the area around the person with the emergency as private and safe as possible.
22. follow, and help others to follow, the correct safety procedures in incidents and emergencies.
23. offer appropriate support to others involved in the incident and emergency.
24. record and report on incidents and emergencies accurately, completely, within confidentiality agreements, and according to organisational and legal requirements.

<p>NVQ Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will promote, monitor and maintain health, safety and security in the maternity setting.</p>
<p>Knowledge and Understanding You need to apply:</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Values</p> <p>K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination and rights when working with individuals, key people and others when monitoring and promoting health and safety.</p> <p>K2. A working knowledge of how to provide active support and promote individuals' rights, choices and well-being whilst promoting healthy and safe working practices and minimising risks from incidents and emergencies.</p>	<p>Explain the importance of local policies and guidelines in promoting health and safety of women and their babies.</p>

<p>Legislation and organisational, policy and (good practice) procedures</p> <p>K3. A working knowledge of codes of practice and conduct, and standards and guidance relevant to your own and the roles, responsibilities, accountability and duties of others in relation to health, safety and dealing with incidents and emergencies.</p> <p>K4. A working knowledge of current local, national and European legislation and organisational requirements, procedures and practices for: a) data protection, including recording, reporting, storage, security and sharing of information b) risk assessment and management c) the protection of yourself, individuals, key people and others from danger, harm and abused) monitoring and maintaining health, safety and security in the working environment e) dealing with incidents and emergencies.</p> <p>K5. A working knowledge of the purpose of, and arrangements for supervision when involved in incidents and emergencies.</p>	<p>Prepare and maintain a safe and secure environment for women and their families.</p> <p>Minimise and manage risk to women, their families, work environment and self in accordance with health and safety legislation.</p> <p>Adhere to legislation and policies relating to the retrieval, storage, security and sharing of information from electronic databases.</p> <p>Attend supervision when involved in incidents and emergencies within the maternity care setting.</p>
<p>Theory and practice</p> <p>K6. A working knowledge of how and where to access information and support that can inform your practice on health, safety and dealing with incidents and emergencies.</p> <p>K7. A working knowledge of the effects of stress and distress on yourself, individuals, key people and others.</p> <p>K8. A working knowledge of conditions and issues you are likely to face in your work with individuals and key people.</p> <p>K9. A working knowledge of methods of supporting individuals to:</p> <p>a) express their needs and preferences</p>	<p>Participate in training and regular skills updates in relation to obstetric emergencies.</p> <p>Provide information and support during obstetric emergencies. Demonstrate the ability to locate and transport equipment during obstetric emergencies.</p> <p>Use emergency equipment appropriate to the role of the MSW.</p> <p>Prepare, use, clean and store equipment as per the manufacturer's and /or organisational polices and within the MSW sphere of responsibility.</p> <p>Identify any faults in equipment used within the maternity care setting and follow the correct procedures in reporting them.</p>

<p>b) understand and take responsibility for promoting their own health and care</p> <p>c) assess and manage risks to their health and well-being.</p> <p>K10. A working knowledge of how to work with, and resolve conflicts that you are likely to meet.</p> <p>K11. A working knowledge of methods of:</p> <p>a) monitoring activities and the environment to minimise risk and keep the environment free from hazards</p> <p>b) storing different equipment and materials safely and securely</p> <p>c) minimising the risk of contamination and infection.</p> <p>K12. A working knowledge of how to deal and work with hazardous and non-hazardous materials, equipment and waste, in order to minimise the risks of contamination and danger to yourself, individuals, key people and others with whom you work and are responsible for.</p> <p>K13. A working knowledge of procedures, techniques and the differing types of equipment to enable you to lift, move and handle people, materials and items safely.</p> <p>K14. A working knowledge of how to assess risks to yourself, individuals, key people and others.</p> <p>K15. A working knowledge of the type of security and health incidents and emergencies that might happen in your area of work and working environment.</p>	<p>Restock clinical areas as necessary.</p> <p>Attend annual mandatory training in fire safety, moving and handling and infection control.</p> <p>Follow national and local policies in fire safety, moving and handling and infection control in the maternity care environment.</p> <p>Adhere to local policies in relation to the safe disposal of waste products.</p> <p>Adhere to local and national policies relating to Control of substances hazardous to health (COSHH) standards.</p> <p>Attend annual mandatory training in adult and neonatal basic life support.</p> <p>Explain and adhere to local policies in relation to the safety and security of babies in the maternity care environment.</p>
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K16. A working knowledge of the appropriate action to take for different security and health incidents and emergencies.

K17. A working knowledge of your own capabilities to deal with an accident and emergency, and when and how to summon additional help.

K18. A working knowledge of how to promote health and safety to others, including the modelling of good practice.

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HSC226: Support individuals who are distressed

HSC226: Support individuals who are distressed

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers supporting individuals who are distressed. This involves identifying aspects of individuals lives that may cause distress, working with individuals and others to deal with their distress, and supporting individuals through periods of stress and distress.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced DANOS AB1 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB4: Enablement to address health and wellbeing needs

Level 2: Enable people to meet ongoing health and wellbeing needs

Keywords

Origin

This workforce competence is from the Health and Social Care suite of National Occupational Standards (2009).

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Active support	Working in a way that recognises people have a right to take part in the activities and relationships of everyday life as independently as they can, and so supports them by helping only with what they really cannot do for themselves.
Individuals	People using health, social or care services. Where individuals use advocates and interpreters to enable them to express their views, wishes or feelings and to speak on their behalf, the term individual within this standard covers individuals and their advocates or interpreters.
Key people	Are those people who are key to an individual's health and social well-being. These are people in individuals lives. who can make a difference to their health and well-being.
Others	Other people within and outside your organisation who are necessary for you to fulfil your job role.
Rights	The rights that individuals have to: <ul style="list-style-type: none">• be respected;• be treated equally and not be discriminated against;• be treated as an individual;• be treated in a dignified way;• privacy;• be protected from danger and harm;• be supported and cared for in a way that meets their needs;• takes account of their choices and also protects them;• access information about themselves;• communicate using their preferred methods of communication and language.

Scope

This section provides guidance on possible areas to be covered in this competence.

Communicate	using: a) the individual's preferred spoken language; b) the use of signs; c) symbols; d) pictures; e) writing; f) objects of reference; g) communication passports; h) other non verbal forms of communication; i) human and technological aids to communication.
Key people	Include: a) family; b) friends; c) carers; d) others with whom the individual has a supportive relationship.
Stress and distress	Include that caused by: a) loss of all types; b) bereavement; c) coping with changing conditions; d) personal crises; e) having to relearn existing skills; f) having to develop new skills and coping strategies.

Performance Criteria

You need to:

1. seek and acquire information, advice and support to prepare you to work with individuals who are distressed.
2. support individuals to:
 - identify and communicate their thoughts and feelings about the aspects of their lives that cause distress and frustration;
 - communicate the aspects of their lives where the distress is temporary and those that are continuous;
 - identify how they usually deal with aspects of their lives that cause distress, and whether these are effective.
3. work with individuals in ways that are sensitive to their needs and the subject matter and that acknowledge their experiences, values, abilities, culture and beliefs.
4. support individuals who become distressed and frustrated when communicating about aspects of their lives that cause distress.
5. seek additional support and take appropriate action when you are unable to support individuals.
6. treat any information within confidentiality agreements and according to legal and organisational requirements.
7. work with individuals and others to:
 - examine areas of the individual's life where they and key people could make changes to minimise and prevent distress;
 - alleviate and remove likely causes of distress.
8. support individuals to deal with occasions/activities where distress is expected, and try to minimise the distress to others.
9. work with individuals, key people and others to prevent individuals from harming themselves where the individuals, and your knowledge of their needs and circumstances, indicate that they may do so.
10. seek assistance from others when you are unable to deal with the individual's distress.
11. work with others to support individuals when additional support is required.
12. seek advice to help individuals and key people through troubled, stressful and distressed times.
13. seek support and advice to deal with your own thoughts and feelings about the situation and the interactions involved.

14. support individuals to:

- understand that being distressed about aspects of their lives is not unusual;
- communicate their thoughts and feelings about their troubles, stress and distress;
- access information and other resources that may help them through the troubled, stressful and distressed times;
- access and use other support systems where you are unable to provide appropriate support.

15. work with individuals who are troubled, stressed and distressed in ways that acknowledge their dignity, culture and beliefs.

16. take immediate and appropriate action to deal with occasions where the individual's behaviour causes concern.

17. offer appropriate support where other people who are disturbed by the individual's expression of stress and distress.

18. record and report on:

- the individual's distress and the actions taken;
- events, procedures and outcomes

within confidentiality agreements and according to legal and organisational requirements

<p>NVQ Unit: HSC226; Support individuals who are distressed.</p> <p>The maternity support worker (MSW) must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the MSW will support women who are stressed or distressed during pregnancy, birth & the postnatal period.</p>
<p>Knowledge and understanding You need to apply</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Values</p> <p>K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination and rights when supporting individuals who are distressed.</p> <p>K2. A working knowledge of how your own values in relation to dealing and coping with stress and distress might differ from those of individuals and key people and how to deal with this.</p> <p>K3. A working knowledge of conflicts which might arise between when individuals and key people are distressed and how to deal with this.</p> <p>K4. A working knowledge of how to provide active support and promote the individual's rights, choices and well-being when supporting those who are distressed.</p>	<p>Provide physical and emotional support to women.</p> <p>Assist the midwife in caring for a woman in early labour.</p> <p>Support the midwife to care for a woman in labour when the woman is stressed or distressed and may require pain relief.</p> <p>Assist the midwife with normal birth where the woman is stressed or distressed.</p>

<p>Legislation and organisational policy and procedures</p> <p>K5. A working knowledge of codes of practice and conduct, and standards and guidance relevant to your own and the roles, responsibilities, accountability and duties of others when supporting individuals who are distressed.</p> <p>K6. A working knowledge of current local, UK and European legislation, and organisational requirements, procedures and practices for:</p> <ul style="list-style-type: none"> a) accessing records and information; b) recording, reporting, confidentiality and sharing information, including data protection; c) supporting individuals who are distressed. <p>K7. Health, safety, assessing and managing risks associated with supporting individuals who are stressed, distressed and frustrated.</p> <p>K8. A working knowledge of the purpose of, and arrangements for your supervision when working with individuals and key people who are stressed, distressed and frustrated.</p>	<p>Assist the midwife in caring for a woman having an instrumental birth.</p> <p>Assist the midwife in caring for a woman following caesarean section.</p> <p>Understand contexts, both positive and negative which affect relationships in midwifery/maternity settings.</p> <p>Demonstrate an understanding of the grieving process and assist the midwife to support women who are bereaved.</p> <p>Demonstrate an awareness of physical and mental health issues, eg, fatigue, the blues and depression.</p> <p>Promote mental wellbeing reporting any concerns to responsible midwife.</p> <p>Describe policies & care pathways for domestic abuse and or mental health.</p> <p>Demonstrate a knowledge of child protection and domestic abuse issues reporting any concerns to responsible midwife.</p> <p>Know how to protect a child or vulnerable adult.</p> <p>Explain appropriate action in the case of abnormal signs of stress or distress.</p>
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Theory and practice

K9. A working knowledge of actions to take key changes in the conditions and circumstances of individuals with whom you work and actions to take in these circumstances.

K10. A working knowledge of the common causes of stress and distress.

K11. A working knowledge of how stress and distress can affect individuals when undertaking new activities and developing new ways of coping with changes in their lives, needs, conditions and circumstances.

K12. A working knowledge of signs and symptoms associated with levels of stress, distress and frustration that indicate specialist intervention generally and specifically for the individuals with whom you are working.

K13. A working knowledge of how stress and distress can affect how individuals communicate.

K14. A working knowledge of the impact of stress and distress on key people and others within the care environment in which you work.

K15. A working knowledge of methods of supporting individuals to:

- share with you the aspects of their lives that are troubling them and causing them stress and distress;
- use their strengths, their own potential and that in their network to manage stress and distress;
- cope with stress and distress in a constructive way.

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HSC314: Care for a newly born baby when the mother is unable to do so

HSC314: Care for a newly born baby when the mother is unable to do so

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers providing direct care for babies when the mother is unable to do so. This includes feeding babies, clothing babies and keeping them clean and ensure babies are safe, secure and free from danger, harm and abuse.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB5: Provision of care to meet health and wellbeing needs

Level 2: Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

Keywords

Origin

This competence is from the Health and Social Care suite of National Occupational Standards (2009).

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Active support	Working in a way that recognises that people have a right to take part in the activities and relationships of everyday life as independently as they can, and so supports them by helping only with what they really cannot do for themselves.
Babies	Babies are those aged 0-2yrs
Carers	Carers are those taking the main parental role/guardianship of the baby
Others	Other people within and outside your organisation who are necessary for you to fulfil your job role
Parents	People with legal parental responsibility
Rights	<p>The rights that children and young people have under the UN Convention on the Rights of the Child to:</p> <ul style="list-style-type: none"> • play; • self expression and information about themselves • be free from exploitation; • express their own cultural identity; • life, survival and development; • have their views respected, and to have their best; interests considered at all times; • a name and nationality; • live in a family environment or alternative care, and to have contact with both parents wherever possible; • health and welfare rights, including rights for disabled children; • the right to health and health care, and social security • education, leisure, culture and the arts; • special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation. <p>The rights that all concerned have to:</p> <ul style="list-style-type: none"> • be respected; • be treated equally and not be discriminated against; • be treated as an individual; • be treated in a dignified way; • privacy; • be protected from danger and harm;

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| | <ul style="list-style-type: none">• be cared for in a way that meets their needs, takes account of their choices and also protects them;• access information about themselves;• communicate using their preferred methods of communication and language. |
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Performance Criteria

You need to:

1. clean and dry your hands prior to and following handling the baby and preparing their food.
2. use the correct methods to prepare and store equipment and feeds and to dispose of left over food.
3. use the correct methods and any sterilisation procedures to make the feed.
4. make up feeds to the required quantities.
5. feed babies in a suitable place and position to encourage digestion and satisfaction, when they indicate that they are hungry or when feeding is required for nutritional purposes.
6. record babies progress and feeds accurately, seeking support and advice if problems occur.
7. prepare the environment and equipment for bathing and changing babies prior to undressing them.
8. bathe, wash, dry, change and dress babies, handling them safely throughout.
9. stimulate, relate to and interact with babies when bathing and dressing them.
10. observe and treat any dryness or sores on babies skin.
11. dress babies in suitable clothes for the environmental temperature and conditions.
12. clean and store equipment and materials safely and ready for re-use.
13. follow organisational procedures and practices when disposing of soiled nappies.
14. update any records that are required and report anything you have observed during bathing and dressing which causes concern to the appropriate people, within confidentiality agreements and according to legal and organisational requirements.
15. check that identification labels are secure and correctly placed, reporting any discrepancies to the appropriate person.
16. check the identification of anyone wanting to handle babies and only pass the babies to anyone who has permission to handle and care for them.
17. ensure that babies are placed in a safe and secure location and position.
18. relate to and interact with babies to help them feel safe and secure.
19. take appropriate steps to ensure that there is no person or item of equipment/furniture within the environment that could cause or put babies in danger, harm or abuse them.

20. complete and store accurate records within confidentiality agreements and according to legal and organisational requirements.

<p>NVQ Unit - HSC314 Care for a newly born baby when the mother is unable to do so</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will care for a newly born baby when the mother is unable to do so.</p>
<p>Knowledge and understanding You need to apply:</p>	<p>On completion of this unit the (MSW) will have the knowledge understanding and skills to:</p>
<p>Values</p> <p>K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality, sharing of information and the rights of children and young people nationally, and through the UN convention on the Rights of the Child.</p> <p>K2. A working knowledge of how to provide active support and place the preferences and best interests of the babies with whom you are working at the centre of everything you do.</p> <p>K3. A working knowledge of how to ensure that you protect the rights and the interests of babies.</p> <p>K4. A working knowledge of how to work in partnership with parents, families, carers and those within and outside your organisation to enable the babies' needs, wishes and preferences to be met, taking account of any limitations of anyone's rights.</p>	<p>Provide direct care for a newly born baby when the mother is unable to do so.</p> <p>Ensure that the baby is safe, secure and free from danger, harm and abuse (child protection/ UNOCINI).</p> <p>Ensure that identification labels are secure and correctly placed, reporting any discrepancies to the responsible midwife.</p>
<p>Legislation and organisational policy and procedures</p> <p>K5. A working knowledge of codes of practice and conduct, and standards and guidance relevant to your own and the roles, responsibilities, accountability and duties of others when caring for newly born babies.</p>	<p>Check the identification of anyone wanting to handle the baby and only facilitate those who have permission to handle and care for the baby.</p> <p>Ensure that the baby is placed in a safe and secure location and position.</p>

<p>K6. A working knowledge of current local, national and European legislation and organisational requirements, procedures and practices for:</p> <ul style="list-style-type: none"> a) data protection, including recording, reporting, storage, security and sharing of information; b) health and safety; c) risk assessment and management; d) promoting the well-being and protection of babies; e) promoting secure and permanent relationships for babies; f) parental rights and responsibilities; g) working with newly born babies; h) working with parents, families and carers to promote the well-being and life chances of babies. <p>K7. A working knowledge of how to access records and information on the needs, views, wishes and preferences of babies, parents, families and carers.</p> <p>K8. A working knowledge of health, safety and hygiene requirements which should be maintained when working with babies, especially when feeding them.</p>	<p>Perform neonatal basic life support.</p> <p>Ensure accurate and comprehensive completion of the baby's record including where required, entering data on to maternity computer systems.</p> <p>Carry out instructions regarding the baby's care and record as directed.</p> <p>Ensure that consent is obtained for all care given to the baby.</p> <p>Carry out care for the baby in close proximity to the mother when possible.</p> <p>Encourage effective engagement between the mother and her baby within the limits of her condition.</p>
<p>Theory and practice</p> <p>K9. A working knowledge of how and where to access information and support that can inform your practice about working with babies.</p> <p>K10. A working knowledge of how and where to access information and support that can inform your practice about working with babies government reports, inquiries and research reports into serious failures to protect babies.</p>	<p>Care given to the baby is detailed in HSC 320 and it includes:</p> <p>Care for the baby's comfort and hygiene needs.</p> <p>Weigh baby and report static weight or significant weight loss.</p> <p>Perform the daily baby check, record observations and report</p>

<p>K11. A working knowledge of theories relevant to the babies with whom you work, about:</p> <ul style="list-style-type: none"> a) pre-speech and verbal and non-verbal behaviour and cues; b) human growth and development related to babies, including factors and conditions that can benefit and/or inhibit development; c) social, emotional, intellectual and language development and factors that might enhance and inhibit these in babies up to two years of age d) the ways in which babies can be stimulated. <p>K12. A working knowledge of working in integrated ways to promote babies' wellbeing.</p> <p>K13. A working knowledge of the responsibilities and limits of your relationships with babies and parents, families and carers.</p> <p>K14. A working knowledge of methods of effective engagement with babies.</p> <p>K15. A working knowledge of type of support for disabled babies and parents.</p> <p>K16. A working knowledge of the reasons for and who to report feeding problems and anything unusual with babies.</p> <p>K17. A working knowledge of the normal state, and changes in, urine, stools, vaginal discharge, cry, skin, state of cord, eyes, general muscle tone and movement of babies.</p> <p>K18. A working knowledge of safest ways of positioning and handling babies for their health and safety and to encourage interaction.</p>	<p>any deviations from normal to the responsible midwife.</p> <p>Support the mother to breastfeed if this is possible with assistance.</p> <p>Feed the baby with formula milk and record on baby's feeding chart.</p> <p>Communicate effectively with mother and father concerning the care given to the baby, observations made and the baby's progress.</p> <p>Encourage the mother to participate in the care of her baby as soon as it is feasible.</p> <p>Recognise problems early and refer promptly to the responsible midwife</p> <p>Assist in the teaching and demonstration of basic parenting skills when the mother's condition allows.</p> <p>Encourage and promote confidence with parenting skills when appropriate.</p>
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- K19. A working knowledge of positioning, comfort, environment, winding and the correct processes for feeding babies and why these may vary according to the parent's personal beliefs and preferences.
- K20. A working knowledge of why the environment in which the babies are fed should be suitable and why this should be close to the mother where possible.
- K21. A working knowledge of why each step of the preparation of equipment and feeds and the timing of these is necessary and must be carried out correctly.
- K22. A working knowledge of the reason for, and how to report babies' first stools and urine.
- K23. A working knowledge of why different parts of babies bodies are bathed differently and why particular attention should be paid to creases.
- K24. A working knowledge of the reasons for informing the mother about the baby's feed and progress.
- K25. A working knowledge of the ways in which babies:
- a) develop during the first ten days of life;
 - b) develop relationships with their carers in their early days of life.
- K26. A working knowledge of the difference between sterilisation and social cleanliness.
- K27. A working knowledge of the importance of consistency and continuity of care provided to babies.

K28. A working knowledge of the effects of environmental conditions and temperatures on babies.

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HSC320: Support professional advice to help parents to interact with and take care of their newly born baby(ies)

HSC320: Support professional advice to help parents to interact with and take care of their newly born baby(ies)

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers supporting professional advice to help parents to interact with and take care of their newly born baby(ies). This includes supporting parents and reinforcing actions and advice that keep babies safe, secure and free from danger, harm and abuse. It also covers supporting parents and reinforcing actions and advice for feeding and keeping babies clean and to parents to bond with, relate to and understand the needs of their babies

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB4: Enablement to address health and wellbeing needs

Level 3: Enable people to address specific needs in relation to health and wellbeing

Keywords

Origin

This competence is from the Health and Social Care suite of National Occupational Standards (2009).

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Abuse	Abuse is causing physical, emotional and/or sexual harm to an individual and/or failing/neglecting to protect them from harm
Active support	Working in a way that recognises that children and young people have a right to take part in the activities and relationships of every day life as independently as they can, and so supports them by helping only with what they really cannot do for themselves
Baby	Child within the first 10 days of life
Danger	The possibility of harm and abuse happening
Harm	The effects of a child/young person being physically, emotionally or sexually injured or abused
Others	Other people within and outside your organisation who are necessary for you to fulfil your job role
Rights	<p>The rights that children and young people have under the UN Convention on the Rights of the Child to:</p> <ul style="list-style-type: none"> • play; • self expression and information about themselves; • be involved in decisions that affect their lives; • be free from exploitation; • express their own cultural identity; • life, survival and development; • have their views respected, and to have their best interests considered at all times; • a name and nationality; • live in a family environment or alternative care, and to have contact with both parents wherever possible; • health and welfare rights, including rights for disabled children; • the right to health and health care, and social security; • education, leisure, culture and the arts; • special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation. <p>The rights that all concerned have to:</p> <ul style="list-style-type: none"> • be respected; • be treated equally and not be discriminated against; • be treated as an individual;

	<ul style="list-style-type: none"> • be treated in a dignified way; • privacy; • be protected from danger and harm; • be cared for in a way that meets their needs, takes account of their choices and also protects them; • access information about themselves; • communicate using their preferred methods of communication and language.
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Scope

This section provides guidance on possible areas to be covered in this competence.

Communicate	<p>using:</p> <ul style="list-style-type: none"> a) the person's preferred spoken language; b) the use of signs; c) symbols; d) pictures; e) writing; f) objects of reference; g) communication passports; h) other non verbal forms of communication; i) human and technological aids to communication
Danger	<p>could be:</p> <ul style="list-style-type: none"> a) imminent; b) in the short term; c) in the medium term; d) in the longer term
Harm and abuse	<p>within this unit will cover:</p> <ul style="list-style-type: none"> a) neglect; b) physical, c) emotional and sexual abuse; d) bullying; e) self-harm; f) reckless behaviour

Performance Criteria

You need to:

1. observe parents and baby, giving appropriate support to ensure that the baby is safe, secure and free from danger harm and abuse.
2. provide active support to enable parents to communicate the level of assistance they require, seeking other assistance, where necessary.
3. encourage parents who have raised issues about their baby's safety, protection and security, to:
 - take account of the advice they have been given;
 - take appropriate action to ensure the baby's safety, protection;
 - and security without being overprotective.
4. reinforce the advice parents have been given as you assist them to handle and position the baby.
5. encourage the parents to:
 - check the baby is safe before leaving them unattended;
 - only pass on and leave the baby with people who are known to be safe and who are able to take care of the baby.
6. reinforce advice given about changing the coverings, clothing and dressings for the baby when:
 - the conditions and temperature change;
 - they show signs that they are too hot or cold.
7. encourage relatives and friends, who wish to, to be actively involved in caring for the baby, its safety, protection and security.
8. discuss and agree any difficulties with the parents and the level of assistance they require, seeking other assistance, where necessary.
9. encourage the parents to:
 - wash and dry their hands prior to and following nappy changing and feeding;
 - monitor the baby's condition and the content of her/his nappy in order to recognise anything that is abnormal;
 - dispose of the baby's nappy and other waste in a safe, hygienic manner and place.
10. encourage and assist the parents to prepare themselves, the environment and the equipment prior to bathing the baby.
11. assist parents to prepare feeds, and feed their baby regularly and according to their own preferences and the advice they have been given.

12. observe, and where necessary, support parents to address the baby's comfort, hygiene and well-being needs when handling, washing, nappy changing and dressing them.
13. record and report to the appropriate people on:
 - the parent's progress;
 - anything unusual in the baby's condition;
 - concerns regarding the parent's handling of the baby to the within confidentiality agreements and according to legal and organisational requirements.
14. encourage and support parents to:
 - handle and interact with the baby;
 - interact with, and observe their baby prior to, during and after feeding;
 - deal with baby's needs when he/she cries and help the parents to understand the reasons for doing these.
15. reinforce the information of others about how the parents should handle and interact with their baby, taking account of the parent's needs and circumstances;
16. work with parents to help them accept their baby, explaining and reinforcing the advice of others about the importance of bonding with the baby;
17. positively reinforce the actions of parents when they bond with and relate to their baby.

<p>NVQ Unit – HSC 320 Support professional advice to help parents to interact with and take care of their newly born baby (ies) during the first ten days of life.</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will support professional advice to help parents to interact with and take care of their newly born baby (ies) during the first ten days of life.</p>
<p>Knowledge and understanding You need to apply:</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Values</p> <p>K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality, sharing of information and the rights of children and young people nationally, and through the UN convention on the Rights of the Child.</p> <p>K2. A working knowledge of how to provide active support and place the preferences and best interests of the babies and the parents with whom you are working at the centre of everything you do.</p> <p>K3. A working knowledge of how to ensure that you protect the rights and interests of babies and parents.</p> <p>K4. A working knowledge of how to work in partnership with parents, families, carers and those within your organisation to enable babies' needs, to be met, taking account of any limitations of anyone's rights.</p>	<p>Promote the health and wellbeing of newborn babies</p> <p>Assist parents to lay the foundation of a loving relationship with their baby.</p> <p>Understand the contexts which affect relationships:</p> <p>(a) Factors that influence positive relationships; (b) Relationships adversely affected by: Domestic Abuse; Cultural expectations; (c) Mental ill health.</p>
<p>Legislation and organisational policy and procedures</p> <p>K5. A working knowledge of regulation, codes of practice and conduct that apply to you and others for codes of practice and conduct, and standards and guidance relevant to your own and the roles, responsibilities, accountability and duties of others when caring for</p>	<p>Explain the role of health professionals in the care of the baby to include: Midwife / Community Midwife Specialist Community Public Health Nurse</p>

<p>newly born babies.</p> <p>K6. A working knowledge of current local, national and European legislation and organisational requirements, procedures and practices for:</p> <ul style="list-style-type: none"> a) data protection, including recording, reporting, storage, security and sharing of information b) health, safety and hygiene requirements which should be maintained when working with babies, especially when feeding them c) risk assessment and management d) promoting the well-being and protection of babies e) promoting secure and permanent relationships for babies f) parental rights and responsibilities g) working with newly born babies h) working with parents, families and carers to promote the well-being and life chances of babies. <p>K7. A working knowledge of how to access records and information on the needs, views, wishes and preferences of babies, parents, families and carers.</p> <p>K8. A working knowledge of frameworks and guidance on working with parents, families and carers to promote the well-being and life chances of babies.</p>	<p style="text-align: center;">General Practitioner / Practice Nurse.</p> <p>Give parents support to ensure that the baby is safe, secure and free from harm and abuse. Understanding the needs of children in Northern Ireland, (UNOCINI). Child Protection: Safeguarding Children; The Children Order 1995.</p> <p>Encourage parents who have raised issues about their baby's safety, protection and security, to adhere to the advice they have received and to take appropriate action. Refer to the responsible midwife for additional advice if required.</p> <p>Perform neonatal basic life support.</p> <p>Maintain confidentiality when accessing records and information gained from parents and staff.</p>
<p>Theory and practice</p> <p>K9. A working knowledge of how and where to access information and support that can inform your practice about working with parents and babies.</p>	<p>Ensure any instructions regarding the baby's care are carried out and recorded as directed.</p> <p>Care for a newborn baby: Describe the general characteristics and basic physiology of the newborn baby.</p>

<p>K10. A working knowledge of government reports, inquiries and research reports into serious failures to protect parents and babies.</p> <p>K11. A working knowledge of theories relevant to babies with whom you work, about:</p> <ul style="list-style-type: none"> a) pre-speech and verbal and non-verbal behaviour and cues; b) human growth and development related to babies, including factors and conditions that can benefit and/or inhibit development; c) social, emotional, intellectual and language development and factors that might enhance and inhibit these in babies up to two years of age; d) the ways in which babies can be stimulated. <p>K12. A working knowledge of working in integrated ways to promote babies' and parent's well-being.</p> <p>K13. A working knowledge of the responsibilities and limits of your relationships with babies and parents, families and carers.</p> <p>K14. A working knowledge of methods of effective engagement with babies.</p> <p>K15. A working knowledge of type of support for disabled babies and parents.</p> <p>K16. A working knowledge of the ways in which babies:</p> <ul style="list-style-type: none"> a) develop during the first ten days of life; b) develop relationships with their carers in their early days of life. <p>K17. A working knowledge of the impact which personal beliefs, preferences (including privacy) and previous experience may have</p>	<p>Weigh and check baby (never initial, on transfer or discharge) Recognise normal tone, colour, breathing, temperature and behaviour. Measure length and head circumference. Monitor weight, know acceptable weight loss during the first week, report to midwife static weight or any significant weight loss. Inspect the eyes and mouth for any signs of infection and report to the midwife. Note and record the first passing of urine and meconium. Describe the types of nappies: changes in colour and frequency of a baby's stool and the frequency of passing urine. Describe normal variations in baby skin colour. Recognise jaundice and refer to the midwife. Describe current cord care guidelines and the rationale behind them. Describe characteristics of an infected cord requiring prompt referral to a midwife. Meet hygiene and comfort needs: bath / "top and tail" and demonstration to parents using safe and recognised technique. Ensure the baby has two identity bracelets and cot card.</p> <p>Be aware of the screening tests. Describe the use of Vitamin K. Explain how the risk of sudden infant death syndrome (SIDS) may be reduced. Advise about safety in the home to include bed sharing, use of cat nets, fireguards, cooker guards, stair gates, pram brakes and car seats.</p>
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on the handling, caring, washing, changing, dressing and feeding of babies.

K18. A working knowledge of safest ways of positioning and handling babies for their health and safety and to encourage interaction K19. A working knowledge of positioning, comfort, environment, winding and the correct processes for feeding babies and why these may vary according to the parent's personal beliefs and preferences.

K19. A working knowledge of the effects of environmental conditions and temperatures on the baby.

K20. A working knowledge of why the environment in which babies are fed should be suitable and why this should be close to the parents.

K21. A working knowledge of why each step of the preparation of equipment and feeds and the timing of these is necessary and must be carried out correctly.

K22. A working knowledge of the reasons for and who to report feeding problems and anything unusual with the baby.

K23. A working knowledge of the reasons for, and how to report babies' first stools and urine.

K24. A working knowledge of the normal state, and changes in, urine, stools, vaginal discharge, cry, skin, state of cord, eyes, general muscle tone and movement of babies.

K25. A working knowledge of why different parts of babies bodies are bathed differently and why particular attention should be paid to creases.

K26. A working knowledge of the reasons for confirming the level of assistance with the parent and following this up with observation and

Support a mother to feed her baby: breastmilk / formula milk

Inform parents of the health benefits of breastfeeding.
Describe the anatomy and physiology of the breast / lactation.
Teach a mother how to position and attach her baby at the breast.

Teach a mother how to express her breastmilk.
Explain how to avoid breastfeeding problems and support the mother experiencing difficulty with breastfeeding.
Inform mother re: breastfeeding support groups.

Promote breastfeeding through the implementation of the UNICEF Baby Friendly Initiative (BFI).
Explain the UNICEF BFI "Ten Steps" to successful breastfeeding and the role of the maternity support worker in this initiative.

Instruct parents how to sterilise equipment and prepare formula feeds.

Recognise problems early and refer promptly to the responsible midwife.

Assist in the teaching and demonstration of basic parenting skills on a one to one basis and in group sessions.

Encourage and promote confidence with parenting skills.

support.

K27. A working knowledge of why parents should be encouraged to identify any person they hand their baby to and why they should not leave the baby unattended.

K28. A working knowledge of why babies need to be identified by labels and where to place these.

K29. A working knowledge of why parents should be encouraged to engage in active parenting and the long term effects which this may have for the parents and the baby.

K30. A working knowledge of why parents should be encouraged to review the feeding process and adapt them for their baby.

K31. A working knowledge of normal changes and common problems that can occur in the mother's breasts and nipples during the first week.

K32. A working knowledge of how to help the mother express milk and when expressed milk should be used.

K33. A working knowledge of the best methods of reinforcing practice with parents and carers to increase their effectiveness in terms of safety, protection, security and the effects of the environment on the baby.

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**HSC321: Support and encourage parents
and guardians to care for babies during
the first year of their lives**

HSC321: Support and encourage parents and guardians to care for babies during the first year of their lives

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers supporting and encouraging parents and guardians to care for and protect babies in the first year of their lives. This includes supporting and encouraging them feed, clothe and keep babies clean, safe, secure and free from danger, harm and abuse and to look after the health needs of their babies. It also covers giving advice to help parents and guardians to bond with, relate to, interact with and provide a stimulating environment for babies

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB4: Enablement to address health and wellbeing needs.

Level 3: Enable people to address specific needs in relation to health and wellbeing.

Keywords

Origin

This competence is from the Health and Social Care suite of National Occupational Standards (2009).

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Active support	Working in a way that recognises that children and young people have a right to take part in the activities and relationships of every day life as independently as they can, and so supports them by helping only with what they really cannot do for themselves.
Babies	Children within the first year of their lives.
Key people	Are those people who are key to the parent's health and social well-being. These are people in the parent's lives who can make a difference to the health and well-being of the parents and their babies.
Others	Are other people within and outside your organisation that are necessary for you to fulfil your job role.
Rights	<p>The rights that children and young people have under the UN Convention on the Rights of the Child to:</p> <ul style="list-style-type: none"> • Play; • Self expression and information about themselves • Be involved in decisions that affect their lives; • Be free from exploitation; • Express their own cultural identity; • life, survival and development; • have their views respected, and to have their best interests considered at all times; • a name and nationality; • live in a family environment or alternative care, and to have contact with both parents wherever possible; • health and welfare rights, including rights for disabled children, the right to health and health care, and social security; • education, leisure, culture and the arts; • special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation. <p>The rights that all concerned have to:</p> <ul style="list-style-type: none"> • be respected; • be treated equally and not be discriminated against; • be treated as an individual; • be treated in a dignified way; • privacy;

	<ul style="list-style-type: none"> • be protected from danger and harm; • be cared for in a way that meets their needs, takes account of their choices and also protects them • access information about themselves; • communicate, using their preferred methods of communication and language.
Risks	The likelihood of danger, harm and/or abuse arising from anything or anyone.

Scope

This section provides guidance on possible areas to be covered in this competence.

Communicate	<p>using:</p> <ul style="list-style-type: none"> a) the parents preferred spoken language; b) the use of signs; c) symbols; d) pictures; e) writing; f) objects of reference; g) communication passports; h) other non verbal forms of communication; i) human and technological aids to communication.
Key people	<p>include:</p> <ul style="list-style-type: none"> a) family; b) friends; c) carers; d) others with whom the individual has a supportive relationship.
Risks	<p>could include the possibility of:</p> <ul style="list-style-type: none"> a) danger, damage and destruction to the environment and goods; b) injury and harm to people; c) self-harm and abuse.

Performance Criteria

You need to:

1. support the parents to understand and assess their needs regarding the needs, rights and protection of their babies.
2. provide active support to enable parents to address issues about their babies safety, protection and security and their own responsibilities about this, encouraging the parents not to be overprotective.
3. encourage parents:
 - to only hand their babies to, and leave them with people who are capable of caring for babies;
 - ensure that their babies are never left unattended.
4. observe and support parents to take the necessary safety measures when feeding and handling their babies.
5. explain to parents in ways that they can understand, the ways to dispose of their baby's nappy and other waste safely and hygienically.
6. observe and support parents to keep their babies safe, reinforcing the advice given on safety measures by others.
7. seek and acquire additional help and advice where parents are experiencing difficulties that are outside your competence to deal with.
8. encourage key people in the parents' lives to be actively involved in caring for the baby's safety, protection and security if the parents wish.
9. encourage and assist parents to prepare themselves, the environment and the equipment prior to bathing their baby.
10. observe parents during handling, washing, nappy changing and dressing their babies and support them to handle their babies correctly to help maintain their baby's comfort, health and well-being.
11. encourage parents to monitor their baby's condition and the content of her/his nappy in order to recognise anything that is abnormal.
12. encourage parents to seek advice and support on any aspect of the care and health of their baby.
13. support the parents to dress their babies appropriately for the environmental conditions.
14. work with parents to recognise and address risks and signs and symptoms of discomfort and distress in their babies.
15. report anything unusual about babies' conditions and concerns regarding the parent's handling without delay.

16. encourage and support parents to understand why they need to handle and interact with their babies and how they should do this.
17. support parents to bond with their babies communicating the reasons why this is important.
18. encourage parents to interact with their babies prior to, during and after feeding and while they are bathing and handling them.
19. support parents to interact and play with their babies selecting and using play materials that are appropriate to the babies' age and abilities.
20. encourage parents to positively reinforce the actions that advance babies' development and motor skills.
21. support parents to cope with their babies when they cry persistently.
22. record and report on the parents progress and any extra help they may require that is outside your experience, expertise and responsibility, within confidentiality agreements and according to legal and organisational requirements.

<p>NVQ Unit – HSC 321 Support and encourage parents and guardians to care for babies during the first year of their lives</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will support and encourage parents and guardians to care for babies during the first year of life.</p>
<p>Knowledge and understanding You need to apply:</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Values</p> <p>K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality, sharing of information and the rights of children and young people nationally, and through the UN convention on the Rights of the Child.</p> <p>K2. A working knowledge of how to provide active support and place the preferences and best interests of the babies with whom you are working at the centre of everything you do.</p> <p>K3. A working knowledge of how to ensure that you protect the rights and the interests of babies.</p> <p>K4. A working knowledge of how to work in partnership with parents, families, carers and those within and outside your organisation to enable the babies' needs, wishes and preferences to be met, taking account of any limitations of anyone's rights.</p> <p>K5. A working knowledge of dilemmas between:</p> <p>a) the babies rights and the rights and responsibilities of their parents and carers;</p>	<p>Promote the health and wellbeing of babies during the first year of life.</p> <p>Assist parents and guardians to continue the foundation of a loving relationship with their baby.</p> <p>Protect the rights and best interests of babies at all times.</p> <p>Explain the role of health professionals in the care of the baby to include: Community Midwife/ Specialist Community Public Health Nurse/General Practitioner & Practice Nurse.</p> <p>Work in partnership with parents whilst taking account of limitations of anyone's rights.</p> <p>Support parents and others in ensuring the baby is safe,</p>

<ul style="list-style-type: none"> b) the babies preferences and needs and how these can and are being met; c) your own values and those of the babies and parents, families and carers; d) your values and those of others within and outside your organisation. 	<p>secure and free from harm.</p> <p>Recognise dilemmas which may exist & take appropriate action.</p>
<p>Legislation and organisational policy and procedures</p> <p>K6. A working knowledge of codes of practice and conduct, and standards and guidance relevant to your own and the roles, responsibilities, accountability and duties of others when supporting parents to care for and protect babies.</p> <p>K7. A working knowledge of current local, UK legislation and organisational requirements, procedures and practices for:</p> <ul style="list-style-type: none"> a) data protection, including recording, reporting, storage, security and sharing of information; b) health and safety; c) risk assessment and management; d) dealing with comments and complaints; e) promoting the well-being and protection of babies; f) promoting secure and permanent relationships for babies; g) parental rights and responsibilities; h) working with parents, families and carers to promote the well-being and life chances of babies. <p>K8. A working knowledge of how to access records and information on the needs, views, wishes and preferences of babies, parents, families and carers.</p>	<p>Explain role of health professional in the care of the baby to include; community midwife, specialist community public health nurse, general practitioner & practice nurse.</p> <p>Encourage parents and others who have raised issues about their baby's safety, protection & security to follow advice given & to take appropriate action.</p> <p>Perform infant basic life support.</p> <p>Refer to responsible professional for further advice where required, e.g. complaints procedure..</p> <p>Maintain confidentiality when accessing records & information gained from parents, staff & others, e.g. families & carers.</p> <p>Know the features of a baby's normal growth & development.</p> <p>Ensure any instructions regarding the baby's care are carried out and recorded as directed.</p> <p>The baby during the first year of life</p>

<p>K9. A working knowledge of frameworks and guidance:</p> <ul style="list-style-type: none"> a) assessment; b) education; c) health. 	<p>Describe the general characteristics and basic physiology of the baby during the first year of life.</p> <p>Weigh baby; report static weight or any significant weight loss in case of failure to thrive.</p> <p>Recognise normal tone, colour, breathing, temperature and behaviour. Measure length and head circumference.</p> <p>Recognise jaundice and refer to the midwife.</p> <p>Meet hygiene and comfort needs.</p> <p>Be aware of immunisation schedules, screening programmes & routine reviews.</p>
<p>Theory and practice</p> <p>K10. A working knowledge of how and where to access information and support that can inform your practice about working with babies and parents.</p> <p>K11. A working knowledge of government reports, inquiries and research reports into serious failures to protect babies and parents.</p> <p>K12. A working knowledge of theories relevant to the babies with whom you work, about:</p> <ul style="list-style-type: none"> a) pre-speech and verbal and non-verbal behaviour and cues; b) human growth and development related to babies, including factors and conditions that can benefit and/or inhibit development; c) the development of language and communication skills in 	<p>Give parents support to ensure that the baby is safe, secure and free from harm and abuse / child protection / UNOCINI (Understanding the needs of children in Northern Ireland) Safeguarding Children The Children Order 1995.</p> <p>Know recommendations from significant reports & use to maximise protection of babies, e.g. the Laming Report (2003), The Baby P case. Support, encourage & inform parents & significant others of the importance of verbal & non verbal forms of communication & in addition human & technological aids to communication, e.g. touch & hearing.</p>

<p>babies and factors which influence learning and development, including the importance of stimulation and interaction with adults;</p> <p>d) working with parents and guardians to enable them to care and protect their babies.</p> <p>K13. A working knowledge of working in integrated ways to promote babies' and the parent's well-being.</p> <p>K14. A working knowledge of the role of relationships and support networks in promoting the well-being of the babies and parents with whom you work.</p> <p>K15. A working knowledge of factors that affect the health, well-being, behaviour, skills, abilities and development of babies, parents, families and carers.</p> <p>K16. A working knowledge of conditions and issues you are likely to face in your work with babies and parents, families and carers.</p> <p>K17. A working knowledge of factors that cause risks and those that ensure safe and effective care for babies.</p> <p>K18. A working knowledge of the responsibilities and limits of your relationships with babies and parents, families and carers.</p> <p>K19. A working knowledge of methods of effective communication and engagement of babies, their parents, families and carers.</p> <p>K20. A working knowledge of type of support for disabled children, young people and parents.</p> <p>K21. A working knowledge of how to work with, and resolve conflicts that you are likely to meet.</p>	<p>Recognise & promote healthy family relationships & the use of support networks within & outside the family, e.g. Sure Start, Peer Support Initiatives.</p> <p>Understand the contexts which affect relationships.</p> <p>Know the factors that influence positive relationships & unsatisfactory relationships.</p> <p>Know the socio-economic factors which can adversely affect the wellbeing of babies & families</p> <p>e.g. unemployment/financial problems domestic abuse. misuse of drugs and/or alcohol mental ill health maternal depression cultural expectations</p> <p>Refer appropriately & work within the boundaries of safe practice.</p> <p>Inform parents of support available for babies with disability, e.g. Down Syndrome Association, Cleft Lip & Palate Association (CLAPA).</p> <p>Inform parents to only hand their babies to, & leave them with, people whom they know & who are capable of caring for babies.</p> <p>Ensure parents & carers know never to leave babies unattended.</p>
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<p>K22. A working knowledge of the impact which personal beliefs, preferences (including privacy) and previous experience may have on the handling, caring, washing, changing, dressing and feeding of a baby.</p> <p>K23. A working knowledge of the reasons for confirming the level of assistance with the parent and following this up with observation and support.</p> <p>K24. A working knowledge of why parents should be encouraged to identify any person to whom they are asked to hand their baby to and not to leave the baby unattended.</p> <p>K25. A working knowledge of normal and abnormal patterns of handling, positioning, caring, washing, changing, feeding and dressing a baby.</p> <p>K26. A working knowledge of the normal patterns of progress and the baby's normal condition in order to report anything unusual.</p> <p>K27. A working knowledge of why parents should be encouraged to engage in active parenting and the long term effects which this may have for the parents and the baby.</p> <p>K28. A working knowledge of why the parents should be encouraged to review the feeding process and adapt them for their baby.</p> <p>K29. A working knowledge of aspects of feeding and weaning and the parent's and guardian's responsibilities to review the babies' feeding needs.</p> <p>K30. A working knowledge of the differing varieties of feed and the relationship of feeding to personal beliefs and preferences.</p>	<p>Support parents and guardians with chosen feeding practices.</p> <p>Promote breastfeeding based on The Seven Point Plan for Sustaining Breastfeeding in the Community, (Revised 2008). Explain how to avoid breastfeeding problems and support the mother experiencing difficulty with breastfeeding; know when to refer to responsible midwife.</p> <p>Inform mother re: breastfeeding support groups.</p> <p>Support exclusive breastfeeding up to six months of age.</p> <p>Support parents who choose to feed their babies formula milk.</p> <p>Support parents when weaning their babies.</p> <p>.</p> <p>Explain how the risk of sudden infant death syndrome (SIDS) may be reduced.</p> <p>Advise about safety in the home to include bed sharing, use of cat nets, fireguards, cooker guards, stair gates, pram brakes and car seats.</p> <p>Assist in the teaching and demonstration of basic parenting skills on a one to one basis and in group sessions.</p> <p>Encourage and promote confidence with parenting skills.</p>
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K31. A working knowledge of methods of ensuring the safety of babies from birth to 1 year.

K32. A working knowledge of how to maintain cleanliness, keep babies warm and keep records on babies' progress.

K33. A working knowledge of dangers in the environment and how they can be overcome.

K34. A working knowledge of how to advise parents to recognise, understand and take action on real problems.

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CHS19: Undertake physiological measurements

CHS19: Undertake physiological measurements

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers taking and recording physiological measurements as part of the individuals care plan.

Measurements include: blood pressure - both by manual and electronic; pulse rates and confirming pulses at a variety of sites e.g. pedal pulses; pulse oximetry; temperature, respiratory rates, peak flow rates; height; weight; body mass index (BMI); girth.

These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home, GP surgeries etc.

The recording of such measurements must take into account the individuals overall condition, and the delegation of these measurements to you may change as the individual's condition changes, and sometimes this skill will fall outside of your role and responsibility. Any adverse conditions may result in other members of the care team undertaking these measurements.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced HCS I4, Diab_FA1, Diab_FA5, HCS361 and DANOS AH6 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB6: Assessment and treatment planning

Level 1: Undertake tasks related to the assessment of physiological and psychological functioning

Keywords

Origin

This is a new workforce competence developed for Clinical Healthcare Support by Skills for Health.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment	includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment
Contaminated	includes: items 'contaminated' with body fluids, chemicals or radionuclides. Any pack/item opened and not used should be treated as contaminated
Individual	an individual is the person on whom the physiological measurement is being taken and could be an adult or a child
Personal protective clothing	includes items such as plastic aprons, gloves - both clean and sterile, footwear, dresses, trousers and shirts and all-in-one trouser suits. These may be single use disposable clothing or reusable clothing

Scope

This section provides guidance on possible areas to be covered in this competence.

Appropriate documentation	includes individual's: a) notes b) harts
Appropriately prepared	includes: a) fully charged if electrical, b) with batteries, c) clean ear pieces on stethoscopes
Equipment	includes: a) sphygmomanometers of electronic blood pressure; b) recording devices; c) stethoscope; d) thermometers including tympanic membrane sensors; e) a watch with second hand; f) pulse oximeter; g) documentation; h) charts.

Prescribed sequence	<p>includes:</p> <ul style="list-style-type: none"> a) lying and standing blood pressure; b) respiratory rate before and after medication such as bronchodilators; c) temperature after procedures put in place to reduce raised temperature such as fan therapy, removing clothing/bed clothing.
Prescribed time	<p>includes:</p> <ul style="list-style-type: none"> a) hourly; b) four hourly; c) twice daily; d) daily; e) weekly; f) before food; g) before hot/cold drinks; h) on return from operating theatre or other treatment/investigation.
Significant changes	<p>include:</p> <ul style="list-style-type: none"> a) collapse b) cardiac arrest c) bleeding d) postural e) hypotension
Standard precautions and health and safety measures	<p>a series of interventions which will minimise or prevent infection and cross infection, including:</p> <ul style="list-style-type: none"> a) hand washing/cleansing before during and after the activity b) the use of personal protective clothing and additional protective equipment when appropriate. <p>it also includes:</p> <ul style="list-style-type: none"> a) handling contaminated items b) disposing of waste c) safe moving and handling techniques d) untoward incident procedures

Performance Criteria

You need to:

1. apply standard precautions for infection control and apply other necessary health and safety measures.
2. take the measurement at the prescribed time and in the prescribed sequence.
3. use the appropriate equipment in such a way as to obtain an accurate measurement.
4. reassure the individual throughout the measurement and answer questions and concerns from the patient clearly, accurately and concisely within own sphere of competence and responsibility.
5. refer any questions and concerns from or about the patient relating to issues outside your responsibility to the appropriate member of the care team.
6. seek a further recording of the measurement by another staff member if you are unable to obtain the reading or if you are unsure of the reading.
7. observe the condition of the individual throughout the measurement.
8. identify and respond immediately in the case of any significant changes in the individuals condition or any possible risks.
9. recognise and report without delay any measurement which falls outside of normal levels.
10. record your findings accurately and legibly in the appropriate documentation.

<p>CHS 19: Undertake physiological measurements</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will undertake, where appropriate, physiological measurements of women during pregnancy and the postnatal period</p>
<p>Knowledge and Understanding You need to apply:</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Legislation, policy and good practice</p> <p>K1. A factual awareness of the current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to undertaking physiological measurements.</p> <p>K2. A working understanding of your responsibilities and accountability in relation to the current European and national legislation and local policies and protocols.</p> <p>K3. A factual awareness of the importance of working within your own sphere of competence when and seeking clinical advice when faced with situations outside your sphere of competence.</p> <p>K4. A working understanding of the importance of applying standard precautions and the potential consequences of poor practice.</p> <p>K5. A working understanding of why individuals need to be informed about what is happening.</p> <p>K6. A working understanding of what is meant by “consent”.</p>	<p>Describe the organisational policies and procedures for consent in taking physiological measurements.</p> <p>Describe the underpinning knowledge of temperature, pulse, respiratory and blood pressure measurements.</p> <p>Explain to the woman the reasons for taking physiological observations.</p> <p>Obtain consent from woman before taking physiological measurements.</p>

<p>K7. An in-depth understanding of why the recordings are necessary and the importance of undertaking measurements as directed.</p>	
<p>Care and support of the individual</p> <p>K8. An in-depth understanding of the help individuals may need before you can undertake the measurement.</p> <p>K9. An in-depth understanding of why it is necessary to adjust clothing for some physiological measurements.</p>	<p>List what would make a pregnancy high risk and know when to refer to the responsible midwife.</p>
<p>Materials and equipment</p> <p>K10. A working understanding of:</p> <ul style="list-style-type: none"> a) the equipment used for different measurements b) any alternative equipment available c) the importance of ensuring it is appropriately prepared. 	<p>Prepare and use the appropriate equipment for taking maternal observations.</p>
<p>Procedures and techniques</p> <p>K11. A working understanding of common conditions which necessitate the recording of physiological measurements within your work environment.</p> <p>K12. A working understanding of how blood pressure is maintained.</p> <p>K13. A working understanding of the differentiation between systolic and diastolic blood pressure and what is happening to the heart in each reading.</p> <p>K14. A working understanding of the normal limits of blood pressure.</p> <p>K15. A working understanding of conditions where blood pressure may be high or low.</p>	<p>Describe normal range of maternal vital signs in regard to temperature, pulse, respiratory rate, blood pressure and oxygen saturation.</p> <p>Accurately undertake maternal vital signs in regard to temperature, pulse, respiratory rate, blood pressure and oxygen saturation.</p> <p>Accurately monitor and record a woman's weight.</p> <p>Describe and record maternal body mass index (BMI).</p> <p>Describe the potential signs and symptoms of a woman whose condition is deteriorating such as shock, sepsis, haemorrhage or raised blood pressure.</p>

<p>K16. A working understanding of how body temperature is maintained.</p> <p>K17. A working understanding of what normal body temperature is.</p> <p>K18. A working understanding of what is meant by pyrexia, hyperpyrexia and hypothermia.</p> <p>K19. A working understanding of what is normal respiratory rate.</p> <p>K20. A working understanding of what affects respiratory rates in individuals, ill and well.</p> <p>K21. A working understanding of the normal limits of pulse rates.</p> <p>K22. A working understanding of what affects pulse rates - raising it and lowering it.</p> <p>K23. A working understanding of the sites in the body where pulse points can be found.</p> <p>K24. A working understanding of why an individuals pulse oximetry needs to be measured.</p> <p>K25. A working understanding of the findings when obtaining pulse oximetry, and the implications of these findings.</p> <p>K26. A working understanding of what BMI is and how it is used in weight/dietary control.</p> <p>K27. A working understanding of the factors that influence changes in physiological measurements.</p>	<p>Recognise and report any changes or concerns regarding a woman's condition to the responsible midwife.</p>
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<p>Records and documentation</p> <p>K28. A working understanding of the importance of recording all information clearly and precisely in the relevant documentation.</p> <p>K29. A working understanding of the importance of reporting all information to the registered practitioner.</p> <p>K30. A working understanding of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.</p> <p><i>Printed from www.skillsforhealth.org.uk</i></p>	<p>Accurately record and report observations undertaken to responsible midwife.</p>
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CHS132: Obtain venous blood samples

CHS132: Obtain venous blood samples

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers the use of venepuncture/phlebotomy techniques and procedures to obtain venous blood samples from individuals for investigations.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced Diab_FA2 and BDS11 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

Keywords

Blood specimens, venepuncture, phlebotomy, take blood

Origin

This workforce competence was developed by Skills for Health in August 2004.

Reviewed October 2007.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Clinical/Corporate Governance	<p>Clinical Governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.</p> <p>Corporate governance is the set of processes, customs, policies, laws and institutions affecting the way in which a corporation is directed, administered or controlled.</p>
Hand hygiene	<p>Hand washing, or using alcohol-based hand rub products to remove or destroy transient microorganisms</p>
Personal protective equipment (PPE)	<p>PPE is additional to the uniform code for your specific working environment and may include:</p> <ul style="list-style-type: none"> a) gloves; b) aprons, gowns, overalls (single-use, fluid- repellent, disposable); c) masks; d) eye protection; e) X-ray lead apron.
Valid consent	<p>NI definition</p> <p>For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question.</p> <p>Acquiescence where the person does not know what the intervention entails is not "consent".</p>

Scope

This section provides guidance on possible areas to be covered in this competence.

Adverse reaction/event	Includes those relating to: a) venepuncture/phlebotomy – haematoma; b) arterial puncture; c) pain; d) nerve damage; e) re-bleed; f) allergy; g) phlebitis; h) vaso-vagal reaction; i) anxiety/fear.
Appropriate action	Includes: a) checking tourniquet is providing sufficient venous engorgement; b) removing collection system and starting again at a different site; c) obtaining support from a more experienced practitioner.
Blood collection system	Includes: a) needles and syringes; b) vacu-container systems; c) 'butterflies'.
Dressing	Includes: a) standard plaster; b) hypoallergenic plaster; c) gauze; d) bandage.
Health & Safety measures	May include: a) safe moving and handling techniques; b) untoward incident procedures.
Materials and equipment	Include: a) those for preparing and caring for the venous access site; b) documentation and labelling; c) needles and syringes/vacu-containers.
Packaging	Includes: a) bio- hazard bags; b) trays; c) sample racks.

Standard precautions for infection prevention and control	Infection control measures that should be applied to the care of every individual, including: a) hand hygiene; b) using appropriate personal protective equipment; c) safe handling of sharps; d) safe disposal of healthcare waste; e) good cleaning practices.
Tourniquet	Includes: re-useable and disposable tourniquets specifically designed for the purpose

Performance Criteria

You need to:

1. apply standard precautions for infection prevention and control any other relevant health and safety measures.
2. give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.
3. gain valid consent to carry out the planned activity.
4. select and prepare:
 - an appropriate site;
 - appropriate equipment;
 - for obtaining the venous blood
5. apply, use and release a tourniquet at appropriate stages of the procedure.
6. gain venous access using the selected blood collection system, in a manner which will cause minimum discomfort to the individual.
7. obtain the blood from the selected site:
 - in the correct container according to investigation required;
 - in the correct volume;
 - in the correct order when taking multiple samples;
8. take appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site.
9. mix the blood and anti-coagulant thoroughly when anti-coagulated blood is needed.
10. promptly identify any indication that the individual may be suffering any adverse reaction/event to the procedure and act accordingly.
11. remove blood collection equipment and stop blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped.
12. apply a suitable dressing to the puncture site according to guidelines and/or protocols, and advise the individual about how to care for the site.
13. label blood samples clearly, accurately and legibly, using computer prepared labels where appropriate.
14. place samples in the appropriate packaging and ensure the correct request forms are attached.
15. place samples in the nominated place for collection and transportation, ensuring the blood is kept at the required temperature to maintain its integrity.

16. document all relevant information clearly, accurately and correctly in the appropriate records.
17. ensure immediate transport of the blood to the relevant department when blood sampling and investigations are urgent.

<p>NVQ Unit CHS132/ BDS11 Obtain venous blood samples</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will undertake, where appropriate, venous blood samples from women during pregnancy and the postnatal period</p>
<p>Knowledge and understanding You need to apply</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Legislation, policy and good practice</p> <p>K1. A factual knowledge of the current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to obtaining venous blood samples.</p> <p>K2. A working knowledge of your responsibilities and accountability in relation to the current European and national legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.</p> <p>K3. A working knowledge of the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.</p> <p>K4. A working knowledge of the importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification.</p> <p>K5. A factual knowledge of the importance of working within your own sphere of competence and seeking advice when faced</p>	

<p>with situations outside your sphere of competence.</p> <p>K6. A working knowledge of the importance of applying standard precautions and the potential consequences of poor practice.</p> <p>K7. A working knowledge of how infection is spread and how its spread may be limited - including how to use or apply the particular infection control measures needed when working with blood.</p>	
<p>Anatomy and physiology</p> <p>K8. A factual knowledge of the structure of blood vessels.</p> <p>K9. A factual knowledge of the position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures.</p> <p>K10 A factual knowledge of blood clotting processes and factors influencing blood clotting.</p>	<p>Explain/describe the changes in pregnancy which may affect undertaking venepuncture.</p>
<p>Care and support</p> <p>K11. A working knowledge of the contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped, and advice sought.</p> <p>K12. A working knowledge of the concerns which donors may have in relation to you obtaining venous blood.</p> <p>K13. A working knowledge of how to prepare donors for obtaining venous blood, including how their personal beliefs and preferences may affect their preparation.</p>	<p>Perform phlebotomy.</p> <p>Removal intravenous cannulae.</p> <p>Perform bedside testing of woman, e.g. blood glucose monitoring.</p>

<p>K14. A working knowledge of what is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised.</p> <p>K15. A working knowledge of common adverse reactions/events to blood sampling, how to recognise them and the action(s) to take if they occur.</p>	
<p>Materials and equipment</p> <p>K16. A working knowledge of the type and function of different blood collection systems.</p> <p>K17. A working knowledge of what dressings are needed for different types of puncture sites, how to apply and what advice to give individuals on caring for the site.</p>	
<p>Procedures and techniques</p> <p>K18. A working knowledge of the factors to consider in selecting the best site to use for venous access.</p> <p>K19. A working knowledge of the equipment and materials needed for venepuncture/ phlebotomy and how to check and prepare blood collection systems.</p> <p>K20. A working knowledge of the importance of ensuring venous access sites are cleaned effectively, and how and when this should be done.</p> <p>K21. A working knowledge of the correct use of tourniquets.</p> <p>K22. A working knowledge of the importance of correctly and safely inserting and removing needles.</p>	

<p>K23. A working knowledge of how to recognise an arterial puncture, and the action to take if this occurs.</p> <p>K24. A working knowledge of the factors involved in the procedure which could affect the quality of the blood.</p> <p>K25. A working knowledge of the remedial action you can take if there are problems in obtaining blood.</p> <p>K26. A working knowledge of the complications and problems may occur during venepuncture, how to recognise them and what action(s) to take.</p> <p>K27. A working knowledge of when and how to dress venous puncture sites.</p>	
<p>Reporting, recording and documentation</p> <p>K28. A working knowledge of the information that needs to be recorded on labels and other documentation.</p> <p>K29. A working knowledge of the importance of completing labels and documentation clearly, legibly and accurately.</p> <p>K30. A working knowledge of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.</p> <p><i>Printed from www.skillsforhealth.org.uk</i></p>	

GEN4: Prepare individuals for healthcare activities

GEN4: Prepare individuals for healthcare activities

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence is about preparing an individual for a healthcare activity in accordance with the requirements of the activity to be performed, the practitioner and the assessed needs of the individual.

This competence is applicable to a wide range of health contexts and roles in emergency, primary and secondary care. It may include patients in conscious or unconscious states.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced HCS C1, HCS I2, HCS I13 and Diab_HD9 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB7: Interventions and treatments

Level 1: Assist in providing interventions and/or treatments

Keywords

clinical, therapeutic, diagnostic, treatments, interventions, support, consent, activity

Origin

This workforce competence was developed by Skills for Health in August 2004.

Revised February 2009.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Clinical Governance	An initiative to ensure high quality healthcare is being delivered. It is a statutory duty placed on all NHS organisations with the aim of assuring high standards of care, safeguarding patients against poor performance and reducing variations between providers of services
Information Governance	Information governance covers information quality, confidentiality, data protection , information security freedom and records management
Valid consent	NI definition For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".

Scope

This competence does not contain a scope.

Performance Criteria

You need to:

1. work within your level of competence, responsibility and accountability throughout and respond in a timely manner to meet individual's need.
2. confirm the individual's identity is consistent with the records.
3. check that that of relevant carer has given the necessary valid consent to the activity before any action is taken and understands the activity about to take place.
4. respect the individual's rights and wishes relating to their consent, privacy, beliefs and dignity.
5. ensure that any information relevant to the activity obtained from the individual, from carers and from other relevant personnel, is complete, accurate and legibly recorded.
6. check that the individual has complied with any pre-procedural instructions.
7. prepare the individual correctly according to the requirements of the activity to be carried out, ensuring effective infection control at all times in accordance with clinical governance.
8. store personal articles which need to be removed by individuals for the activity safely and securely in the appropriate place.
9. position and support individuals and where appropriate any medical equipment or devices to optimise the preparation process and outcomes.
10. reassure and support the individual and relevant carers throughout the process ensuring respect for the individual's rights, dignity and privacy at all times.
11. report pertinent issues to relevant clinical or other personnel.
12. answer correctly any questions which are within your area of responsibility, at a level and pace appropriate to the individual and any companions, and refer any questions that you cannot answer to the appropriate person.
13. take immediate and appropriate action to respond to any emergency situation that arises.
14. record and report all relevant information fully and accurately and in the appropriate manner and place.
15. ensure you maintain the confidentiality of information at all times in accordance with information governance.

<p>NVQ Unit GEN4 Prepare individuals for clinical/therapeutic activities</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will undertake preparation of women in the designated healthcare activities for which she has been prepared.</p>
<p>Knowledge and Understanding <i>You need to know and understand:</i></p>	<p>On completion of this unit the MSW will have the knowledge and skills to:</p>
<p>K1. your own level of competence, authority and knowledge in relation to preparing individuals for healthcare activities.</p> <p>K2. your role and the roles and responsibilities of other team members and practitioners.</p> <p>K3. why it is important to get positive confirmation of the individual's identity before starting the preparation and effective methods of obtaining positive identification.</p> <p>K4. the importance of gaining valid consent from individuals or from others where individuals lack capacity to do so.</p> <p>K5. the importance of checking all relevant information and documentation before commencing the preparation of the individual, and the types of information contained within relevant documents.</p> <p>K6. the importance of checking that the individual has complied with any prescribed pre-treatment instructions and possible implications if instructions are not followed.</p>	<p>Prepare the care environment in a variety of maternity settings.</p> <p>Participate in the provision of care of women throughout pregnancy, birth & the postnatal period.</p> <p>Report any changes or concerns regarding a woman's condition to the responsible midwife.</p> <p>Maintain a woman's privacy & dignity at all times.</p> <p>Act as chaperone to medical / midwifery staff.</p> <p>Assist the midwife to prepare women for the following procedures in line with organizational protocols & policies:</p> <ul style="list-style-type: none"> • examination in clinic; • a cardiotocograph (CTG); • epidural analgesia; • maintenance & removal of urinary catheter • forceps / vacuum delivery; • perineal suturing; • elective caesarean section.

<p>K7. the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.</p>	<p>Assist the midwife to prepare trolleys & equipment for the procedures listed above in line with organizational protocols & policies.</p>
<p>K8. the procedures and protocols relating to preparation of individuals for the relevant healthcare activities.</p>	<p>Prepare babies for phototherapy in line with organizational protocols & policies.</p>
<p>K9. the importance of following standard precautions relevant to the clinical activity to be undertaken and the protective clothing which may be worn for the individual's and your protection.</p>	<p>Recognise and report any changes or concerns regarding a woman's condition, e.g. changes in observations & vital signs, anxiety, pain, or bleeding.</p>
<p>K10. contra-indications to specific procedures and risks associated with incorrect preparation of individuals for health care activities.</p>	<p>Transfer women within a maternity unit as appropriate, from or to the antenatal ward, the midwife led unit, (MLU), the labour ward and the postnatal ward.</p>
<p>K11. the types of support and assistance individuals may require in preparation for the clinical activity to be undertaken.</p>	
<p>K12. correct positioning of the individual and essential resources for the clinical activity to be undertaken and the importance of ensuring this is achieved.</p>	
<p>K13. safe handling techniques for the resources used to prepare the individual for the healthcare activity.</p>	
<p>K14. the importance of communicating with individuals and relevant carers in a manner that is consistent with their level of understanding, culture, background and preferred ways of communicating.</p>	
<p>K15. the different methods of communication you may have to use in relation to individuals with communication difficulties or differences.</p>	
<p>K16. how to explain procedures for the preparation procedure and</p>	

<p>relevant carers in terms that they will understand.</p> <p>K17. the concerns and worries which individuals or client groups may have in relation to some clinical activities and appropriate ways of responding to these concerns.</p> <p>K18. the different types of needs, concerns, beliefs and preferences the individual may have and how these may affect the preparation for clinical activities and the individual's attitude.</p> <p>K19. how to manage the privacy and dignity of individuals in both conscious and unconscious states.</p> <p>K20. the ways in which the individual's right and choices may have to be restricted because of the nature of the preparations required for certain clinical activities.</p> <p>K21. the importance of offering verbal and non-verbal support and reassurance to the individual and the methods of doing so.</p> <p>K22. the importance of keeping the individual informed about what you are doing and the nature of the activity which is about to take place.</p> <p>K23. why questions that are beyond your role or knowledge need to be passed onto the appropriate member of the care team.</p>	
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GEN5: Support individuals undergoing clinical/therapeutic activities

GEN5: Support individuals undergoing clinical/therapeutic activities

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers supporting individuals during and after a clinical or therapeutic activity.

This competence is applicable to a wide range of health contexts and roles in emergency, primary and secondary care. It may include patients in conscious or unconscious states.

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced HCS I6, HCS I12 and GEN5 during rationalisation of the database.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

HWB7: Interventions and treatments

Level 1: Assist in providing interventions and/or treatments

Keywords

Assist, clinical, therapeutic

Origin

This workforce competence was developed by Skills for Health in 2004. Revised February 2009.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Clinical Governance	An initiative to ensure high quality healthcare is being delivered. It is a statutory duty placed on all NHS organisations with the aim of assuring high standards of care, safeguarding patients against poor performance and reducing variations between providers of services
Information Governance	Information governance covers information quality, confidentiality, data protection , information security freedom and records management
Valid consent	NI definition For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".

Scope

This competence does not contain a scope.

Performance Criteria

You need to:

1. work within your level of competence, responsibility and accountability and respond in a timely manner to meet individual's needs.
2. confirm the identify of the individual and check valid consent has been obtained.
3. identify the nature of support that the individual needs and respect their privacy, dignity, wishes and beliefs when working with them.
4. ensure the individual is positioned correctly for the procedure and where appropriate assist the individual to move into the required position.
5. support and monitor the individual during and following the clinical/therapeutic activity and respond to their needs in accordance with clinical governance.
6. apply standard precautions for infection control and other necessary health and safety measures during and following the clinical/therapeutic activity.
7. give clear, concise and accurate information where this is within your scope of practice.
8. answer correctly any questions which are within your area of responsibility, at a level and pace appropriate to the individual, and refer any questions that you cannot answer to the appropriate person.
9. ensure the individual is provided with the appropriate facilities and support for the period of recovery from the clinical/therapeutic activity.
10. inform individuals and relevant others of the next steps and where appropriate any arrangements for transport and escorts when these services are required by the individual.
11. keep accurate, complete and legible records of your actions and the individual's condition in accordance with local policies and procedures within information governance.
12. take prompt appropriate action in response to any problems which occur during or following the clinical/therapeutic activity in accordance with local policies and procedures.
13. ensure you maintain the confidentiality of information at all times in accordance with information governance.

<p>NVQ Unit GEN5 Support individuals during and following clinical/therapeutic activities</p> <p>The maternity support worker (MSW) must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the MSW will undertake the designated clinical/therapeutic activities for which she/he has been prepared.</p>
<p>Knowledge and Understanding You need to know and understand:</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>K1. the importance of checking the identity of the individual , explaining your role and gaining valid consent from individuals or from others where individuals lack capacity to do so.</p> <p>K2. your own level of competence, authority and knowledge in relation to providing support for individuals during or following clinical or therapeutic activities.</p> <p>K3. the types and levels of support and assistance individuals may require during and following the clinical/therapeutic activity and the roles and responsibilities of other team members.</p> <p>K4. correct positioning of the individual for the clinical/therapeutic activity and the importance of ensuring this is maintained.</p> <p>K5. the importance of keeping the individual informed about what you are doing and the nature of the clinical/therapeutic activity concerned and when to refer queries to other health professionals.</p>	<p>Support women towards self care & independence during pregnancy & following birth including personal care.</p> <p>Provide physical & emotional support to women.</p> <p>Maintain a woman's privacy & dignity at all times.</p> <p>Assist the midwife in the delivery of care as indicated in individualised care plan, i.e.</p> <ul style="list-style-type: none"> - prepare women for elective caesarean section - remove urinary catheters & intravenous (IV) cannulae - maintain a fluid balance chart

<p>K6. how to manage the privacy and dignity of individuals in both conscious and unconscious states.</p> <p>K7. the importance of communicating with individuals and relevant carers in a manner that is consistent with their level of understanding, culture, background and preferred ways of communicating.</p> <p>K8. methods and techniques for reassuring individuals who are stressed or anxious and the importance of offering verbal and non-verbal support and reassurance to the individual.</p> <p>K9. the concerns and worries that individuals or client groups may have in relation to some clinical/therapeutic activities and appropriate ways of responding to these concerns.</p> <p>K10. the range of associated medical equipment and devices, their purpose and correct use within your work environment.</p> <p>K11. specific protection/precautionary measures appropriate to the procedure being carried out, how they should be applied and the implications and consequences of not doing so.</p> <p>K12. types of information which must be recorded in relation to the clinical/therapeutic activity to meet information governance.</p> <p>K13. the importance of recording information clearly, accurately and in a timely and systematic manner.</p> <p>K14. relevant anatomy and physiology related to the clinical/therapeutic activity being undertaken.</p> <p>K15. signs and symptoms of adverse reactions or contraindications to the clinical/therapeutic activity being performed.</p>	<ul style="list-style-type: none"> - apply TED stockings - collect specimens, e.g. MSSU/ urinalysis - care for women following normal birth, assisted vaginal birth, caesarean section, e.g. personal hygiene, breast, wound and perineal care. <p>Accurately record & report care activities undertaken to midwifery staff.</p> <p>Recognise and report any changes or concerns regarding a woman's condition, e.g. changes in observations & vital signs, anxiety, pain, bleeding.</p> <p>Support the midwife by assisting with theatre duties & aspects of instrumental deliveries as follows:</p> <ul style="list-style-type: none"> - undertake the duties of runner in theatre; - assist in positioning of women for procedures; - assist with setting up of instruments using an aseptic technique; - check swabs, needles & instruments during & post procedures; - apply & connect equipment correctly, e.g. - diathermy, suction; - -monitor & order surgical, general & sterile services stores; - clean, prepare & set up theatre environment.
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| <p>K16. the importance of monitoring the individual's wellbeing during and following the clinical/therapeutic activity.</p> <p>K17. the importance of and reasons for post procedural instructions and the implications of the individual not understanding these or these not being delivered.</p> <p>K18. problems which may occur during and following the clinical/therapeutic activity and the appropriate action to take in response, including the methods of identifying and responding to common types of adverse reactions to the clinical activity.</p> <p>K19. your responsibilities under national legislation and regulations, current European, International and local guidelines, Codes of Practice and Professional standards.</p> | |
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GEN14: Provide advice & information to individuals on how to manage their own condition

GEN14: Provide advice & information to individuals on how to manage their own condition

Status: National Occupational Standards (NOS)

About this workforce competence

This workforce competence covers establishing individuals' requirements for information and providing advice and information to enable them to manage their condition, adopting a suitable lifestyle to optimise their health and wellbeing. The term 'individual' in this workforce competence is taken to mean anyone with whom you come into contact whether they are service users, their family or significant others, colleagues, or other professionals. You need to relate to each person as someone with their own particular needs for information and advice and develop a full understanding of their requirements and how these can best be met. This workforce competence depends on your being able to communicate information effectively, and being responsive to any queries.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004).

Keywords

Condition, manage, advice, provide information, advice and information, managing own condition, health and wellbeing

Origin

This workforce competence was developed by Skills for Health in August 2004.
Reviewed October 2007.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Advice and information	In relation to managing the individual's condition, improving the individual's condition
Clinical/Corporate Governance	<p>Clinical Governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.</p> <p>Corporate governance is the set of processes, customs, policies, laws and institutions affecting the way in which a corporation is directed, administered or controlled.</p>
Optimising health and wellbeing	<p>In terms of:</p> <ul style="list-style-type: none"> a) nature and amount of exercise undertaken b) nutritional intake c) level and type of self care undertaken d) the use of devices to assist with the activities of daily living e) the way in which the individual performs tasks associated with the activities of daily living

Scope

This section provides guidance on possible areas to be covered in this competence.

Individuals	<p>Include:</p> <ul style="list-style-type: none"> a) adults b) children and young people c) older people d) people with communication differences
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Performance Criteria

You need to:

1. clearly explain:
 - a) who you are and your role in providing advice and information;
 - b) the name and nature of the organisation you represent;
 - c) your organisation's policy on confidentiality and record keeping.
2. communicate with the individual in a supportive and encouraging manner consistent with their:
 - a) level of understanding;
 - b) culture and background;
 - c) preferred ways of communicating;
 - d) needs.
3. find out about the individual's lifestyle and make a general assessment of whether and how their lifestyle could be adapted to enable them to manage their own condition.
4. enable individuals to express their requirements for advice and information.
5. find out the individual's level of knowledge about their condition and any misconceptions that they may have.
6. make an assessment of the individual's requirements and confirm this with them.
7. explain the benefits that adapting their lifestyle may have on their condition.
8. demonstrate respect for people as individuals when interacting with them and acknowledge their cultural and religious needs and their rights to make their own decisions in the context of their own lives.
9. refer the individual to alternative or additional sources of advice and information as appropriate to meet their needs.
10. recognise and respond to situations and enquiries where your competence and authority to provide advice and information is exceeded by:
 - a) seeking appropriate advice and guidance from the relevant person;
 - b) referring people to alternative sources of advice and information.
11. respond appropriately to any concerns the individual may have about adapting their lifestyle.
12. agree with the individual achievable targets for optimising their health and wellbeing.
13. help the individual develop plans to adapt their lifestyle, including specific actions they will take, agreed support they will receive, intermediate targets and review points to measure progress.

14. agree date to review the individual's progress and requirements.
15. maintain the confidentiality of information received from individuals and share information only with those who have the right and need to know.

<p>NVQ Unit GEN14 Provide advice and information to individuals on how to manage their own condition</p> <p>The MSW must meet the NVQ requirements of knowledge and understanding as described below. She/he must apply this knowledge and understanding when undertaking activities in the maternity context as described in the opposite column.</p>	<p>Maternity Context</p> <p>Under the direction of the responsible midwife the maternity support worker (MSW) will provide advice and information to women on how to manage their own condition</p>
<p>Knowledge and Understanding You need to apply:</p>	<p>On completion of this unit the MSW will have the knowledge, understanding and skills to:</p>
<p>Legislation, policy and good practice</p> <p>K1. A factual knowledge of the current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to providing advice and information to individuals on how to manage their own condition.</p> <p>K2. A working knowledge of your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.</p> <p>K3. A working knowledge of the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.</p> <p>K4. A working knowledge of the reasons why you may not be able to deal with an enquiry, e.g. because you do not have access to the relevant information, the enquiry is not within your role or competence to deal with, and the appropriate action to take in</p>	<p>Promote the health and well being of women during pregnancy, birth and the postnatal period.</p> <p>Explain the importance of health promotion activities for women & their families in the promotion of healthy lifestyles during pregnancy, birth & after birth.</p> <p>Describe the anatomy & physiology of the female reproductive system to include ovaries, fallopian tubes, uterus, cervix, vagina, labia and perineum.</p> <p>Identify & summarise the actions of hormones, their contribution to the minor disorders of pregnancy & provide appropriate advice & information.</p> <p>Describe the anatomy & physiology of the breast & use this knowledge to provide advice and information to women regarding breast care during pregnancy & following birth.</p>

<p>response to these.</p> <p>K5. A working knowledge of the nature of the conditions dealt with by your organisation, their different forms and their effect on individuals and their families.</p> <p>K6. A working knowledge of your own values, beliefs and attitudes, and how they could impact on your work.</p> <p>K7. A working knowledge of your own role and responsibilities and from whom assistance and advice should be sought if you are unable to deal with an enquiry.</p>	<p>Describe the changes which occur during pregnancy to include</p> <ul style="list-style-type: none"> - fetal development - maternal weight gain <p>and effects on</p> <ul style="list-style-type: none"> - renal system - cardiovascular system - metabolism - musculo skeletal system - respiratory system <p>Use the above knowledge to provide advice and information to women on self care during pregnancy & following birth.</p>
<p>Care and support of the individual</p> <p>K7. A working knowledge of why the ability to listen effectively is important.</p> <p>K8. A working knowledge of how to recognise the sort of information and advice that individuals may be trying to request when they may not have the terminology, confidence or skill to give an accurate specification.</p> <p>K9. A factual awareness of the information people need in order to be able to make informed lifestyle choices.</p> <p>K10. A working knowledge of how adapting lifestyle can enable an individual to manage their own condition.</p> <p>K11. A working knowledge of the range of reasons people may have for resisting change and how to identify and overcome these reasons.</p>	<p>Describe what would make a pregnancy high risk & know when to refer to the responsible midwife.</p> <p>Explain the importance of health promotion activities for women & their families in the following areas:</p> <ul style="list-style-type: none"> - smoking cessation - aqua natal - sure start - healthy eating - exercise. <p>Actively contribute to advising women in the prevention of ill</p>

<p>K12. A working knowledge of the impact that empowering individuals to manage their own conditions has upon the individual, their family/carer and health services.</p>	<p>health e.g. smoking cessation, drug & alcohol misuse.</p>
<p>K13. A working knowledge of how you would provide information and advice in ways which are appropriate for different people.</p>	<p>Reinforce key health messages delivered by midwives regarding healthy lifestyles in all encounters with women, relatives and families.</p>
<p>K14. A working knowledge of the importance of being aware of your own competence in providing advice and information and recognising when a request may exceed that competence.</p>	<p>Provide advice and information to women on personal care needs following birth.</p>
<p>K15. A working knowledge of how to help people develop realistic and achievable plans to adapt their lifestyles.</p>	<p>Demonstrate an awareness of mental health issues in pregnancy & after birth, e.g. fatigue, the blues, depression.</p>
<p>K16. A working knowledge of the importance of monitoring and reviewing progress towards adapting a lifestyle, and how to do so effectively.</p>	<p>Undertake a health promotion activity with a woman, e.g. a feeding demonstration.</p>
<p>K17. A working knowledge of how an individual's cultural or religious beliefs could affect their ability to adapt their lifestyle in certain ways and how to respond to this.</p>	<p>Assist in the teaching & demonstration of basic parenting skills on a one to one basis & in group sessions.</p>
<p>K18. A factual awareness of the range of services available locally and nationally for people who need information and support in making and maintaining changes in their lifestyle, and how to access these services.</p>	

<p>Materials and equipment</p> <p>K19. A working knowledge of how to create environments suitable for confidential discussions.</p> <p>Reporting, recording and documentation</p> <p>K20. A working knowledge of the importance of effective record keeping and the procedures relating to this.</p>	<p>Accurately record & report healthcare activities undertaken to midwifery staff.</p>
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INDICATIVE GENERIC JOB DESCRIPTION MATERNITY SUPPORT WORKER BAND 3

Indicative Job Description

Title of Post	Maternity Support Worker
Grade of Post	Band 3
Reporting to	Ward Manager/Team Leader
Responsible to	Head of Midwifery
Location	Maternity services Trust wide
Hours of work	37.5 hours or pro rata as required

Job Summary/ Main Purpose

The post holder is required to help and support midwives to provide a high standard of care to women, their partners and babies before, during and after birth.

Following appropriate training, the Band 3 Maternity Support Worker will have the skills, knowledge and competence to work with minimal supervision and using their initiative undertake, on a frequent basis, a range of tasks and roles delegated² by the midwife, the majority of which will involve direct care to women, their partners and babies.

Main duties/responsibilities

Communication

- Deal courteously with women, relatives, visitors, chaplains and others with whom they come in to contact in the course of their duties
- Communicate effectively with women and others taking in to account their clinical conditions and differing levels of ability to understand
- Observe and report any changes in the women's physical and emotional condition or behaviour to midwifery staff
- Ensure any instructions regarding women and baby's treatment and diet are carried out and recorded as directed
- Maintain confidentiality at all times regarding women and staff
- Record and/or pass on messages to the Midwife in charge as required
- To establish working relationships with all grades of staff and disciplines ensuring the maintenance of good communication
- Ensure accurate and comprehensive completion of women and babies records including, where required entering data on to maternity computer systems

Personal & People Development

- Participate in the Trust's personal performance and development review process and comply with the Trust's appraisal system

² In accordance with the DHSSPS CNAC delegation framework.

- Attend staff induction and participate in training of self and others and avail of other learning activities as requested to maintain competence in the Maternity Support Worker role
- Provide induction training and support to new and existing Maternity Support Workers
- Share best practice with others

Health, Safety & Security

- Participate in and co ordinate housekeeping duties including cleaning of labour rooms, cleaning women's bed space and maintaining a tidy and clutter free environment in line with Trust infection prevention and control policies
- Be aware of the risks of identity confusion when caring for babies and diligently follow Trust and local policies and procedures to minimise these risks
- Report any accidents and incidents to midwifery staff and assist in investigation of same, verbally and in writing as required
- Comply with health and safety policies and statutory regulations
- Contribute to a safe environment within the risk management and clinical governance strategies
- Comply with Trust policies, procedures, guidelines, protocols and codes of conduct
- Contribute to the effective and economic use of resources and the maintenance of all equipment including reporting of faults
- Ensure that uniform is worn correctly and personal hygiene is of a high standard
- Work within own role in emergencies and summon help when required
- Assist with chaperoning staff for intimate procedures

Service Improvement

- Contribute to effective team working
- Co – operate with off duty scheduling so as to ensure that adequate staffing and optimum use of workforce is achieved
- Demonstrate commitment through regular attendance, efficient completion of duties and participation in department and teamwork activities
- Ensure that an adequate level of supplies and equipment are maintained

Quality

- Ensure all documentation completed is in accordance with NMC standards for Record Keeping
- Work within own role adhering to current legislation, policies and procedures
- Assist in the reception, admission and discharge of women
- Assist midwifery staff in the delivery of person centred care
- Carry out assigned duties under the direction of a registered midwife in such a way as to ensure that care is of a high standard
- Co – operate with colleagues to ensure that harmonious relationships are developed and maintained within the Trust

- Reports all complaints immediately to Ward Sister/Team Leader

Equality & Diversity

- Adhere to current legislation on equality and diversity
- Present a positive image of self and the organisation and treat others with dignity and respect
- Recognise and report any discriminatory practice

Provision of Care & Promotion of Health & Well Being

- Assist in the teaching and demonstration of basic parenting skills on a one to one basis and in group sessions
- Actively contribute to supporting mothers in the prevention of ill health e.g. smoking cessation
- Re – enforce key health messages delivered by the midwifery staff in all encounters with women, relatives and visitors
- Supporting women towards self care and independence during pregnancy and following delivery including personal care
- Support women in their chosen method of infant feeding in accordance with Trust Policy
- Assist midwifery staff in the delivery of care as indicated in individualised care plan.
- Report significant changes in women’s progress to midwifery staff
- Provide physical and emotional support to women.
- Provide support for women who are experiencing bereavement
- Accurately record and report care activities undertaken to the midwifery staff
- Prepare women for elective caesarean section
- Undertake vital signs including routine post operative observations following uncomplicated surgery e.g. elective caesarean section
- Support the midwife by assisting with theatre duties and aspects of instrumental delivery³: -
 - To undertake the duties of the runner in theatre
 - To assist in positioning of women for procedures
 - To assist with setting up of instruments, using an aseptic technique
 - Checking of swabs, needles and instruments during and post procedures
 - Appropriate application and connection of equipment e.g. diathermy, suction
 - Monitoring and ordering surgical general and sterile services stores
 - Cleaning, preparing and setting up of the theatre environment

This job description is not meant to be definitive and may be amended to meet the changing needs of the Trust

³ Local arrangements in respect of working arrangements for theatre will determine if Maternity Support worker undertakes these duties.

INDICATIVE GENERIC JOB SPECIFICATION

MATERNITY SUPPORT WORKER BAND 3

FACTORS	ESSENTIAL	DESIRABLE
Skills/Abilities	<p>Ability to use initiative and carry out duties with minimal supervision</p> <p>Ability to provide a high standard of care and to develop own knowledge and practice</p> <p>Ability to work collaboratively as part of the multidisciplinary team</p> <p>Ability to recognise and deal with stressful/unforeseen situations</p> <p>Excellent interpersonal skills and the ability to relate to people of all ages and backgrounds</p> <p>Caring approach and empathy to women's needs, with an understanding of the need to maintain dignity, privacy and confidentiality</p> <p>Ability to complete documentation accurately and legibly</p>	Basic keyboard skills
Qualifications & Experience	<p>To be eligible for trainee Maternity Support Worker Programme, individuals must have successfully completed their 6 month probationary period plus 6 months experience in a maternity setting.</p> <p>Appointment to Maternity Support Worker Band 3 post will be dependant on successful completion of NVQ Level 3 programme within a 2 year period from commencement of the programme.</p>	Previous experience of NVQ
Knowledge	Understanding of the role of the Maternity Support Worker in providing a high standard of maternity care	
Other requirements	<p>Flexible approach to working patterns</p> <p>Available to work shifts across the 24hr period 7 days/week</p> <p>Ability to carry out the full range of duties required of the post</p> <p>Satisfactory attendance record</p>	

February 2010

The Maternity Support Worker – A Regional Approach

Introduction to the National Vocational Qualification(s) (NVQ) Process

Introduction

An NVQ is a nationally recognised qualification. It is gained in the workplace. At level 3 the candidates need to show they can apply a range of knowledge, skills and understanding in their work and work independently. They may supervise and/or train others.

The Structure

The national occupational standards (NOS) in the qualification will be grouped into the main activities which make up a job.

These groups of activities are called 'units'. There are three types of units:

- Mandatory Units – compulsory core units
- Optional Units – allow choice
- Additional Units – show extra areas of work in which you are competent

Units may be broken down into a number of parts:

- Unit title – Description – tells you (the candidate) what the unit is about
- Element/Outcomes – describes the tasks to be done
- Performance Criteria – these state what you (the candidate) have to do to show you can perform the task
- Scope/Range – the situation in which you (the candidate) have to be able to perform the task
- Knowledge/Understanding – what you (the candidate) have to know to perform the task to the standard
- Evidence requirement – what you (the candidate) have to produce to show that you can do and know all of this

Candidates must undertake a specified pathway to complete a level 3 NVQ award. The units undertaken will be selected to meet Trust needs. The recommended pathway for the Maternity Support Worker is the Maternity/Paediatric Support Worker pathway.

Using the template for NVQ Level 3 in Health the following is suggested as a set of units from the Maternity/Paediatric Support Workers that may meet requirements.

This has been developed by the Southern Health and Social Care Trust, is currently being implemented and is presented for discussion.

The candidate needs a total of 11 competencies to achieve this award.

The following units were selected by the Southern Health and Social Care Trust.

The candidate must select at least two core competencies

HSC 31 Promote effective communication for and about individuals

HSC 32 Promote, monitor and maintain health, safety and security in the working environment

General clinical/therapeutic activities competencies – two optional competencies

CHS 19 Undertake physiological measurements

GEN 14 Provide advice and information to individuals and how to manage their own condition

Pathway specific competencies – four must be selected

HSC 320 Support professional advice to help parents to interact with and take care of their new born baby

HSC 321 Support and encourage parents and guardians to care for babies during the first year of their lives

HSC 314 Care for a newly born baby when the mother is unable to do so

HSC 226 Support individuals who are distressed

Final two competencies

GEN 4 Prepare individuals for clinical/therapeutic activities

GEN 5 Support individuals during and following clinical therapeutic activities

Additional Unit

BDS 11 Obtain venous blood samples

**CENTRAL NURSING ADVISORY COMMITTEE
OPERATIONAL FRAMEWORK FOR
DELEGATION DECISION MAKING 2009**



In delegating, the nurse or midwife must ensure the appropriate assessment, planning, implementation and evaluation of the person's care. The process is continuous and based on the following:-

1. The right task

Delegation of care occurs following a written assessment of the individual person's needs and is supported by organisational policies and procedures.

2. The right circumstances

The specific circumstances in which care may, or may not be delegated are considered, taking account of the setting and availability of adequate resources.

3. The right person

Systems are in place to ensure the competency of the care giver is established and maintained and to provide ongoing monitoring and support. This will include knowing when to seek appropriate advice.

4. The right communication

The plan of care will include clear, concise description of the task, including expected and actual outcomes. Records are maintained of all aspects of the delegation process.

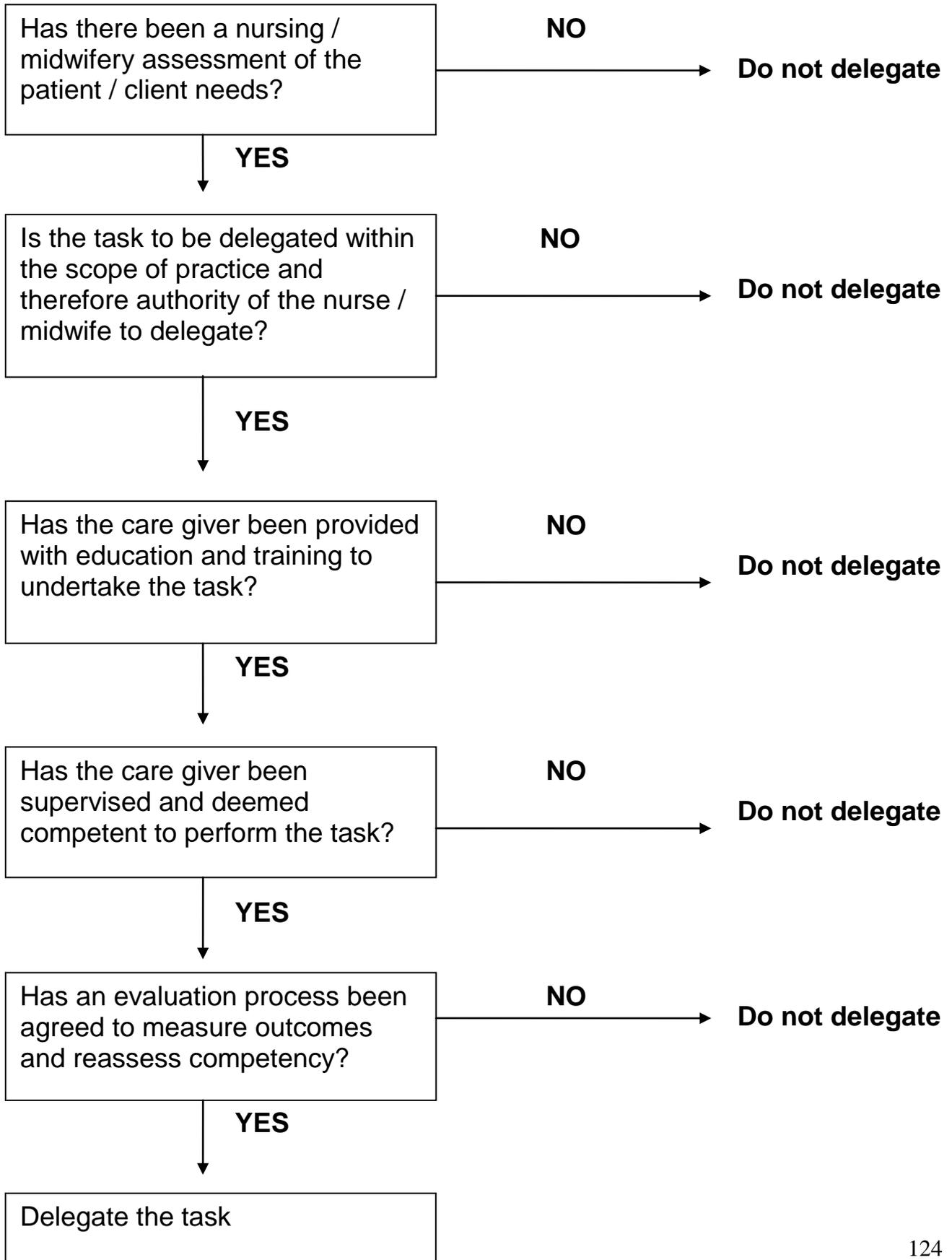
5. The right feedback.

A process for ongoing monitoring and support is established to ensure the delivery of safe and effective care. This will include an evaluation of the outcomes and the patients' experience.

This framework acknowledges the work undertaken by the National State Boards of America⁴.

⁴ National Council of State Boards of Nursing (America) 1995 Delegation: concepts and decision making process (National Council Position Paper) available from www.ncsbn.org

Central Nursing Advisory Committee Delegation Decision Making Framework



Required Evidence for Assessment of each NVQ Unit - exemplar

Unit HSC31 Promote effective communication for and about individuals (Level 3)

Unit evidence requirements

Award title: Health Level 3

Unit number: HSC31

Unit title: Promote effective communication for and about individuals

Evidence requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable to your work.

The evidence must be provided in the following ways taking into account any of the special considerations below.

Special considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace as linked to current legislation and the values and principles for good practice in health.

Required sources of performance and knowledge evidence:

Observation is the **required** assessment method to be used to evidence some part of this unit.

Your assessor will observe you in real work activities and this should provide most of the evidence for the performance criteria in this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance and knowledge evidence:

The following performance criteria may be difficult to evidence by observation by your assessor:

HSC31 performance criteria 4, 6, 15, 18, 20c, 20d, 25, 26

Unit HSC31

Promote effective communication for and about individuals
(Level 3)

Your assessor will identify other sources of performance and knowledge evidence **either** where observation or expert witness testimony was not required **or** where observation or expert witness testimony has been used but your assessor needs to ensure that any

outstanding performance criteria and knowledge requirements are met and that your performance is consistent.

- **Expert witness testimony:** Your assessor may identify an occupational expert from your workplace who can provide a testimony about your work performance.
- **Work products:** These are non-confidential records made, or contributed to, by you eg non-confidential diary entries.
- **Confidential records:** These may be used as evidence but must not be placed in your portfolio, they must remain in their usual location and be referred to in assessor records in your portfolio eg care/individual plans, letters.
- **Questioning/ Professional discussion:** Questions may be oral or written. In each case the question and your answer will need to be recorded. Professional discussion should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice, policies, procedures and legislation and that you can critically evaluate their application eg confidentiality, data protection, organisational policy and procedure.
- **Original certificates:** Certificates of training, awards and records of attendance must be authentic, current and valid. Your assessor will also want to check the context of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Record Keeping Training Certificate, Effective Communication Training Certificate.
- **Case studies, projects, assignments and reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your award. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a reflective account to provide some of the performance evidence for this unit eg how and in what ways you have provided active support, using methods that are effective and support equality and diversity.
- **Witness testimony:** Colleagues, allied professionals and service users/patients may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

NVQ Infrastructure

Who's who in assessment?

A number of individuals and organisations have parts to play in VVQ assessment. Their roles have been designed to guarantee fair, accurate and consistent assessment.

	Who are they?	What is their role?
Candidates	Individuals seeking credit for their competence	Need to show they can perform to national standards in order to be awarded an NVQ or units
Assessors	Individuals appointed by an approved centre to assess candidates' evidence. In direct contact with candidates. Their role is defined in the units D32 and D33.	Judge the evidence of a candidates' performance, knowledge and understanding against the national standards; decide whether the candidate has demonstrated competence.
Internal verifiers	Individuals appointed by an approved centre to ensure consistency and quality of assessment within the centre. Their role is defined in the unit D34	Advise assessors and maintain the quality of assessment in a centre; sample assessments systematically, to confirm the quality and consistency of assessment decisions made by assessors.
Approved centres	Organisations or consortia approved by awarding bodies to co-ordinate assessments arrangements for the NVQ's for which they are approved	Manage assessment on a day-to-day basis; must have effective assessment practices and internal verifications procedures; must, through awarding bodies, meet criteria laid down by QCA and be able to provide sufficient competent assessors and internal verifiers.
External verifiers	Individuals appointed by awarding bodies to monitor the assessment and internal quality assurance of centres approved to offer NVQs. Their role is defined in the unit D35	Check the quality and consistency of assessments, both within and between centres, by systematic sampling; make regular visits to centres to make sure they still meet the criteria for approval.

Awarding bodies	An organisation approved by QCA to awards NVQs.	<p>Approve centres;</p> <p>operate quality assurance systems;</p> <p>appoint external verifiers to ensure that standards of assessment are maintained;</p> <p>liaise with lead bodies to provide guidance for assessors and verifiers, and assessment guidance for centres;</p> <p>issue NVQ certificates to successful candidates</p>
Accrediting bodies	QCA (for NVQs in England, Wales and Northern Ireland)	<p>Judge proposed qualifications (submitted for accreditation by awarding bodies) against NVQ criteria for acceptance into the national framework of vocational qualifications;</p> <p>monitor awarding bodies to ensure they continue to comply with criteria for accreditation.</p>
Lead bodies	An organisation responsible for defining national standards of performance for NVQs.	<p>Lay down evidence requirements for their standards;</p> <p>provide guidance to assessors on certain aspects of their standards</p>

NVQ/SVQ in Health Qualification Structure

Health (Maternity/Paediatric Support) Level 3

A TOTAL OF TEN COMPETENCES ARE REQUIRED TO ACHIEVE THIS AWARD

Core competences: at least two must be selected

Ref. Number	Title
Either	HSC31 Promote effective communication for and about individuals
Or	CU6 ⁴² Maintain communications and records within the organisations
Either	HSC32 Promote, monitor and maintain health, safety and security in the working environment
Or	GEN3 Maintain health and safety in a clinical/therapeutic environment
HSC33	HSC33 Reflect on and develop your practice Excluded combination with GEN12 & GEN13 in work effectiveness competences
Either	HSC35 Promote choice, wellbeing and the protection of all individuals
Or	HSC34 Promote the wellbeing and protection of children and young people

General Clinical/Therapeutic Activities competences: at least two must be selected

Ref. Number	Title
Either	CHS2 Assist in the administration of medication
Or	CHS3 Administer medication to individuals
CHS4	Identify the individual whose skin integrity is at risk and undertake the appropriate tissue viability risk assessment
CHS11	Undertake extended personal care
CHS12	Undertake treatments and dressings related to the care of lesions and wounds
CHS19	Undertake physiological measurements
CHS35	Provide first aid to an individual needing emergency assistance
CHS36	Provide Basic Life Support
EUSC1 ⁴³	Take a presenting history from an individual to inform assessment
EUSC2	Obtain supporting information to inform the assessment of an individual
FB11 ⁴⁴	Perform routine ECG procedures
GEN2	Prepare and dress for work in clinical/therapeutic areas
GEN4	Prepare individuals for clinical/therapeutic activities
GEN5	Support individuals during and following clinical/therapeutic activities
GEN6	Prepare environments and resources for use during clinical/therapeutic activities

⁴² CU competences are from the LANTRA National Occupational Standards

⁴³ EUSC competences are from the National Workforce Competence Framework for Emergency, Urgent and Scheduled Care

⁴⁴ FB competences are from the National Workforce Competence Framework for Coronary Heart Disease

NVQ/SVQ in Health Qualification Structure

Ref. Number	Title
GEN7	Monitor and manage the environment and resources during and after clinical/therapeutic activities
GEN8	Assist the practitioner to implement clinical/therapeutic interventions
GEN14	Provide advice and information to individuals on how to manage their own condition
GEN17	Contribute to the discharge of an individual into the care of another service

Pathway specific competences: *at least four must be selected*

Please note

- (1) Candidates working in a paediatric context should include either or both of CHS33 and CHS34 within their choices
- (2) Candidates working in a maternity context should include one or more of HSC320, HSC321, HSC37 within their choices

Ref. Number	Title
CHS33	Develop relationships with children and young people
CHS34	Provide help for children and young people to understand their health and wellbeing
HSC226	Support individuals who are distressed
HSC36	Contribute to the assessment of children and young peoples' needs and the development of care plans
HSC37	Care for and protect babies
HSC314	Care for a newly born baby when the mother is unable to do so
HSC316	Support the needs of children and young people with additional requirements
HSC320	Support professional advice to help parents to interact with and take care of their newly born baby(ies)
HSC321	Support and encourage parents and guardians to care for babies during the first year of their lives
HSC388	Relate to families, parents and carers

The ***final two*** competences can be selected from:

- *Any of the above competences*
- *Any level 3 pathway specific competences other than Perioperative Support*
- *Any of the **Work Effectiveness competences** on page 38*



Nursing & Midwifery Education

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