

National Competency Framework for Health Care Support Workers in Adult Critical Care Supportive Level (Band 2)



Learner Name	Signature
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Lead Assessor /Mentor Name	Signature
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Foreword

This document has been designed to support Trusts in standardising HCSW competencies in Critical Care according to local Trust policies.

The Health Care Support Worker (HCSW) Critical Care core competencies have been designed to provide you with the core generic skills required to safely and professionally assist in the care of the critically ill patient in a general critical care unit, under the supervision of a registered nurse. You will be supported to achieve these competencies by your Line Manager and/or Practice Educator.

You will need to be able to acquire and demonstrate underpinning knowledge in relation to all the proficiency statements outlined. You are advised to keep a record of any supportive evidence and reflective practice to assist you during the progress and assessment reviews. These competencies can also be used to support your appraisal and plan your development.

It is anticipated that HCSW Critical Care core competencies will form the first part of your development in Critical Care. It is expected that these would be completed within 12 months of appointment. However, this timeframe will be agreed locally by your line manager and will be dependent on your previous knowledge and experience, your working hours, shift patterns and local service needs.

You will have a supernumerary period when joining the Critical Care team, this will be agreed locally depending on your circumstances. We recommend that all HCSWs new to Critical Care should have an education program to support knowledge acquisition alongside work based learning. The shaded competencies have been identified for completion within your supernumerary period.

When you start your Critical Care development you will be required to complete a Learning Contract with your Education Team/ Lead Assessor and Line/Unit Manager. This will provide the foundations for your individual commitment to learning, your assessor's commitment to the supervision and support you will require and your manager's commitment to providing designated time and opportunities to learn.

We acknowledge the work of Imperial College Healthcare NHS Trust in developing this document

Assessment of Competencies

You will work supervised for a period of time as per Trust policy.

Assessment and teaching will be carried out by the experienced HCSWs, registered professionals and Line Manager. Once you have become used to the Critical Care and have undertaken your Trust mandatory training you will be assigned to unit nurses to work at the bedside for a series of shifts in a supernumerary capacity.

Mandatory training includes (Trust specific):

<u>Course</u>	<u>Date</u>	<u>Completed</u>
Trust induction		
Care Certificate		
Moving and Handling		
Infection control		
Aseptic Non-Touch Technique (ANTT)		
PPE/Mask fitting		
Food handling		
Basic Life Support (BLS)		
Fire		
Data Security Awareness		
Equality and Diversity and Human Rights		
Health, Safety and Welfare		
Preventing Radicalisation – Basic Prevent Awareness		
Safeguarding- Adults		
Safeguarding -Children		
Conflict Resolution		
Blood glucose monitoring		
HCSW Induction Programme		
Emergency and Airway Resuscitation equipment		

Proficiency is defined throughout this document as:

‘The term proficiency refers to the knowledge, skills and behavior required to perform a job, or an element of it, successfully. A competency measures how people do something’ (NMC, 2018)

The Assessor

The assessor is the person responsible for making the decision on whether the HCSW has met the standards set out in the HCSW Critical Care core competencies. The assessor must be occupationally competent in the standards they are assessing. All Registered Nurses (RNs) can support the assessment process. The signature verification page is useful to demonstrate the team effort of those contributing to the learning of knowledge and skills for the new HCSW.

Signing a Proficiency

If the assessor finds that teaching, rather than assessment is taking place then assessment feedback provided. Competence can be reassessed when the learner has acquired the necessary knowledge, skills and behaviors. Feedback should be discussed with the HCSW and documented in the feedback page to reflect the progress.

Introduction:

Who are these competencies for?

These competencies are designed for use by HCSWs commencing their career in a Critical Care unit.

Critical Care HCSWs play a pivotal role in contributing to the assessment, care and recovery of those patients who experience critical illness. Their knowledge, experience, and proficiency will allow them to work under the leadership, guidance and supervision of a registered professional or nursing associate (NA).

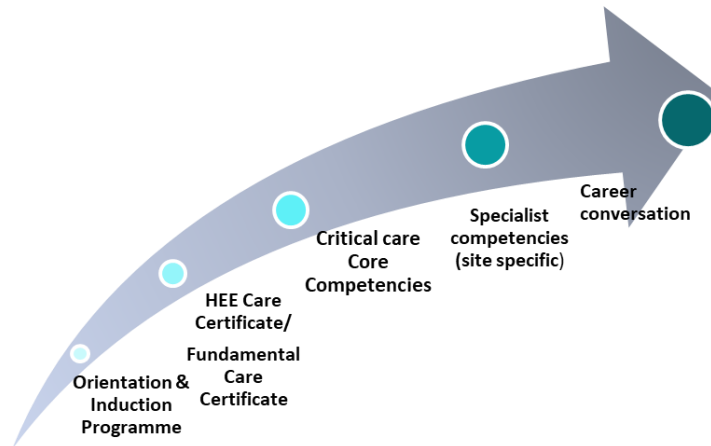
How can I develop competence in critical care?

You can use these competencies to inform and guide your individual development. Depending on your previous clinical experience, you might already be close to achieving all some of these competencies; or you might have a lot of learning and development to undertake. However, the thought processes and actions you need to take will be similar. The difference will be in the amount of experience needed and the level of knowledge required to support you to further your development, and along the steps of competence required in this document. These competencies describe what an individual is expected and able to do when they are assessed as a consistently competent and safe Critical Care HCSW.

How the proficiency framework fits together:

The proficiency framework starts with core competencies for Critical Care HCSWs, these may also be supplemented by specialist competencies which organisations/Trusts select to specifically reflect their patient groups and local priorities.

When these competencies are completed, they should form the basis of a career conversation. The HCSW competencies follow the same structure and format as the Nursing Associate and Registered Nurse Critical Care STEP competencies, and can help the HCSW build their career in Critical Care.



How will I be assessed?

HCSWs aiming to achieve competence will be supported in the clinical area by the Critical Care Practice Educator(s)/Lead Assessor (or equivalent) and suitably experienced & competent colleagues and mentors. You will be allocated a Lead Assessor who will oversee your ongoing development; colleagues and mentors will assist you in achieving competence in practice. The use of the Assessment and Development Plans will enable you, your mentors, Lead Assessor(s) and Practice Educators (or equivalent) to monitor your developmental needs and overall competence progression. Adequate time and supervision will be given as you progress through the competencies.

When assessing a HCSW against the required clinical standard the assessor is asked to specify if the individual HCSW can demonstrate competence in relation to each statement, as outlined within the document. Competence must be demonstrated through **observation** of your practice & against the proficiency statements. However, your assessor may use a combination of the following techniques to support their decision:

- Discussion & probing questions
- Simulation
- Completion of associated workbooks
- Reflective practice
- Portfolio
- Record of achievements

Resolving proficiency issues:

It is your responsibility to work in collaboration with your Lead Assessor and/or Practice Educator to discuss and agree your developmental needs in order to achieve competence in Critical Care practice. By following these simple rules, it is hoped you will have a positive experience whilst developing yourself through the “HCSW Critical Care Core Competencies”.

- Have regular meetings with your Lead Assessor (at least 3 monthly) to assess your current level of competence and set a development plan for your progression
- Be realistic
- Do not sign the Assessment and Development Plan if you are not happy with its contents
- Bring any issues of your support in practice to the attention of your line manager at the earliest opportunity

Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Line Manager/ Unit Matron or equivalent and should be completed before embarking on this proficiency & development programme.

It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn
- Provision of an education and training programme to support the HCSW career development pathway

LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Form a productive working relationship with assessors, colleagues & mentors
- Deliver effective communication skills and processes
- Listen to the advice of colleagues, mentors and assessors and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Meet with my Lead Assessor/Mentor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete all HCSW Critical Care competencies in the agreed timeframe
- Use this proficiency development programme to inform my annual appraisal and development needs
- Identify their own support needs and escalate any request for support

Learner Name (Print)

Signature

Date:

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of Regulatory body- NMC Code 2018
- Demonstrate on-going professional development/proficiency within Critical Care
- Promotes a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable goals, objectives or action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the Education Lead and/or Line/Unit Manager any concerns related to the individual HCSW's learning and development progress
- Plan learning experiences to meet the individuals defined learning needs
- Prioritise work to include the support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead Assessor Name (Print)

Signature

Date:

CRITICAL CARE LEAD NURSE/UNIT or LINE MANAGER

As a Critical Care service provider I intend to:

- Facilitate clinical hours with a registered professional who is able to support and assess the learner. This may be delegated to another appropriate member of the multidisciplinary team e.g. Physiotherapist, Occupational Therapist, or Speech and Language Therapist.
- Provide and/or support clinical placements to facilitate the learners' development and achievement of the core proficiency requirements
- Regulate and quality assure systems for supervision and standardisation of assessment to ensure validity and transferability of the HCSW's competence

Lead Nurse/Manager Name (Print)

Signature

Date:

HCSW: Tracker Sheet

The following table allows the tracking of HCSW Competencies and should be completed by Lead Assessors/Mentors and/or Practice Educators (or equivalent) as the individual achieves each proficiency statement. This provides an easy and clear system to review and/or audit progress at a glance

<u>Proficiency</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Assessors Signature</u>
Supernumerary competencies successfully obtained and completed			
1 Promoting Psychosocial Wellbeing			
1.1 Promoting a positive patient experience			
1.2 Promoting psychosocial wellbeing			
1.3 Visiting in Critical Care			
2 Respiratory System			
2.1 Respiratory Assessment, Monitoring & Observation			
2.2 Tracheostomy Care			
3 Cardiovascular System			
3.1 Assessment, Monitoring & Observation			
3.2 Arterial Access awareness			
3.3 Cardiac Dysrhythmias			
4 Renal System			
4.1 Assessment, Monitoring & Observation			
4.2 Supporting intake and output			
5 Gastrointestinal System			
5.1 Assessment and Management of Patients with GI conditions			
5.2 Nutrition in Critical Illness			
6 Neurological System			
6.1 Sedation & Delirium Assessment and Management			
6.2 Pain Control			
7 Fundamental care required by critically ill patients			
7.1 Skin Integrity			
7.2 Mouth and Eye and Personal care			
7.3 Venous Thromboembolism (VTE) Assessment			
8 Rehabilitation			
8.1 Rehabilitation Initial Assessment and Referral			
9 Admission & Discharge			
9.1 Admission to Critical Care			
9.2 Discharge from Critical Care			
10 End of Life Care			

10.1 End of Life Requirements			
11 Assisting with Intra & Inter Hospital Transfer			
11.1 Assisting in the preparation and transfer of the critically ill			
12 Communication & Teamwork			
12.1 Communicating with Critical Care Patients			
12.2 Communication & Team Working			
12.3 Communicating in Difficult Situations			
13 Infection Prevention & Control			
13.1 Infection Prevention & Control			
14 Evidenced Based Practice			
14.1 Evidenced Based Practice			
15 Defensible Documentation			
15.1 Defensible Documentation			
16 Mental Capacity			
16.1 Mental Capacity & Safeguarding Adults			
17 Leadership and Followership			
17.1 Demonstrating Personal Qualities			

1 Promoting Psychosocial Wellbeing

The following proficiency statements are about the psychosocial needs of a patient during their Critical Care stay. The competencies outlined need to be applied to all care and treatment undertaken by the health care support worker (HCSW) and within the Critical Care environment.

Proficiency Statement	Date experience gained (optional)	Date Achieved	Supervisor/Assessors Signature
1.1 Promoting a positive patient experience			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Treating the patient as a 'whole', taking into consideration their physical, physiological, social, cultural, spiritual and family needs. Describe and reflect on this in relation to a particular (anonymised) patient. 			
<ul style="list-style-type: none"> Having an awareness of some of the feelings experienced by critically ill patients such as loss of control, loss of perception of time etc. Discuss your findings 			
<ul style="list-style-type: none"> Adopt a trusting and therapeutic relationship with patients by: helping them to communicate their needs, involving them and their family with their care as much as possible, relaying their concerns and fears to a registered professional, reassuring them that you will seek help and support if you are not able to ascertain their needs. Discuss and give examples 			
<ul style="list-style-type: none"> Promote physical wellbeing by: always being kind and compassionate, orientating patients to time and place, reducing sensory overload and maintaining a quiet soothing environment, helping the patient to get quality sleep, encouraging the patient to wear own clothes where possible, and have familiar items such as photographs close by etc. 			
<ul style="list-style-type: none"> Understands the importance of giving patients and families clear explanations about care activities (i.e. personal care, rehabilitation, care and interventions) in collaboration with the registered nurse Always seeks consent from the patient before approaching to undertake tasks for this, and all of the subsequent competencies. 			

<ul style="list-style-type: none"> Escalates any concerns about patient consent for care interventions to the registered professional (Nurse in Charge/Unit Manager/Matron) 			
1.2 Promoting psychological wellbeing			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Provide emotional reassurance and support Demonstrate kindness and compassion in all care undertaken. Demonstrates consent obtained prior to any care delivered, where appropriate 			
1.3 Visiting in Critical Care			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Importance of visiting and enabling sufficient rest periods – both to the patient and the relative Local unit's visiting policy, including children visiting in Critical Care, refreshments and availability of accommodation etc. Needs of the visitor and how to sign post them to information sources and facilities Awareness of situations of when to discourage visiting or refuse entry to visitors – for example drunk, violent or abusive visitors which would compromise patient, staff & other visitor's safety, and knows when to escalate concerns to the registered professional Understand and discuss hospital security policy and how to get help. Awareness of patient consent / data protection, local policies, professional guidance around use of photographs and social media 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Communicate information about visiting times and processes clearly taking into account the needs of the relatives/visitor Ensure that the environment is conducive for effective communication 			

2 Respiratory System

The following proficiency statements are about caring for the individual in the critical care environment who requires respiratory support, including basic observation

Proficiency Statement	Date experience gained (optional)	Date Achieved	Supervisor/Assessors Signature
2.1 Respiratory Assessment, Monitoring and Observation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Recognises when a patient is having trouble breathing difficulties and can immediately escalate to a registered health care professional for rapid assessment and assistance 			
<ul style="list-style-type: none"> Understand the importance of checking the bed spaces in relation to patient safety: <ul style="list-style-type: none"> - Importance of identifying and ensuring full oxygen cylinders are present at the patient's bedside and are stored correctly - Suction equipment / bag, valve, mask (BVM) / Waters Circuit are present and working correctly 			
2.2 Airway and Tracheostomy Care			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Able to identify and assemble, under supervision of an RN, the tracheostomy specific bedside equipment for normal tracheostomy care ("TRACHI-CASE") Able to perform a safety check of the bedside tracheostomy equipment and escalates and concerns or missing equipment to the registered nurses. Able to locate and display the correct bedside signage for the patient with a tracheostomy insitu Is able to demonstrate different methods of communication for a patient with a tracheostomy insitu Ensures the patient has passed a documented swallowing assessment prior to offering food or drinks Understand your role in assisting a registered professional to change a tracheostomy stoma dressing or tracheostomy ties 			

3 Cardiovascular System

The following proficiency statements are about monitoring and caring for the individual in the critical care who has cardiovascular dysfunction.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
3.1 Assessment, Monitoring & Observation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Aware and can state of the types for haemodynamic monitoring in relation to the critically ill adult: <ul style="list-style-type: none"> ○ Invasive ○ Non-Invasive 			
You must be able to undertake the following in a safe and professional manner:			
Assist the registered nurse to apply monitoring to the patient requiring cardiovascular support			
3.2 Arterial Access (as per local policy)			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Has a knowledge of the equipment required to insert an arterial line and can prepare an insertion trolley 			
3.3 Cardiac Dysrhythmias			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Basic Life Support (BLS) sits in Core Skills Training			
<ul style="list-style-type: none"> • Is able to identify the location of 'emergency' equipment including defibrillator and/or resus trolley and difficult airway trolley 			
<ul style="list-style-type: none"> • Understands own role in the management of cardiac arrests as per unit policy 			

4 Renal System

The following proficiency statements are about monitoring of fluid balance and care of the patient at risk of Acute Kidney Injury (AKI) in the critical care environment

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
4.1 Assessment, Monitoring & Observation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Is able to accurately record urine output in all patients, catheterised and un-catheterised patients • Raises any concerns about the patient's urinary output to registered Nurse • Understands the usual parameters for urine output and escalates variance to the registered nurse • Prepares equipment for catheterisation and assists with insertion under the instruction of Registered professional • Able to perform monitoring post catheter removal, if applicable 			
4.2 Managing Fluid Replacement			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Is aware of fluid restrictions for individual patients • Clarifies with the registered nurse whether a patient can drink / has any food or drink allergies • Safely provides assistance to allow patients to drink • Prepares drinks for patients and visitors • Can provide oral hydration for patients not able to drink i.e. ice / sponges • Record oral fluid intake accurately 			

5 Gastrointestinal System

The following proficiency statements are about the safe and effective care of the critically ill patient requiring nutritional support and management of dysregulated glycemc control.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
5.1 Assessment and Management of patient with GI Conditions			
You must be able to demonstrate through discussion essential knowledge of (and its application during your supervised practice):			
<ul style="list-style-type: none"> Assist with recording and documenting of patient's weight (where appropriate), and in line with local policy 			
<ul style="list-style-type: none"> Be able to recognize different bowel movements with reference to the Bristol stool scale 			
5.2 Nutrition in Critical Illness			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Clarifies with the registered nurse whether the patient(s) can eat and what type of diet the patient is on. Is aware of dietary restrictions and allergies for individual patients Demonstrate awareness of dietary restrictions for individual patients Demonstrates insight into the potential for swallowing dysfunction in critically unwell patients Provides patients with assistance to eat Documents on the relevant food chart what has been eaten Can provide oral hydration for patients not able to eat or drink providing comfort measures i.e. ice / sponges, regular mouth care Supports visitors to be involved in eating/drinking comfort measures, where appropriate 			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Has an awareness of normal glucose levels and understands the importance of promptly alerting the registered professional to an abnormal result 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Describes signs and symptoms of hypoglycaemia & is aware of need to escalate / report any concerns immediately 			

6 Neurological System

The following proficiency statement is about the assessment and management of the neurologically compromised patient in the general critical care environment.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
6.1 Sedation & Delirium Assessment and Management			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Describe of the concept of delirium Has an understanding of the impact of a Critical Care admission on the patient's mental health 			
<ul style="list-style-type: none"> Can explain how issues of Consent and Mental Capacity may impact on care delivered to patients in Critical Care Is able to describe how to raise a concern as per unit / Trust policy 			
Understands the concept of Critical Care Delirium. Can discuss how they can contribute to reducing delirium in patients: <ul style="list-style-type: none"> Noise levels Deaf and patients with hearing impairments Blind and patients with impaired vision Relative visiting times 			
<ul style="list-style-type: none"> Demonstrates methods of preserving patient dignity at all times Explains why a Critical Care patient might be confused and agitated Explains the importance of minimising noise levels Can describe interventions to assist, such as re-orientation and music, talking about familiar/favourite topics/activities / all about me documents Is able to engage in sustained communication with the patient(s), demonstrating kindness and empathy 			
6.2 Pain Control			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Understand methods of pain assessment and non-verbal signs of pain Escalates concerns to about pain management to the registered professional 			
<ul style="list-style-type: none"> Non pharmacological strategies for pain control: <ul style="list-style-type: none"> Deep breathing exercises Reassurance and control of environmental stimulus Positioning for comfort 			

<ul style="list-style-type: none"> Use of relaxation and diversion, limiting the noise and lighting diversion techniques 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Use positioning and posture to maximise patient comfort 			

7 Fundamental Care required by a Critically Ill patient

The following proficiency statements are about maintaining skin integrity and positioning patients in the critical care environment. Also, includes other key elements of care such as VTE prevention and eye and mouth care.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
7.1 Skin Integrity			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Able to identify healthy skin and variance from this 			
<ul style="list-style-type: none"> Discuss the HCSW responsibilities relating to patients at risk of pressure damage and how to escalate issues in relation to pressure damage. Demonstrate an understanding how to risk assess a patient under supervision 			
<ul style="list-style-type: none"> Demonstrate an awareness of the high risk areas of the body for pressure damage Describe Risks posed by medical devices for pressure damage and how this may be prevented in the critically ill patient 			
<ul style="list-style-type: none"> Is familiar with local guidance and standards for pressure ulcer prevention, tissue viability and manual handling 			
<ul style="list-style-type: none"> Differences between: <ul style="list-style-type: none"> Pressure damage Moisture associated skin damage 			
<ul style="list-style-type: none"> Has an understanding of various pressure relieving devices available locally and the agreed pathway for accessing these 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Works under supervision of the registered professional to assess the patients' skin using local tools Assist the registered professional to carry out regular visual check of risk areas and escalate any concerns Encourage the patient to change their position or be repositioned 			

<ul style="list-style-type: none"> • Support the registered professional to achieve positioning objectives, such as the maximum length of time a patient is sitting out in a chair • Regularly assist in the repositioning of unconscious patients in line with local policy and skin bundle • Minimize shear and /or friction damage with the correct use of manual handling devices. • Assesses patient for the potential for device related pressure damage and takes steps to prevent skin damage • Treat dry skin with moisturizers • Cleanse the skin at the time of soiling and use topical agents that act as moisture barriers in line with local guidance • Able to provide basic dressing to pressure sore under supervision of a registered professional. • Be aware of the difference between incontinence associated dermatitis, and pressure damage • Offer toileting opportunities based on patient's identified individual needs 			
7.2 Mouth Care, Eye Care and Personal Care			
You must be able undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> • Describes local oral assessment tools and mouth care guidelines 			
<ul style="list-style-type: none"> • Describes risks to patient of poor oral hygiene 			
<ul style="list-style-type: none"> • Is able to demonstrate an understanding through discussion between care requirements of ventilated and self-ventilating patients is aware of the risks of oral care in patients 			
<ul style="list-style-type: none"> • Identifies local mouth care products and when to use them as per unit policy 			
<ul style="list-style-type: none"> • Describes local eye care guidelines and when to use products available as instructed 			
<ul style="list-style-type: none"> • States rationale for performing eye assessment and care for sedated patients 			
<ul style="list-style-type: none"> • Performs (and documents) mouth care as per local guidance on a Self-ventilating patient • Assists with mouth care in a Ventilated patient (under supervision) 			
<ul style="list-style-type: none"> • Demonstrates and obtains consent before starting the activity • Is able to competently perform a bed bath • Has awareness of Trust / unit chaperone policy • Encourages patients to communicate any concerns about his/ her continence • Monitors patient when attending to care needs and reporting any concerns about patient's comfort or condition to the registered nurse • Provides assistance as required supporting patient to use commode, bedpan etc. • Promptly empties catheter bags using Aseptic Non Touch Technique (ANTT) 			

<ul style="list-style-type: none"> • Discusses suitability of repositioning to perform personal care i.e. for hair washing/shaving with the registered professional • Is aware of the risk associated with shaving, including for patients with artificial airways. • Able to perform effective hair washing using the correct equipment • Ensures patients personal hygiene needs are met when managing continence - promoting independence where possible • Where possible ascertains patient's usual preferences with regards to shaving, hair styling and personal care activities • Performs hair washing, shaving and meets hygiene needs promoting independence where possible • Maintains patient comfort and dignity • Stops and reports any change in patient's condition during the activity to the registered professional • Safely disposes of all dirty linen and equipment as per Trust policy • Documents care provided 			
7.3 Venous Thromboembolism (VTE) Assessment			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Understands the risk of VTE in critically ill patients • Able to apply TEDS/Flowtrons 			

8 Rehabilitation

The following proficiency statements are about the initial rehabilitation needs of the patient in a critical care environment, including those that have suffered a major trauma.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
8.1 Rehabilitation Initial Assessment and Referral			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Understands the importance of rehabilitation being identified and started within 4 days of admission to critical care or before discharge from critical care, whichever is sooner. 			

9 Admission & Discharge

The following proficiency statements are about immediate patient care on admission to the critical care environment and safe discharge back to a level 1 area.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
9.1 Admission to Critical Care			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> The HCSW responsibilities related to patient admission processes 			
<ul style="list-style-type: none"> Checks patient property as per Trust / unit policy and reports any discrepancies with family or carer 			
<ul style="list-style-type: none"> Awareness of the patient's personal items or requirements with the family: (including but not exclusive to): <ul style="list-style-type: none"> Hearing aids Dentures Glasses Mobility aids/equipment 			
<ul style="list-style-type: none"> Importance of obtaining infection control status and performing relevant infection control screens as directed by local guidance or the registered professional 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Provide emotional reassurance and support 			

<ul style="list-style-type: none"> • Checks and confirms patient's identity ID badge and demonstrates knowledge of positive patient identification policy 			
<ul style="list-style-type: none"> • Preparation of and cleanliness of supportive equipment (inclusive of but not limited to) including checking the integrity of equipment and expiry dates • Bed/mattress • Monitors • Oxygen, suction, re-breathing circuit, ventilator • Volumetric pumps • Syringe drivers • Disposables and PPE • Safety equipment 			
<ul style="list-style-type: none"> • Safely handle the patient, equipment and the patient's property and complete the relevant documentation 			
9.2 Discharge from Critical Care			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Importance of considering the individual's communication difficulties/ differences & level of knowledge and understanding about the discharge process 			
<ul style="list-style-type: none"> • HCSWs role in cleaning and preparing the bed space after discharge 			
You must be able to undertake the following in a safe and professional manner			
<ul style="list-style-type: none"> • Acts as a witness checking patient property 			
<ul style="list-style-type: none"> • Collects medications for discharge (excluding Controlled Drugs (CDs)- (this may vary according to Trust policy) 			
<ul style="list-style-type: none"> • Assist with appropriate transfers of patients to the ward 			
<ul style="list-style-type: none"> • Provide emotional reassurance and support to the patient during the discharge process 			
<ul style="list-style-type: none"> • Discontinue all appropriate monitoring under direction of the registered professional 			
<ul style="list-style-type: none"> • Organise any necessary, equipment and rehabilitation aids. Pack up patient's belongings prior to transfer 			
<ul style="list-style-type: none"> • Management of the bed space after discharge • Strip bed of used linen & dispose of linen according to Trust guidelines • Clean specialist mattresses as per Trust decontamination policy, alert company and stores for collection • Clean and empty the bed space ensuring- disposable or single patient 			

use items are disposed of in line with Trust waste policy <ul style="list-style-type: none"> Clean and label reusable equipment and returns this to the correct storage area 			
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10 End of Life Care

The following proficiency statements are about End of Life care requirements for patients within the critical care environment.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
10.1 End of Life Requirements			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Current local policies, protocols, and guidelines in relation to End of Life care 			
<ul style="list-style-type: none"> Assists in Last Offices under direct supervision with dignity and respect. 			

11 Assisting with Intra & Inter Hospital Transfer

The following proficiency statement is about the effective coordination and management of intra & Inter hospital transfers for critically ill patients. It includes those individuals who require emergency transport to a different location for investigation, treatment, intervention or on-going care.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
11.1 Assisting in the preparation and transfer of the critically ill adult			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> HCSW role in assisting the registered professional in the intra & inter hospital transfer of a critically ill patient e.g. has awareness for need of transfer bag Importance and implications of time critical transfers Transfer process including the different considerations for transfer decisions: Identification of correct patient Process for preparing to transfer the critically ill patient: Supports the RN in checking the contents of the local emergency/transfer bag Safe moving and handling of the individual and equipment being transferred 			

<ul style="list-style-type: none"> • Able to locate and prepare documentation that needs to be completed for intra & inter hospital transfer: 			
You must be able to undertake the following in a safe and professional manner:			
Assist in the preparation of equipment and resources: <ul style="list-style-type: none"> • Vital sign monitoring • Psychological support of patient • Assist in the care for the family of the patient being transferred 			

12 Communication & Teamwork

The following proficiency statements are about communicating effectively with individuals in the critical care environment, you will be expected to communicate effectively with a number of people in a variety of ways and in differing situations.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
12.1 Communicating with Critical Care Patients			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
The importance of: <ul style="list-style-type: none"> ○ Focusing on the individual when communicating. ○ Importance of maintaining personal space and positioning when communicating- ensuring that the environment is conducive to effective communication ○ Body language and eye contact when communicating ○ Using the individual's preferred means of communication and language ○ Checking that you and the individuals understand each other ○ Adapting your communication skills to aid understanding ○ Active listening ○ Medications and how they may affect communication ○ Past medical history ○ Learning disability 			
The difficulties that can arise with communication in the critical care environment: <ul style="list-style-type: none"> ○ Unconscious patient ○ Artificial airways ○ Disorientation ○ Confusion ○ Delirium ○ Withdrawal from communication 			

<ul style="list-style-type: none"> ○ Addictions ○ Hallucinations ○ Sleep deprived patients ○ Personal Protective Equipment and use of face masks and visors for those who lip read 			
<ul style="list-style-type: none"> • Methods and ways of communicating that allow for communication difficulties to be overcome (including but not limited to): Nonverbal communication aids, such as picture boards, writing and electronic devices 			
<ul style="list-style-type: none"> • Support equality and diversity at all times. 			
<ul style="list-style-type: none"> • The difficulties that may be experienced in recognising and interpreting the patient's nonverbal communication (including but not limited to): • Signs of distress • Deterioration in patient understanding • Changes in mental capacity 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> • Provide emotional reassurance and support • Communicate clearly taking into account the needs of the patient • Select the most appropriate method of communication for the patient • Identify any communication barriers with the individual and take the appropriate action to overcome these: <ul style="list-style-type: none"> ○ Appropriate language & terminology ○ Patient's usual communication aids • Adopt any communication aids that are appropriate to the patient's needs: <ul style="list-style-type: none"> ○ Glasses ○ Hearing aids ○ Picture boards ○ White boards ○ Interpreter ○ Electronic devices • Awareness of risk factors of speaking valves • Adapt your communication style to suit the situation & the patient's needs • Ensure that the environment for communication is as conducive as possible for effective communication • Clarify points to check that the patient understands what is being communicated • Actively listen and respond appropriately to any questions and concerns raised during communication with the critical care patient 			

<ul style="list-style-type: none"> • Ensure written documentation reflects the needs of the patient and records any communication that has taken place 			
12.2 Communicating and Team Working			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Importance of effective team working in critical care (Including but not limited to): <ul style="list-style-type: none"> ○ Efficient and timely completion of workload ○ Working collaboratively ○ Achieving common goals ○ Team satisfaction ○ Supporting and valuing each other • Members of the extended MDT and the main roles and responsibilities of each in caring for the critically ill (including but not limited to): <ul style="list-style-type: none"> ○ Critical care doctors ○ Parent team doctors ○ Critical care nursing team ○ Critical Care Outreach ○ Critical care technicians ○ Specialist nurse ○ ACCP's ○ Physiotherapist ○ Dietician ○ Pharmacist ○ Occupational therapist ○ Speech & Language ○ Psychologist • Principles of maintaining confidentiality, security and sharing of information about critical care patients • How your communication skills reflects on you and your team 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> • Introduces self to colleagues, patients and visitors • Demonstrate the ability to communicate via the following systems and which system to use in a variety of circumstances. <ul style="list-style-type: none"> ○ Emergency call ○ Answering the phone ○ Verbal referral ○ Written referral ○ Appropriate documentation • Communicates information about the critical care patient in a logical and systematic manner • Is able to describe barriers to communication in ICU and suggest ways to overcome these. 			

<ul style="list-style-type: none"> • Maintain confidentiality as appropriate to do so • Acknowledge and respond to communication promptly • Assist and support other team members • Deliver assigned duties / shift goals as set by the registered nurse • Focus all your actions on the safety of self, the patient and patient other team members • Responds to and prioritises calls, redirecting enquires where appropriate 			
12.3 Communicating in Difficult Situations			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Importance of clear and direct communication • Importance of the individual's choice • Importance of establishing rapport and the effect of non-verbal signs • How to ask questions, listen carefully and summarise back • Importance of encouraging individuals and families to ask questions • How to manage own feelings and behaviour's when communicating with patients and families • Importance of working within your own sphere of competence and seeking advice when faced with situations outside this situation • Awareness of own limitations and self-care • Be aware of a range of communication difficulties and resources available to aid communication 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> • Provide emotional reassurance and support 			
<ul style="list-style-type: none"> • Maintain a professional attitude 			

13 Infection Prevention & Control

This proficiency is about developing knowledge, understanding and skills to contribute to Infection Prevention and Control in critical care.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
11.1 Infection Prevention & Control			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Ability to don and doff different levels of PPE and understand the principles of this • Has been correctly mask fitted 			
<ul style="list-style-type: none"> • Has a basic understanding of, and can articulate, the chain of infection • Importance of maintaining high standards of patient's personal hygiene • Discuss the principles of aseptic non-touch technique (ANTT) • Understands source and protective isolation and when this is required • Demonstrates good hand hygiene technique and can articulate the 5 moments of use • Use of Personal Protective Equipment (PPE) -when to use and when to change to a higher level, for example when coming into contact with aerosol generating procedures • Effective engagement methods with patients, families/carers and visitors about their needs and priorities in relation to infection prevention and control • Local policies and how to access them 			
<ul style="list-style-type: none"> • Demonstrate best practice in environmental tidiness & cleanliness (including but not limited to): <ul style="list-style-type: none"> ○ Appropriate level of cleaning to instigate on patient discharge • Cleaning and disinfection of items that come into contact with the patient and/or their environment that are not invasive (e.g. beds, commodes, hoists) 			
<ul style="list-style-type: none"> • Able to collect specimens of bodily fluids for laboratory testing as requested by the registered nurse or in line with local guidance and policy including: <ul style="list-style-type: none"> ○ Covid-19 samples 			

<ul style="list-style-type: none"> ○ Urine samples from the catheter (needle free system) ○ Sputum samples (for non-intubated patients) ○ Faecal samples ○ Methicillin-resistant Staphylococcus aureus and Carbapenemase-producing Enterobacteriaceae (MRSA and CPE) swabs 			
<ul style="list-style-type: none"> • Safe disposal of waste (including sharps and linen) 			
<ul style="list-style-type: none"> • Safe storage of food 			
<ul style="list-style-type: none"> • Awareness of separate fridge storage for food and medication 			
<ul style="list-style-type: none"> • Bedside damp dusting regime 			
<p>Demonstrate best practice in decontamination of reusable medical devices, following manufacturer guidance and local policy related to the processes for cleaning, disinfection, and decontamination of:</p> <ul style="list-style-type: none"> ○ Ventilators ○ Infusion pumps ○ Renal Replacement Therapy (RRT) machines ○ Humidification equipment ○ Endoscopic equipment, such as bronchoscopes ○ Diagnostic equipment 			
<ul style="list-style-type: none"> • Demonstrates best practice in the use of disposable medical devices, following manufacturer guidance and local policy, applying knowledge of 'single use' and 'single patient use' 			
<ul style="list-style-type: none"> • Demonstrates best practice in obtaining, packaging, handling, labelling and transport of biological samples, with reference to local pathology guidance 			
<ul style="list-style-type: none"> • Acts upon any risks identified and communicates them effectively to the appropriate people 			
<ul style="list-style-type: none"> • Takes appropriate actions to escalate concerns to the registered nurse when safety and quality are compromised 			
<ul style="list-style-type: none"> • Ensure safe practice in the event of occupational exposure 			

14 Evidenced Based Practice

The following proficiency statement is about applying evidence based practice to the activities you undertake in critical care.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
14.1 Evidenced Based Practice			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Demonstrates the ability to access SOP's/ local guidance and apply to a care activity 			

15 Defensible Documentation

This proficiency statement is about the legal and accountable aspects of documentation within the critical care environment.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
15.1 Defensible Documentation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Describe the supporting principles of good documentation ensuring confidentiality and information governance Works in collaboration with registered professional with patient care activities where appropriate documents information accurately e.g. urine output, clinical observations etc. 			

16 Mental Capacity

This proficiency statement is about the management of those patients who may have diminished mental capacity within the critical care setting

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
16.1 Mental Capacity & Safeguarding Adults			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Understands the concept of Mental Capacity and how this may impact on the care delivered to patients 			

<ul style="list-style-type: none"> Be aware of Local guidelines/policies related to Health, Safety & Security and deprivation of liberty risk assessment such as for mittens, bed rails 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Escalate any concerns to the registered nurse as a patient advocate 			
<ul style="list-style-type: none"> Demonstrate practices that ensure safety for self, patient and colleagues 			
<ul style="list-style-type: none"> Minimise potential sources of harm to the vulnerable individual 			

17 Leadership and Followership

The following proficiency statements are about developing leadership styles and skills throughout your professional development in critical care.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
17.1 Demonstrating Personal Qualities		
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):		
<ul style="list-style-type: none"> Understanding of the scope and boundaries of the HCSW role 		
<ul style="list-style-type: none"> Self-awareness 		
<ul style="list-style-type: none"> Managing yourself and when to ask for help 		
<ul style="list-style-type: none"> Continuing professional development 		
<ul style="list-style-type: none"> Acting with integrity 		
You must be able to undertake the following in a safe and professional manner:		
<ul style="list-style-type: none"> Prioritise tasks 		
<ul style="list-style-type: none"> Identify and reflect on your own behaviour 		
<ul style="list-style-type: none"> Identify and reflect on personal strengths and weaknesses 		
<ul style="list-style-type: none"> Carry out care and tasks and escalate any concerns of challenges to the registered nurse. 		
<ul style="list-style-type: none"> Recognise personal stress and the importance of self-care 		
<ul style="list-style-type: none"> Manage time constructively 		
<ul style="list-style-type: none"> Use feedback to improve performance 		
<ul style="list-style-type: none"> Make effective use of learning opportunities 		
<ul style="list-style-type: none"> Use reflection to learn from previous experiences 		
<ul style="list-style-type: none"> Recognise when ethical issues may conflict with your personal views 		
<ul style="list-style-type: none"> Effectively work with a diverse team regardless of social, educational, cultural and sexual orientation differences 		

18 Critical Care Preparation for Procedures

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
18.1 Critical Care Preparation for Procedures		
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):		
• Discusses why patients are admitted to Critical Care		
• Discusses the needs of relatives and visitors to Critical Care		
• Has read the patient and relative Critical Care information leaflets and ICUSSteps information leaflets.		
Demonstrate preparation of trolley for the following as per Trust policy		
• Urinary catheterisation		
• Central line insertion		
• Chest drain insertion		
• Tracheostomy procedure		
• Bronchoscopy		
• Arterial line insertion		
• The taking of a blood sample from an arterial line (specialised training and competency) – Optional		
• Demonstrates cleaning the bronchoscope		
• Demonstrates unpacking pharmacy and discusses drug security issues		
• Maintains stock levels in the bedside trolleys, line trolleys, stocking up trolleys and store room		
Discusses: <ul style="list-style-type: none"> ○ Bar coding (if system used in unit) ○ Non-stock (how to order) ○ Pathology stores ○ Hire beds/mattresses ○ Reporting broken equipment 		
• Reporting maintenance problems		
• Demonstrates washing bowls and equipment using the unit sterilizer (if used in unit as per Trust policy)		

Initial Assessment & Development Plan	
Date:	(Please add date to the Assessment Record Summary)
This meeting between Learner and Lead Assessor should take place during induction. It is to identify the learning needs of the HCSW.	
CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS	
PROFICIENCIES TO BE ACHIEVED	
SPECIFIC SUPPORTIVE STRATEGIES REQUIRED	
Learners Signature:	
Lead Assessors / Practice Educators Signature:	
NEXT AGREED MEETING DATE:	

Ongoing Assessment & Development Plan	
Date	(Please add date to the Assessment Record Summary)
<p>This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving the proficiencies identified in the initial and/or previous meetings. It is here further objectives will be set. On-going assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed.</p>	
REVIEW OF PROFICIENCIES ACHIEVED	
ON TARGET:	YES / NO
IF NOT WHICH PROFICIENCIES HAVE YET TO BE MET	
REASONS FOR NOT ACHIEVING	
SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE	
KEY AREAS & ADDITIONAL PROFICIENCIES TO BE ACHIEVED BEFORE NEXT MEETING	
Learners Signature:	
Lead Assessors / Practice Educators Signature:	
NEXT AGREED MEETING DATE:	

Additional Action Planning

Date:

This document is to be completed as required to set SMART objectives for the learner who requires additional support to achieve certain proficiencies (these will have been identified during the 3 monthly Ongoing Assessment & Development plan).

AREAS FOR FURTHER ACTION PLANNING

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE:

Final Competency Assessment	
Date:	(Please add date to the Assessment Record Summary)
This meeting is to identify that all the proficiencies within Supportive Level have been achieved.	
PROFICIENCY STATEMENT:	
<p>The HCSW has been assessed against the proficiencies within this document and measured against the definition of proficiency below by critical care colleagues, mentors and assessors.</p> <p><i>‘The term proficiency refers to the knowledge, skills and behaviour required to perform a job, or an element of it, successfully. A competency measures how people do something’ (NMC, 2018)</i></p>	
LEAD ASSESSORS COMMENTS	
LEARNERS COMMENTS	
Learners Signature:	
Lead Assessors / Practice Educators Signature:	
NEXT AGREED MEETING DATE:	