

# **Pearson Edexcel Level 2 Diploma in Emergency Care Assistance**

## **Specification**

Competence-based qualification

For first teaching October 2010

Issue 2

## **Edexcel, BTEC and LCCI qualifications**

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This specification is Issue 2. Key changes are listed in the summary table on the next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: [qualifications.pearson.com](http://qualifications.pearson.com)

This qualification was previously known as:

Edexcel Level 2 Diploma in Emergency Care Assistance (QCF)

The QN remains the same.

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## Summary of Pearson Edexcel Level 2 Diploma in Emergency Care Assistance specification Issue 2 changes

Summary of changes made between previous Issue 1 and this current Issue 2	Page/section number
All references to QCF have been removed throughout the specification	Throughout
Definition of TQT added	Next page
Definition of sizes of qualifications aligned to TQT	Next page
TQT value added	5
QCF references removed from unit titles and unit levels in all units	17-196
Guided learning definition updated	11

Earlier issue(s) show(s) previous changes.

If you need further information on these changes or what they mean, contact us via our website at: [qualifications.pearson.com/en/support/contact-us.html](https://qualifications.pearson.com/en/support/contact-us.html).

# Introducing Pearson NVQ/Competence-based qualifications

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## What are NVQ/Competence-based qualifications?

National Vocational Qualifications (NVQs) are work-based qualifications that give learners the opportunity to develop and demonstrate their competence in the area of work or job role to which the qualification relates.

NVQs are based on the National Occupational Standards (NOS) for the appropriate sector. NOS define what employees, or potential employees, must be able to do and know, and how well they should undertake work tasks and work roles. At Level 2 and above, these qualifications are recognised as the competence component of Apprenticeship Frameworks. Qualifications at Level 1 can be used in Traineeships, which are stepping-stones to Apprenticeship qualifications. NVQs qualifications can also be delivered as stand-alone for those who wish to take a work-based qualification.

NVQs qualifications are outcomes-based with no fixed learning programme – allowing flexible delivery that meets the individual learner's needs. They are suitable for those in employment or those who are studying at college and have a part-time job or access to a substantial work placement so that they are able to demonstrate the competencies that are required for work.

Most learners will work towards their qualification in the workplace or in settings that replicate the working environment as specified in the assessment requirements/strategy for the sector. Colleges, training centres and/or employers can offer these qualifications provided they have access to appropriate physical and human resources.

## Sizes of NVQ/Competence-based qualifications

For all regulated qualifications, we specify a total number of hours that learners are expected to undertake in order to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, we identify the number of Guided Learning Hours (GLH) that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

As well as guided learning, there may be other required learning that is directed by tutors or assessors. This includes, for example, private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications can also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number.

TQT and credit values are assigned after consultation with users of the qualifications.

NVQ/Competence-based qualifications are available in the following sizes:

- Award – a qualification with a TQT value of 120 or less (equivalent to a range of 1–12 credits)
- Certificate – a qualification with a TQT value in the range of 121–369 (equivalent to a range of 13–36 credits)
- Diploma – a qualification with a TQT value of 370 or more (equivalent to 37 credits and above).

## Qualification titles covered by this specification

### **Pearson Edexcel Level 2 Diploma in Emergency Care Assistance**

Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub. The Skills Funding Agency also publishes a funding catalogue that lists the qualifications available for 19+ funding.

The qualification and unit codes will appear on learners' final certification documentation.

The Qualification Number for the qualification in this publication is:

Pearson Edexcel Level 2 Diploma in Emergency Care Assistance                      501/1804/3

This qualification title will appear on learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered with Pearson.

This qualification is accredited by Ofqual as being part of Apprenticeships.



# Contents

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<b>Key features of the Pearson Edexcel Level 2 Diploma in Emergency Care Assistance</b>	<b>1</b>
What is the purpose of this qualification?	1
Who is this qualification for?	1
What are the benefits of this qualification to the learner and employer?	1
What are the potential job roles for those working towards this qualification?	2
What progression opportunities are available to learners who achieve this qualification?	2
National Occupational Standards	2
<b>Rules of combination</b>	<b>4</b>
Pearson Edexcel Level 2 Diploma in Emergency Care Assistance	5
<b>Assessment</b>	<b>7</b>
<b>Quality assurance</b>	<b>8</b>
Key principles of quality assurance	8
Quality assurance processes	8
<b>Access and recruitment</b>	<b>9</b>
Restrictions on learner entry	10
Access arrangements and special considerations	10
<b>Unit format</b>	<b>11</b>
Unit title	11
Unit reference number	11
Level	11
Credit value	11
Guided learning hours	11
Unit aim	11
Unit introduction	11
Learning outcomes	12

Assessment criteria	12
Unit content	12
Essential guidance for tutors	13

## **Units 15**

Unit 1: The Role of the Health and Social Care Worker	17
Unit 2: Introduction to Duty of Care in Health, Social Care or Children's and Young People's Settings	23
Unit 3: Introduction to Personal Development in Health, Social Care or Children's and Young Peoples' Settings	27
Unit 4: Introduction to Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	33
Unit 5: Introduction to Communication in Health, Social Care or Children's and Young People's Settings	39
Unit 6: Principles of Safeguarding and Protection in Health and Social Care 45	
Unit 7: The Principles of Infection Prevention and Control	53
Unit 8: Cleaning, Decontamination and Waste Management	61
Unit 9: Move and Position Individuals in Accordance with their Plan of Care 67	
Unit 10: Patient Monitoring and Observation in Emergency Care Situations	73
Unit 11: Anatomy and Physiology of Body Systems	79
Unit 12: Basic Adult Life Support and Automated External Defibrillation	85
Unit 13: Support the Emergency Care of Babies and Children	91
Unit 14: Support Emergency Care during Pregnancy and Childbirth	99
Unit 15: Assisting the Clinician in the Initial Care of the Trauma Patient	105
Unit 16: Care for the Elderly	115
Unit 17: Major Incidents involving Emergency Carers	119
Unit 18: Extrication of Patients from Vehicles and Light Rescue	125
Unit 19: Special Procedures for Hazardous Substances	131
Unit 20: Support the Emergency Care of People with Learning Disabilities	137
Unit 21: Prepare Environments and Resources for Use during Healthcare Activities	143
Unit 22: Causes and Spread of Infection	151
Unit 23: Contribute to the Care of a Deceased Person	157



Unit 24: Handle Information in Health and Social Care Settings	163
Unit 25: Contribute to Health and Safety in Health and Social Care	167
Unit 26: Assist in the Administration of Medication	177
Unit 27: Understand Mental Health Problems	187
Unit 28: Assist the Practitioner to Carry out Health Care Activities	193
<b>Further information and useful publications</b>	<b>197</b>
How to obtain National Occupational Standards	197
<b>Professional development and training</b>	<b>198</b>
<b>Annexe A</b>	<b>199</b>
The Pearson/BTEC qualification framework for the Health and Social Care sector	199
<b>Annexe B</b>	<b>201</b>
Skills for Health Assessment Principles	201
<b>Annexe C</b>	<b>203</b>
Skills for Care and Development Assessment Principles	203
<b>Annexe D</b>	<b>205</b>
Mapping to Level 1 Functional Skills	205
<b>Annexe E</b>	<b>209</b>
National Occupational Standards/mapping with NOS	209
<b>Annexe F</b>	<b>221</b>
Mapping to NHS Knowledge and Skills Framework	221
<b>Annexe G</b>	<b>225</b>
Glossary of Accreditation Terminology	225



# Key features of the Pearson Edexcel Level 2 Diploma in Emergency Care Assistance

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The Pearson Edexcel Level 2 Diploma in Emergency Care Assistance has been approved as a component for Skills for Health's Apprenticeship framework. This framework will begin January 2011.

## What is the purpose of this qualification?

The purpose of the qualification is to meet the core requirements of NHS Ambulance Trusts for learners working or intending to work as emergency care assistants. This qualification is part of the Skills for Health Apprenticeship framework.

The Emergency Care Assistance Apprenticeship framework includes:

- Pearson Edexcel Level 2 Diploma in Emergency Care Assistance
- Pearson BTEC Level 2 Certificate in Working in the Health Sector
- BTEC Level 2 Extended Award in WorkSkills for Apprenticeships
- Level 1 Functional Skills in English and Mathematics

After achieving this qualification, it is possible that learners will progress to other Level 2 Apprenticeships in Health, Level 3 Apprenticeships in related sectors, or foundation degrees and other qualifications for paramedics.

## Who is this qualification for?

This qualification is for all learners aged 16 and above who are capable of reaching the required standards.

Pearson's policy is that the qualification should:

- be free from any barriers that restrict access and progression
- ensure equality of opportunity for all wishing to access the qualification.

## What are the benefits of this qualification to the learner and employer?

The Pearson Edexcel Level 2 Diploma in Emergency Care Assistance has been developed to give learners the opportunity to:

- engage in learning that is relevant to them and which will provide opportunities to develop a range of skills and techniques, personal skills and attributes essential for successful performance in working life
- achieve a nationally recognised Level 2 vocationally-related qualification
- progress to employment in the ambulance service
- progress to related general and/or vocational qualifications.

## What are the potential job roles for those working towards this qualification?

- Emergency care assistant

## What progression opportunities are available to learners who achieve this qualification?

It is anticipated that learners will progress to other level 2 Apprenticeships in Health, level 3 Apprenticeships in related sectors, or foundation degrees and other qualifications for paramedics.

Further information is available in *Annexe A*.

## National Occupational Standards

Where relevant, Pearson competence-based Level 2 qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of NVQs in due course. NOS form the basis of National Vocational Qualifications (NVQs).

The Pearson Edexcel Level 2 Diploma in Emergency Care Assistance relates to the following NOS.

### NOS

CCLD 201	Contribute to positive relationships
CCLD 203	Support children's development
CCLD 204	Use support to develop own practice in children's care, learning and development
GCU 2	Safeguard and protect the well-being of children and young people
GCU 5	Promote inclusion, equality, participation and the rights of children and young people
GEN 3	Maintain health and safety in a clinical/therapeutic environment
GEN 6	Prepare the environment for clinical/therapeutic activities
GEN 8	Assist the practitioner to implement clinical/therapeutic activities
GEN 12	Reflect on and evaluate your own values, priorities, interests and effectiveness
GEN 13	Synthesise new knowledge into the development of your own practice
GEN 22	Communicate effectively with individuals
IPC 1	Minimise the risks of spreading infection by cleaning and maintaining environments in health and social care settings
IPC 3	Clean and remove spillages of blood and other body fluids
IPC 4	Clean and store care equipment to minimise the risks of spreading infection
IPC 6	Use personal protective equipment to prevent the spread of infection
IPC 7	Safely dispose of healthcare waste, including sharps, to prevent the spread of infection

## **National Workforce Competences**

CHS 6	Move and position individuals
CHS 125	Play a designated role within the response to a major incident
HSC 21	Communicate with, and complete records for individuals
HSC 22	Support the health and safety of self and others
HSC 23	Develop your knowledge and practice
HSC 24	Ensure your actions support the care, protection and well-being of individuals
HSC 32	Promote, monitor and maintain health, safety and security in the working environment
HSC 221	Assist in the administration of medication
HSC 223	Contribute to moving and handling individuals
HSC 227	Contribute to working in collaboration with carers in the caring role
HSC 230	Manage environments and resources during clinical activities
HSC 234	Ensure your actions support equality, diversity and responsibilities of others
HSC 239	Contribute to the care of a deceased person
HSC 240	Contribute to the identification of the risk of danger to individuals and others
HSC 246	Maintain a safe and clean environment
HSC 3111	Promote the equality, diversity, rights and responsibilities of individuals
MH 14	Identify potential mental health needs and related or co-existent issues

# Rules of combination

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The rules of combination specify the credits that need to be achieved, through the completion of particular units, for the qualification to be awarded. All accredited qualifications have rules of combination.

When combining units for the Pearson Edexcel Level 2 Diploma in Emergency Care Assistance, it is the centre's responsibility to ensure that the following rules of combination are adhered to.

## **Pearson Edexcel Level 2 Diploma in Emergency Care Assistance**

- 1 Qualification credit value: a minimum of 45 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 45.
- 3 All credits must be achieved from the units listed in this specification.

## Pearson Edexcel Level 2 Diploma in Emergency Care Assistance

The Pearson Edexcel Level 2 Diploma in Emergency Care Assistance is a 45-credit and 388 guided learning hours (GLH) qualification that consists of 19 mandatory units (40 credits) **plus** optional units (5 credits) that provide for a combined total of 45 credits.

The Total Qualification Time (TQT) for this qualification is 450.

Pearson Edexcel Level 2 Diploma in Emergency Care Assistance			
Unit	Mandatory units	Credit	Level
1	The Role of the Health and Social Care Worker	2	2
2	Introduction to Duty of Care in Health, Social Care or Children's and Young People's Settings	1	2
3	Introduction to Personal Development in Health, Social Care or Children's and Young People's Settings	3	2
4*	Introduction to Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	2	2
5*	Introduction to Communication in Health, Social Care or Children's and Young People's Settings	3	2
6	Principles of Safeguarding and Protection in Health and Social Care	3	2
7	The Principles of Infection Prevention and Control	3	2
8	Cleaning, Decontamination and Waste Management	2	2
9	Move and Position Individuals in Accordance with their Plan of Care	4	2
10	Patient Monitoring and Observation in Emergency Care Situations	2	2
11	Anatomy and Physiology of Body Systems	1	2
12	Basic Adult Life Support and Automated External Defibrillation	2	2
13	Support the Emergency Care of Babies and Children	2	2
14	Support Emergency Care during Pregnancy and Childbirth	2	2
15	Assisting the Clinician in the Initial Care of the Trauma Patient	4	3
16	Care for the Elderly	1	2
17	Major Incidents involving Emergency Carers	1	2
18	Extrication of Patients from Vehicles and Light Rescue	1	2
19	Special Procedures for Hazardous Substances	1	2

Unit	Optional units		
20	Support the Emergency Care of People with Learning Disabilities	2	2
21	Prepare Environments and Resources for Use during Healthcare Activities	3	2
22	Causes and Spread of Infection	2	2
23	Contribute to the Care of a Deceased Person	3	2
24	Handle Information in Health and Social Care Settings	1	2
25	Contribute to Health and Safety in Health and Social Care	4	2
26	Assist in the Administration of Medication	4	2
27	Understand Mental Health Problems	3	3
28	Assist the Practitioner to Carry out Health Care Activities	2	2

\*For the Apprenticeship, the following units are equivalent to units in the technical certificate *BTEC Level 2 Certificate in Working in the Health Sector*

Level	Unit Title	Credit	Equivalent Unit	Credit
2	Introduction to Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	2	Equality and Diversity in the Health Sector	3
2	Introduction to Communication in Health, Social Care or Children's and Young People's Settings	3	Communication Skills for Working in the Health Sector	3



# Assessment

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All units within this qualification are internally assessed. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' a learner must have successfully passed **all** the assessment criteria.

## Guidance

The purpose of assessment is to ensure that effective learning has taken place to give learners the opportunity to:

- meet the standard determined by the assessment criteria and
- achieve the learning outcomes.

All the assignments created by centres should be reliable and fit for purpose, and should be built on the unit assessment criteria. Assessment tasks and activities should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres should enable learners to produce evidence in a variety of different forms, including performance observation, presentations and posters, along with projects, or time-constrained assessments.

Centres are encouraged to emphasise the practical application of the assessment criteria, providing a realistic scenario for learners to adopt, and making maximum use of practical activities. The creation of assignments that are fit for purpose is vital to achievement and their importance cannot be over-emphasised.

The assessment criteria must be clearly indicated in the assignment briefs. This gives learners focus and helps with internal verification and standardisation processes. It will also help to ensure that learner feedback is specific to the assessment criteria.

When designing assignment briefs, centres are encouraged to identify common topics and themes. A central feature of vocational assessment is that it allows for assessment to be:

- current, ie to reflect the most recent developments and issues
- local, ie to reflect the employment context of the delivering centre
- flexible to reflect learner needs, ie at a time and in a way that matches the learner's requirements so that they can demonstrate achievement.

## Qualification grade

Learners who achieve the minimum eligible credit value specified by the rule of combination will achieve the qualification at pass grade.

In the Pearson Edexcel Level 2 qualifications each unit has a credit value which specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit. This has been based on:

- one credit for those learning outcomes achievable in 10 hours of learning time
- learning time being defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria
- the credit value of the unit remaining constant regardless of the method of assessment used or the qualification to which it contributes.

## Quality assurance

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### Key principles of quality assurance

- A centre delivering Pearson qualifications must be a Pearson-recognised centre and must have approval for its qualifications.
- The centre agrees, as part of gaining recognition, to abide by specific terms and conditions relating to the effective delivery and quality assurance of assessment. The centre must abide by these conditions throughout the period of delivery.
- Pearson makes available to approved centres a range of materials and opportunities to exemplify the processes required for effective assessment and provide examples of effective standards. Approved centres must use the guidance on assessment to ensure that staff who are delivering Pearson qualifications are applying consistent standards.
- An approved centre must follow agreed protocols for: standardisation of assessors; planning, monitoring and recording of assessment processes; internal verification and recording of internal verification processes and dealing with special circumstances, appeals and malpractice.

### Quality assurance processes

The approach to quality assured assessment is made through a partnership between a recognised centre and Pearson. Pearson is committed to ensuring that it follows best practice and employs appropriate technology to support quality assurance processes where practicable. The specific arrangements for working with centres will vary. Pearson seeks to ensure that the quality-assurance processes it uses do not inflict undue bureaucratic processes on centres, and works to support them in providing robust quality-assurance processes.

The learning outcomes and assessment criteria in each unit within this specification set out the standard to be achieved by each learner in order to gain each qualification. Pearson operates a quality-assurance process, designed to ensure that these standards are maintained by all assessors and verifiers.

For the purposes of quality assurance, all individual qualifications and units are considered as a whole. Centres offering these qualifications must be committed to ensuring the quality of the units and qualifications they offer, through effective standardisation of assessors and internal verification of assessor decisions. Centre quality assurance and assessment processes are monitored by Pearson.

The Pearson quality-assurance processes will involve:

- gaining centre recognition and qualification approval if a centre is not currently approved to offer Pearson qualifications
- annual visits to centres by Pearson for quality review and development of overarching processes and quality standards. Quality review and development visits will be conducted by an Pearson quality development reviewer
- annual visits by occupationally competent and qualified Pearson Standards Verifiers for sampling of internal verification and assessor decisions for the occupational sector
- the provision of support, advice and guidance towards the achievement of National Occupational Standards.

Centres are required to declare their commitment to ensuring quality and appropriate opportunities for learners that lead to valid and accurate assessment outcomes. In addition, centres will commit to undertaking defined training and online standardisation activities.

## Access and recruitment

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Pearson Standards Verifiers will provide support, advice and guidance to centres to achieve Direct Claims Status (DCS). Pearson will maintain the integrity of Pearson NVQs through ensuring that the awarding of these qualifications is secure. Where there are quality issues identified in the delivery of programmes, Pearson will exercise the right to:

- direct centres to take action
- limit or suspend certification
- suspend registration.

The approach of Pearson in such circumstances is to work with the centre to overcome the problems identified. If additional training is required, Pearson will aim to secure the appropriate expertise to provide this.

## Restrictions on learner entry

The Pearson Edexcel Level 2 Diploma in Emergency Care Assistance is accredited for learners aged 16 and above.

In particular sectors the restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to police checks.

## Access arrangements and special considerations

Centres are required to recruit learners to Pearson qualifications with integrity.

Appropriate steps should be taken to assess each applicant's potential and a professional judgement should be made about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the learner within the centre during their programme of study and any specific support that might be necessary to allow the learner to access the assessment for the qualification. Centres should consult Pearson's policy on learners with particular requirements.

Pearson's policy on access arrangements and special considerations for Pearson qualifications aims to enhance access to the qualifications for learners with disabilities and other difficulties (as defined by the 2010 Equality Act) without compromising the assessment of skills, knowledge, understanding or competence. Please refer to *Access Arrangements and Special Considerations for BTEC and Pearson NVQ Qualifications* for further details ([qualifications.pearson.com](http://qualifications.pearson.com)).

# Unit format

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Each unit has the following sections.

## Unit title

This is the formal title of the unit that will appear on the learner's certificate.

## Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

## Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.

## Credit value

All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.

## Guided learning hours

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

## Unit aim

The aim provides a clear summary of the purpose of the unit and is a succinct statement that summarises the learning outcomes of the unit.

## Unit introduction

The unit introduction gives the reader an appreciation of the unit in the vocational setting of the qualification, as well as highlighting the focus of the unit. It gives the reader a snapshot of the unit and the key knowledge, skills and understanding gained while studying the unit. The unit introduction also highlights any links to the appropriate vocational sector by describing how the unit relates to that sector.

## Learning outcomes

The learning outcomes of a unit set out what a learner is expected to know, understand or be able to do as the result of a process of learning.

## Assessment criteria

The assessment criteria of a unit specify the standard a learner is expected to meet to demonstrate that a learning outcome, or set of learning outcomes, has been achieved. The learning outcomes and assessment criteria clearly articulate the learning achievement for which the credit will be awarded at the level assigned to the unit.

## Unit content

The unit content identifies the breadth of knowledge, skills and understanding needed to design and deliver a programme of learning to achieve each of the learning outcomes. This is informed by the underpinning knowledge and understanding requirements of the related National Occupational Standards (NOS), where relevant. The content provides the range of subject material for the programme of learning and specifies the skills, knowledge and understanding required for achievement of the unit.

Each learning outcome is stated in full and then the key phrases or concepts related to that learning outcome are listed in *italics* followed by the subsequent range of related topics.

### Relationship between content and assessment criteria

The learner should have the opportunity to cover all of the unit content.

It is not a requirement of the unit specification that all of the content is assessed. However, the indicative content will need to be covered in a programme of learning in order for learners to be able to meet the standard determined in the assessment criteria.

### Content structure and terminology

The information below shows the unit content is structured and gives the terminology used to explain the different components within the content.

- Learning outcome: this is shown in bold at the beginning of each section of content.
- Italicised sub-heading: it contains a key phrase or concept. This is content which must be covered in the delivery of the unit. Colons mark the end of an italicised sub-heading.
- Elements of content: the elements are in plain text and amplify the sub-heading. The elements must be covered in the delivery of the unit. Semi-colons mark the end of an element.
- Brackets contain amplification of content which must be covered in the delivery of the unit.
- 'eg' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).

## Essential guidance for tutors

This section gives tutors additional guidance and amplification to aid understanding and a consistent level of delivery and assessment. It is divided into the following sections.

- *Delivery* – explains the content’s relationship to the learning outcomes and offers guidance about possible approaches to delivery. This section is based on the more usual delivery modes but is not intended to rule out alternative approaches.
- *Assessment* – gives amplification about the nature and type of evidence that learners need to produce in order to achieve the unit. This section should be read in conjunction with the assessment criteria.
- *Essential resources* – identifies any specialist resources needed to allow learners to generate the evidence required for each unit. The centre will be asked to ensure that any requirements are in place when it seeks approval from Pearson to offer the qualification.
- *Indicative resource materials* – gives a list of learner resource material that benchmarks the level of study.





# Units

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Unit 1:	The Role of the Health and Social Care Worker	17
Unit 2:	Introduction to Duty of Care in Health, Social Care or Children's and Young People's Settings	23
Unit 3:	Introduction to Personal Development in Health, Social Care or Children's and Young Peoples' Settings	27
Unit 4:	Introduction to Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	33
Unit 5:	Introduction to Communication in Health, Social Care or Children's and Young People's Settings	39
Unit 6:	Principles of Safeguarding and Protection in Health and Social Care	45
Unit 7:	The Principles of Infection Prevention and Control	53
Unit 8:	Cleaning, Decontamination and Waste Management	61
Unit 9:	Move and Position Individuals in Accordance with their Plan of Care	67
Unit 10:	Patient Monitoring and Observation in Emergency Care Situations	73
Unit 11:	Anatomy and Physiology of Body Systems	79
Unit 12:	Basic Adult Life Support and Automated External Defibrillation	85
Unit 13:	Support the Emergency Care of Babies and Children	91
Unit 14:	Support Emergency Care during Pregnancy and Childbirth	99
Unit 15:	Assisting the Clinician in the Initial Care of the Trauma Patient	105
Unit 16:	Care for the Elderly	115
Unit 17:	Major Incidents involving Emergency Carers	119
Unit 18:	Extrication of Patients from Vehicles and Light Rescue	125
Unit 19:	Special Procedures for Hazardous Substances	131
Unit 20:	Support the Emergency Care of People with Learning Disabilities	137
Unit 21:	Prepare Environments and Resources for Use during Healthcare Activities	143
Unit 22:	Causes and Spread of Infection	151
Unit 23:	Contribute to the Care of a Deceased Person	157
Unit 24:	Handle Information in Health and Social Care Settings	163

Unit 25:	Contribute to Health and Safety in Health and Social Care	167
Unit 26:	Assist in the Administration of Medication	177
Unit 27:	Understand Mental Health Problems	187
Unit 28:	Assist the Practitioner to Carry out Health Care Activities	193

# **Unit 1: The Role of the Health and Social Care Worker**

**Unit reference number:** J/601/8576

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 14

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## **Unit aim**

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to understand the nature of working relationships, work in ways that are agreed with the employer and work in partnership with others.

## **Unit introduction**

The unit covers the context of the working environment, ensuring an awareness of the working environment, job specification, and need for partnership working. Ambulance crews are unique in role, and therefore sometimes other healthcare professions may have misunderstandings about their scope of practice, or job roles, and friction may occur. This unit will provide an underpinning theoretical model, and suggest ways to resolve concerns.

## **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand working relationships in health and social care	1.1 Explain how a working relationship is different from a personal relationship  1.2 Describe different working relationships in health and social care settings
2 Be able to work in ways that are agreed with the employer	2.1 Describe why it is important to adhere to the agreed scope of the job role  2.2 Access full and up-to-date details of agreed ways of working  2.3 Implement agreed ways of working
3 Be able to work in partnership with others	3.1 Explain why it is important to work in partnership with others  3.2 Demonstrate ways of working that can help improve partnership working  3.3 Identify skills and approaches needed for resolving conflicts  3.4 Demonstrate how and when to access support and advice about: <ul style="list-style-type: none"> <li>• partnership working</li> <li>• resolving conflicts</li> </ul>

## Unit content

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### 1 Understand working relationships in health and social care

*Personal relationships involve:* trust, care, time spent knowing each other, celebrating/sharing interests and understanding/respecting/accepting differences

*Professional relationships involve:* friendliness, helpfulness, flexibility, teamwork (working together to achieve a common goal, cooperation), listening to each other's ideas; a task/goal that people are working together to complete and achieve eg improving the health of the patient, saving a life, providing reassurance to concerned relatives

*Types of working relationships in health and social care settings:* professional relationships between healthcare workers and their team; foster relations with managers and the organisation; build professional relationships with patients and relatives

### 2 Be able to work in ways that are agreed with the employer

*Scope of the job role:* set of skills that healthcare providers are trained and authorised to do; scope of practice is usually contained within a job description and post outline, but it is the responsibility of the employee to familiarise themselves with the local and national expectations; a scope of practice is broadly legislated by the national regulatory body for the profession, but is also underpinned by national legislative statute; amendments to scope of practice can be made by local NHS trusts eg an emergency care assistant may be trained to suture in one Trust, but in another Trust where suturing is not in the scope of practice the emergency care assistant would not be able to use that skill even if trained in it

*Adherence to scope of job role:* an individual should always try not to work beyond their scope of practice; where they are tempted to step outside of their role they should seek advice and assistance from somebody more senior

*Agreed ways of working:* include policies and procedures where these exist; they may be less formally documented with micro-employers; assistants are expected to work assisting the paramedic in decisions; many employers utilise clinical guidelines to make this easier; national guidelines eg the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) produce these guidelines biannually since 2000; the Health Professions Council (HPC) requires paramedics to enter a Professional register before being allowed to work autonomously

*Implement agreed ways of working:* eg responding to emergency calls as part of an accident and emergency crew or at times as a first responder, using skills and procedures that ECAs have been trained and directed to do; helping to move patients safely and observing patient vital signs – reporting any changes to the qualified clinician – and providing and taking relevant information from carers or others at the scene; working in shifts; going out in all types of weather at all hours, sometimes working in difficult conditions such as in confined spaces or on a motorway; driving a range of ambulance service trust vehicles under normal and emergency circumstances and carrying out checks to vehicles at the

start of and during each shift, to make sure they are clean, have fuel and are appropriately stocked; using all of the medical and life support equipment carried on vehicles that is appropriate to their skill level, and knowing how to assist a qualified paramedic; making sure that equipment is carefully stored, transported and cared for so that it is always in good working order; completing relevant documentation, being familiar with and using communication equipment (including radios and telephones) to update colleagues; working effectively as part of a larger team of people, including other ambulance service personnel (such as line managers and control room staff), other healthcare staff (such as doctors) and representatives from other emergency services – including the fire and police services

### 3 **Be able to work in partnership with others**

*Others may include:* team members and colleagues; other professionals; individuals who require care or support; families, friends, advocates or others who are important to individuals

*Why it is important to work in partnership with others:* awareness that lack of close partnership with others involved in an episode of care may lead to mistakes that may ultimately cause damage to the patients' health; agencies who aim to protect a patients' needs (in the UK these include the regulatory bodies, but also government agencies such as the National Patient Safety Agency, or Counter Fraud and Security Management Service); healthcare workers should try to ensure that they have the patients' best interests in mind at all times; healthcare workers will often be required to act as patient advocates

*Ways of working that can help improve partnership working:* knowing and trusting colleagues; asking for help; using empathy; shadowing work colleagues; training and development

*Skills and approaches needed for resolving conflicts:* eg the four-step approach

- Step one: self interests. Each participant articulates his or her view of key problems, issues, and options. They are encouraged to actively listen, question, and interact with one another.
- Step two: enlarged interests. The participants reframe their understanding of current problems and possible options with a wider perspective, based on the integrative listening and confidence-building that occurred in step one.
- Step three: enlightened interests. The group is ready to engage in innovative thinking and problem solving, generating ideas and perspectives that had not previously been considered.
- Step four: aligned interests. Participants build common ground perspectives, priorities, action items, agreement, or plans for moving forward. Depending on the scope of the intended objectives, at this point they recognise the tangible contributions and opportunities accomplished through the meeting.

*How and when to access support and advice:* about partnership working and resolving conflict; partnership working: from line managers/peers and others; where anxieties still exist they should be aware that assistance can be given by unions, and local support networks; conflict resolution training: attendance is perceived as mandatory for all involved directly in patient care

## Essential guidance for tutors

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### Delivery

Delivery of this unit is likely to include some tutor input to enable learners to develop knowledge of the underlying principles of healthcare. Learners should be encouraged to draw on their own work experience understanding fully the scope and limitations as well as the responsibilities of the role of the emergency care assistant.

### Assessment

This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles (see *Annexe C*). Learning outcomes 2 and 3 must be assessed in a real work environment.

This unit could be assessed by learners producing a commentary of their job description and of the organisation of their department and the working relationships therein. Assessment that requires demonstration of skills should be assessed through observation and witness testimony by a qualified colleague.

### Essential resources

Blaber A – *Foundations for Paramedic Practice: A Theoretical Perspective* (Open University Press, 2008) ISBN 978-0335222896

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett Publishers, 2009) ISBN 978-0763775391

### Indicative resource materials

#### Websites

[www.hpc-uk.org/assets/documents/1000051CStandards\\_of\\_Proficiency\\_Paramedics.pdf](http://www.hpc-uk.org/assets/documents/1000051CStandards_of_Proficiency_Paramedics.pdf)

Health Professions Council Paramedic Standards of Proficiency

[www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf](http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf)

Health Professions Council Standards of Conduct, Performance and Ethics





## **Unit 2:** **Introduction to Duty of Care in Health, Social Care or Children's and Young People's Settings**

**Unit reference number:** H/601/5474

**Level:** 2

**Credit value:** 1

**Guided learning hours:** 9

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### **Unit aim**

This unit is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. It introduces the concept of duty of care and awareness of dilemmas or complaints that may arise where there is a duty of care.

### **Unit introduction**

Duty of care is a significant component of patient care and is imperative in the role of all healthcare professionals. Without duty of care, a patient could be left vulnerable or at risk, a situation which is unacceptable in modern healthcare. This unit is designed to highlight key principles surrounding duty of care, touch upon legislation and offer the learner tools to ensure that dilemmas faced around duty of care issues can be dealt with as a healthcare worker caring for a patient.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand the implications of duty of care	1.1 Define the term 'duty of care' 1.2 Describe how the duty of care affects own work role
2 Understand support available for addressing dilemmas that may arise about duty of care	2.1 Describe dilemmas that may arise between the duty of care and an individual's rights 2.2 Explain where to get additional support and advice about how to resolve such dilemmas
3 Know how to respond to complaints	3.1 Describe how to respond to complaints 3.2 Identify the main points of agreed procedures for handling complaints

## Unit content

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### 1 Understand the implications of duty of care

*Duty of care:* absolute responsibility of a healthcare professional to treat and care for a patient with a reasonable degree of skill and care

*Duty of care and the emergency care assistant:* understand that healthcare professionals have a duty of care; duty of care also exists for anybody who plays a part in the care of an individual such as emergency care assistants and healthcare assistants; be aware that patients with capacity to consent can go against advice provided to them by a healthcare provider

### 2 Understand support available for addressing dilemmas that may arise about duty of care

*Duty of care and dilemmas faced by healthcare providers:* eg patients with capacity declining medical aid; patients with capacity withdrawing consent for interventions, referrals and transportation; patients without capacity who refuse aid, clinical intervention, referrals and transportation; referral services available within working geographical area; variations of services offered within health trust dependant upon geographical area (particularly applies to large ambulance trusts who cover different PCTs)

*Support to staff surrounding duty of care:* local policy and procedure in relation to support available eg telephone advice with on-call senior clinician, local management teams; be aware of legislation and national best practice (JRCALC guidelines)

### 3 Know how to respond to complaints

*Complaint management:* local policy and procedure in relation to complaints management within individual services

## Essential guidance for tutors

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### Delivery

Delivery of this unit should be undertaken by a suitably qualified tutor with experience in duty of care and potential issues surrounding duty of care. It may be suitable to engage the learners in a group discussion exploring their understanding of what duty of care actually means. The tutor may wish to provide examples from their previous experience in order to ensure the learner is acutely aware of the importance of duty of care and its implications. Students should have access to local policy and procedures in place. Duty of care is a large topic area; it is imperative that the learner understands that all healthcare workers including emergency care assistants have a duty of care to the patients they care for.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Assessment could include multiple choice or short answer case studies surrounding duty of care issues, on-going assessment within training centre in the form of high fidelity simulations ensuring appropriate referral of patients. Learners could also provide evidence of further operational development in the form of a portfolio.

### Essential resources

*IHCD Basic Training Manual*, section 3 (Edexcel Publications, 2007)

*JRCALC Ambulance Service Clinical Practice Guidelines* (2006), Ethical Issues

Appropriate local policies and guidelines

### Indicative resource materials

#### Textbook

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett Publishers International, 2008) ISBN 978-0763750572

## **Unit 3: Introduction to Personal Development in Health, Social Care or Children's and Young Peoples' Settings**

**Unit reference number:** L/601/5470

**Level:** 2

**Credit value:** 3

**Guided learning hours:** 23

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### **Unit aim**

This unit is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The unit introduces the concepts of personal development and reflective practice which are fundamental to such roles, and ways to implement these.

### **Unit introduction**

The healthcare working environment is one which develops and changes on a very frequent basis, as such practices develop and change. It is important that healthcare workers ensure currency, and reflect upon their own practices in order to develop their own practices in line with current teaching and expectations. With this constant development, the patients whom the healthcare worker encounters would receive high quality and current clinical care, meeting the needs of the patient. This unit is designed to look at the learner's own experiences ensuring they understand the roles and responsibilities of the emergency care assistant. Once the learner is fully happy with their role the unit ensures that the learner is aware of practice which will ensure they can undertake their roles and responsibilities, including learning, reflection and receiving feedback. This unit is also designed to ensure that the learner has the tools to constantly develop themselves as healthcare workers.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand what is required for competence in own work role	1.1 Describe the duties and responsibilities of own role 1.2 Identify standards that influence the way the role is carried out 1.3 Describe ways to ensure that personal attitudes or beliefs do not obstruct the quality of work
2 Be able to reflect on own work activities	2.1 Explain why reflecting on work activities is an important way to develop knowledge, skills and practice 2.2 Assess how well own knowledge, skills and understanding meet standards 2.3 Demonstrate the ability to reflect on work activities
3 Be able to agree a personal development plan	3.1 Identify sources of support for own learning and development 3.2 Describe the process for agreeing a personal development plan and who should be involved 3.3 Contribute to drawing up own personal development plan
4 Be able to develop own knowledge, skills and understanding	4.1 Show how a learning activity has improved own knowledge, skills and understanding 4.2 Show how reflecting on a situation has improved own knowledge, skills and understanding 4.3 Show how feedback from others has developed own knowledge, skills and understanding 4.4 Show how to record progress in relation to personal development

## Unit content

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### 1 Understand what is required for competence in own work role

*Emergency care assistant duties and responsibilities:* eg ensuring vehicle and equipment is fully serviceable and in good working order, station duties, documentation practices, communication practices to include colleagues, control rooms and other partnership organisations, working practice in line with local policy and procedure/codes of practice; to practise to the level of clinical training recognising own limitations and who to contact to offer support and guidance; remain current with latest education and training practices

*Standards influencing role:* knowledge of different standards which influence the way the emergency care assistant role is carried out (standards should include local policy and procedure including local codes of practice); national standards eg JRCALC guidelines, NICE guidelines, CQC accepted practices

*Standards may include:* codes of practice, regulations, minimum standards, national occupational standards

*Personal factors:* the importance of self reflection to ensure that personal attitudes or beliefs do not obstruct the roles and responsibilities for the emergency care assistant; an appreciation of cultural and religious differences

### 2 Be able to reflect on own work activities

*Importance of reflection:* reflection develops an individual's knowledge, skills and practice in numerous ways eg considering own practice to then compare it to expected local and national practices; looking at the practice of others to consider both positive and negative experiences to adopt into own practice; reflecting on encounters assessing their effectiveness and then considering how adaptation may help improve future encounters (encounters to include patients, colleagues, external partnership organisations etc)

*Demonstrate ability to reflect:* different reflection techniques in order to find a technique which is appropriate for the individual to use eg Gibbs Cycle of Reflection

### 3 Be able to agree a personal development plan

*Sources of support in own learning:* face-to-face interactions eg colleagues, line managers, local training teams, external partnership organisations; technology eg a virtual learning environment (VLE), DVD videos, telephone/email advice and guidance

*Sources of support may include:* formal support, informal support, supervision, appraisal, within the organisation, other professionals

*Personal Development Plans:* knowledge of local policy and procedure in relation to personal development plans, what constitutes a PDP, how frequently a PDP is reviewed, who conducts the PDP, any mentors or portfolio requirements of the individual in order to complete their PDP

*Personal development plan contents:* agreed objectives for development, proposed activities to meet objectives, timescales for review etc

*Who should be involved may include:* the individual, carers, advocates, supervisor/line manager/or employer

#### 4 **Be able to develop own knowledge, skills and understanding**

*How learning, reflecting and feedback develop the individual:* know how to evidence learning, reflection and feedback activities which have been undertaken in order to develop own knowledge, skills and understanding

*How to record progress:* eg portfolio including certificates of attainment, reflective accounts, question and answer sessions, documented feedback following quality assurance ride outs or operational assessments etc



## Essential guidance for tutors

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### Delivery

This session should be delivered by a suitably qualified tutor who has experience in staff management and has a good working knowledge of local policy and procedure, national codes of practice and local staff development. Delivery of this unit could include discussion of learners' previous experiences/perception of learning and development following formal learning. The unit should cover local policies, procedure and practices within the organisation and must prepare the learner for demonstrating continued learning and development.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Learning outcome 1 could be assessed in the form of student participation within the taught session, aural question and answers. Learning outcomes 2, 3 and 4 must be assessed in a real work environment through, for example, portfolio of evidence, operational assessment ride outs, peer review.

### Essential resources

*IHCD Basic Training Manual* (Edexcel Publications, 2007)

Local policy and procedure

*The NHS Knowledge and Skills Framework (KSF)* (Department of Health, 2004)



## **Unit 4:** **Introduction to Equality and Inclusion in Health, Social Care or Children's and Young People's Settings**

**Unit reference number:** R/601/5471

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

This unit is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The unit introduces the concepts of equality, diversity and inclusion which are fundamental to such roles.

### **Unit introduction**

This unit introduces the concepts of equality, diversity, inclusion, discrimination and the legislation that it supports. The learner will also understand how this will influence their working practice. This will enable them to work in an inclusive way, show interaction with others and respect their beliefs and cultures. It will also give them the skills required to access information, advice and support about diversity, equality and inclusion.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand the importance of equality and inclusion	<p>1.1 Explain what is meant by:</p> <ul style="list-style-type: none"> <li>• diversity</li> <li>• equality</li> <li>• inclusion</li> <li>• discrimination</li> </ul> <p>1.2 Describe ways in which discrimination may deliberately or inadvertently occur in the work setting</p> <p>1.3 Explain how practices that support equality and inclusion reduce the likelihood of discrimination</p>
2 Be able to work in an inclusive way	<p>2.1 Identify which legislation and codes of practice relating to equality, diversity and discrimination apply to own role</p> <p>2.2 Show interaction with individuals that respects their beliefs, culture, values and preferences</p> <p>2.3 Describe how to challenge discrimination in a way that encourages change</p>
3 Know how to access information, advice and support about diversity, equality and inclusion	<p>3.1 Identify a range of sources of information, advice and support about diversity, equality and inclusion</p> <p>3.2 Describe how and when to access information, advice and support about diversity, equality and inclusion</p>

## Unit content

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### 1 Understand the importance of equality and inclusion

*Equality:* the need to treat all people fairly and give fair chances, not treating everyone in the same way but being able to recognise that needs are met in different ways

*Diversity:* recognise value and manage difference; enable all employees to contribute and realise their full potential; the challenges of diversity; recognise and value all sorts of differences in order to make working practices better

*Inclusion:* recognising that people come from different backgrounds, and understanding their different needs; this will include, age, disability, gender, sexual orientation, race and ethnicity, religion or belief

*Discrimination:* eg age, someone who is older may be overlooked for someone younger, gender; women in a male environment may be overlooked

*Terminology:* eg equality, equity, diversity, rights, stereotyping, racism, sexism, homophobia, discrimination

### 2 Be able to work in an inclusive way

*Legislation and codes of practice:* relating to age, disability, gender, sexual orientation, race, religion or belief; codes of practice, codes of conduct established by professional bodies, General Social Care Council, organisational policies and procedures

*Bases of discrimination:* culture, disabilities, age, social class, gender, family status

*Respectful interaction:* promote anti-discriminatory practice; provide active support consistent with beliefs, culture and preferences of the individual; supporting individuals to express their needs; empowering individuals; balancing individual rights with the rights of others, dealing with conflicts

*Challenging discrimination to encourage change:* eg by recognizing destructive behaviour and taking action to deal with it; talking things through and explaining destructive forms of behaviour won't be tolerated; encouraging people to look at things in a different way

**3 Know how to access information, advice and support about diversity, equality and inclusion**

*Range of sources:* eg relevant sections from European Convention on Human Rights, Sex Discrimination Act 1975, Mental Health Act 1983, The Convention on the rights of the Child 1989, The Children Act 2004, Disability Discrimination Act 2005, Human Rights Act 1998, Mental Capacity Act 2005; organisational policies and procedures, positive promotion of individual rights, and work practices

*How to access information, advice, support:* use of internet to access legislation and regulations

*When to access information, advice, support:* eg as well as other colleagues, managers and HR managers, listeners, unions and welfare representatives who can be contacted for advice if needed, the internet also has all the information that is required

## Essential guidance for tutors

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### Delivery

This unit will require input from a suitably qualified tutor, who has experience in equality and diversity. Learners will need guidance in exploring the areas covered by this unit, and some structured teaching will be needed. Work experience may help learners to understand the importance of the issues raised in this unit. Other delivery options could include group discussions, peer discussion and project work, theory-based lectures and role play. Learners should be encouraged to improve their own self-awareness, reflecting on their own personal beliefs and considering their prejudices, including potential influences on these. Learners may need to be supported in the challenge of some of their own beliefs and prejudices, but they need to be aware that this is an important part of their personal development, and also an important part of preparation for professional life within the health sector.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Learning outcome 2 must be assessed in a real work environment. Evidence of this unit should be mainly in the form of essays and reflective practice, explaining the benefits of diversity to society. Case studies could also be used to evidence this unit, along with short answer and multiple choice question papers and producing evidence of continuing professional development (CPD).

### Essential resources

- A qualified tutor
- Case study materials
- Work placements
- Library resources
- National and local policies and procedures

### Indicative resource materials

#### Textbooks

*Change your mindset*, an activity pack for youth groups about discrimination and mental health (Department of Health, 2003)

Clements P and Jones J – *The Diversity Training Handbook: A Practical Guide to Understanding and Changing Attitudes* (Kogan Page, 2002) ISBN 978-0749437220

Moonie N – *Diversity and Rights in Care* (Heinemann, 2004) ISBN 978-0435401269

#### Journal

*Journal of Paramedic Practice*

### **Websites**

<a href="http://www.bcodp.org.uk">www.bcodp.org.uk</a>	British Council for Disabled People
<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>	Department of Health
<a href="http://www.equalityhumanrights.com">www.equalityhumanrights.com</a>	Equality and Human Rights Commission
<a href="http://www.parliament.uk">www.parliament.uk</a>	UK Parliament website for information on legislation
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Sector Skills Council for Health
<a href="http://www.skillsforcareanddevelopment.org.uk">www.skillsforcareanddevelopment.org.uk</a>	Sector Skills Council for Care and Development



## **Unit 5:**

# **Introduction to Communication in Health, Social Care or Children's and Young People's Settings**

**Unit reference number:** F/601/5465

**Level:** 2

**Credit value:** 3

**Guided learning hours:** 23

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### **Unit aim and purpose**

This unit is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The unit introduces the central importance of communication with a range of people in such settings, and ways to reduce barriers to communication. It also addresses the issue of confidentiality.

### **Unit introduction**

Communication ensures the effective operation of a service. The skills of communication are also vital in attending to the needs of patients whom healthcare workers encounter. This unit draws upon the experiences of the learner and is designed to provoke thought and reflection in their own communication techniques with the aim of improving awareness around the key features surrounding communication.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand why communication is important in the work setting	1.1 Identify different reasons why people communicate 1.2 Explain how effective communication affects all aspects of own work 1.3 Explain why it is important to observe an individual's reactions when communicating with them
2 Be able to meet the communication and language needs, wishes and preferences of individuals	2.1 Find out an individual's communication and language needs, wishes and preferences 2.2 Demonstrate communication methods that meet an individual's communication needs, wishes and preferences 2.3 Show how and when to seek advice about communication
3 Be able to reduce barriers to communication	3.1 Identify barriers to communication 3.2 Demonstrate how to reduce barriers to communication in different ways 3.3 Demonstrate ways to check that communication has been understood 3.4 Identify sources of information and support or services to enable more effective communication
4 Be able to apply principles and practices relating to confidentiality at work	4.1 Explain the term 'confidentiality' 4.2 Demonstrate confidentiality in day to day communication, in line with agreed ways of working 4.3 Describe situations where information normally considered to be confidential might need to be passed on 4.4 Explain how and when to seek advice about confidentiality

## Unit content

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### 1 Understand why communication is important in the work setting

*Different forms of communication:* verbal; non-verbal; body language; passive listening; active listening; facial expression; touch or physical contact; symbols; pictures or diagrams; signs; written; one-to-one; group; formal; informal

*Why people communicate:* the need to pass information to an individual or a group of individuals; information sharing with colleagues/peers; communicating with different departments; multi-agency working; communication to a person in our care in order to illicit information, gain consent and provide reassurance.

*The importance of effective communication within the workplace:* without effective communication errors or omissions may occur whilst caring for another individual; with effective communication there is understanding between colleagues and those whom we are caring for; effective communication aids in gaining informed consent from those whom we are caring for; organisational effectiveness relies on good quality two-way communication

*Identifying 'red flags' in communication:* observation of a person's appearance, body language and response to communication; visible features of stress; visible features of a person's lack of comprehension and understanding

### 2 Be able to meet the communication and language needs, wishes and preferences of individuals

*Communication methods may include:* non-verbal communication (eye contact, touch, physical gestures, body language, behaviour); verbal communication (vocabulary, linguistic tone, pitch); technological aids

*Preferences may be based on:* beliefs, values, culture

*How to seek advice:* eg direct line manager, language line, relatives/friends

*When to seek advice:* eg if communication is not effective, unable to gain informed consent, difficult to explain procedures

### 3 Be able to reduce barriers to communication

*List barriers and factors affecting communication:* eg sensory deprivation, foreign language, jargon, slang, dialect, the use of acronyms; cultural differences; emotional tension/distress; disabilities; environmental factors; misinterpretation of messages; differing humour; inappropriate behaviour; aggression; feelings of isolation

*Ways of overcoming communication barriers:* adaptation of the environment; understanding language needs and preferences; using an individual's preferred spoken language to communicate with them; active listening; body language; eye contact; proximity; allowing time for effective communication; repeating the message; getting individuals to repeat the message; the use of alternative forms of communication such as sign language, lip-reading, use of signs, symbols, pictures and writing; using human advocates, interpreters, translators and signers.

*Services may include:* translation services, interpreting services, speech and language services, advocacy services

### 4 Be able to apply principles and practices relating to confidentiality at work

*Confidentiality:* the principles of patient confidentiality and the legal responsibilities of an emergency care assistant in respect of current legislation eg responsibilities under data protection legislation; principles of sharing information on a 'need to know' basis in order to protect patients and clients; Caldicott Principles, compliance procedures and the security of the patient record

*Agreed ways of working:* include policies and procedures where these exist

*Situations where it is acceptable practice to share confidential information:* eg for the protection of vulnerable adults, for the protection of vulnerable children, to prevent risk of life, when sharing information in the best interests of the patient in the event of a lack of capacity

*Key personnel within the organisation with responsibilities of information sharing:* eg Caldicott Guardian, data protection officer; direct line manager(s)

*How to seek advice:* eg direct line manager, Caldicott Guardian, policy and procedure, language line

*When to seek advice:* eg in the event of language/communication barriers affecting patient care (eg unable to gain consent, explain procedures etc)

## Essential guidance for tutors

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### Delivery

This unit draws upon the experiences of the learner and is designed to provoke thought and reflection in their own communication techniques with the aim of improving awareness around the key features surrounding communication. The unit should be facilitated by a qualified tutor with learners engaged in discussion throughout the unit.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Learning outcome 1 could be assessed by the session tutor/facilitator ensuring that the key principles are understood by each learner. Learning outcomes 2, 3 and 4 must be assessed in a real work environment and as such could be assessed through portfolio or 1:1 assessment and feedback within the work environment.

### Essential resources

*IHCD Basic Training Manual*, section 2 (Edexcel Publications, 2007)

### Indicative resource materials

#### Textbooks

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett Publishers International, 2008) ISBN 978-0763750572

Douglas G, Nicol F and Robertson C – *Macleod's Clinical Examination* (Churchill Livingstone, 2009) ISBN 978-0443068485



## **Unit 6: Principles of Safeguarding and Protection in Health and Social Care**

**Unit reference number:** A/601/8574

**Level:** 2

**Credit value:** 3

**Guided learning hours:** 26

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### **Unit aim**

This unit is aimed at those working in a wide range of settings. This unit introduces the important area of safeguarding individuals from abuse. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. It considers when individuals might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

### **Unit introduction**

This unit covers the context of safeguarding and ensuring an awareness of the types of abuse and situations that ambulance crews may be confronted with. Ambulance crews are unique in their role, since they are often invited into people's homes, and are witnesses to many things which other healthcare workers may never see. This unit provides an underpinning theoretical model of safeguarding, and suggests ways to resolve concerns.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know how to recognise signs of abuse	1.1 Define the following types of abuse: <ul style="list-style-type: none"> <li>• physical abuse</li> <li>• sexual abuse</li> <li>• emotional/psychological abuse</li> <li>• financial abuse</li> <li>• institutional abuse</li> <li>• self-neglect</li> <li>• neglect by others</li> </ul> 1.2 Identify the signs and/or symptoms associated with each type of abuse 1.3 Describe factors that may contribute to an individual being more vulnerable to abuse
2 Know how to respond to suspected or alleged abuse	2.1 Explain the actions to take if there are suspicions that an individual is being abused 2.2 Explain the actions to take if an individual alleges that they are being abused 2.3 Identify ways to ensure that evidence of abuse is preserved
3 Understand the national and local context of safeguarding and protection from abuse	3.1 Identify national policies and local systems that relate to safeguarding and protection from abuse 3.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse 3.3 Identify reports into serious failures to protect individuals from abuse 3.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse



Learning outcomes	Assessment criteria
4 Understand ways to reduce the likelihood of abuse	<p>4.1 Explain how the likelihood of abuse may be reduced by:</p> <ul style="list-style-type: none"> <li>• working with person-centred values</li> <li>• encouraging active participation</li> <li>• promoting choice and rights</li> </ul> <p>4.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse</p>
5 Know how to recognise and report unsafe practices	<p>5.1 Describe unsafe practices that may affect the wellbeing of individuals</p> <p>5.2 Explain the actions to take if unsafe practices have been identified</p> <p>5.3 Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response</p>

## Unit content

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### 1 Know how to recognise signs of abuse

*Physical abuse:* punching, beating, kicking, biting, burning, shaking, or otherwise harming a child/adult physically; non-accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state

*Signs and symptoms of physical abuse:* series of unexplained falls or major injuries; injuries/bruises at different stages of healing; bruising in unusual sites eg inner arms, thighs, abrasions; teeth indentations; injuries to head or face; client very passive

*Sexual abuse:* involvement of a vulnerable adult/child in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violate the individual's expressed cultural or religious preferences, sexual taboos, or family custom and practice

*Signs and symptoms of sexual abuse:* change in behaviour; overt sexual behaviour or language; difficulty in walking, sitting; injuries to genital and/or anal area

*Emotional/psychological abuse:* includes acts of commission or omission by the parents and other caregivers that could cause the child to have serious behavioural, emotional, or mental disorders; adults can find abuse in spousal relationships; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; withholding affection; shouting

*Signs and symptoms of emotional/psychological abuse:* withdrawal; depression; cowering and fearfulness; change in sleep patterns; agitation; confusion; change in behaviour; change in appetite/weight

*Financial abuse:* eg cashing cheques without authorisation or permission; forging a person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving a person into signing a document (eg contracts or a will); improper use of conservatorship, guardianship, or power of attorney

*Signs and symptoms of financial abuse:* unpaid bills; basic needs not being met; lack of cash on day-to-day basis

*Institutional abuse:* can occur in a care home, nursing home, acute hospital or in-patient setting and there can be several types of abuse; the collective failure of an organisation to provide an appropriate and professional service to vulnerable people; can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping; includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs

*Signs and symptoms of institutional abuse:* poor care standards; lack of positive responses to complex needs; rigid routines; inadequate staffing; insufficient knowledge base within service

*Self-neglect:* behaviours of a person that threaten their own health or safety; generally manifests itself as: a refusal or failure to provide themselves with adequate food, water, clothing, shelter, and safety; refusal or failure to maintain personal hygiene; misuse of medications or mixing medications with alcohol

*Neglect by others:* includes neglect of a child eg the failure to provide for the shelter, safety, supervision and nutritional needs of the child; may also be physical, educational, or emotional neglect

*Signs and symptoms of neglect:* absence of food, heat, hygiene, clothing, comfort; preventing client having access to services; isolation; absence of prescribed medication

*Factors that may contribute to an individual being more vulnerable to abuse:* family history eg marital violence, previous child abuse, previous relationship difficulties; family problems eg housing, financial, employment, lack of support, lack of respite; individual unmet needs eg lack of appropriate opportunities for the experience of all types of personal relationships; organisational factors eg weak or oppressive management, inadequate staffing (numbers, competence); alcoholism, mental illness, stress, chronic fatigue, conflicting demands of other family members

## 2 Know how to respond to suspected or alleged abuse

*The actions to take:* constitute the learner's responsibilities in responding to allegations or suspicions of abuse; include actions to take if the allegation or suspicion implicates a colleague, someone in the individual's personal network, the learner, the learner's line manager, others

*Actions to take if there are suspicions that an individual is being abused:* considering if the police are needed to protect the person or removing the patient in an ambulance to treat them; always informing the line manager and making a note of own concerns, what has happened, and any action you have taken; noting NHS trust local policy and methods of reporting; not starting to investigate the situation or confronting the person thought responsible for the abuse or destroying any evidence

*Actions to take if an individual alleges that they are being abused:* ensuring the immediate safety of the service user – if there is a major injury, appropriate healthcare should be arranged (eg an ambulance, accident and emergency department); informing police immediately where it appears that there may have been a criminal offence; ensuring that any evidence of abuse is kept safe and free from contamination; contacting line manager so that the matter can be reported in accordance with the agency's policy and procedures; recording all the details of the abuse concerns clearly and factually as soon as possible; physical injuries should be recorded on a patient record/body map

*Preserving evidence:* to enable the police to investigate effectively it is crucial that evidence is preserved; what is done or not done, in the time prior to police arriving on the scene, may make all the difference to their investigation; when dealing with allegations of financial abuse or other irregularities, documentation should not be removed or altered in any way

### 3 Understand the national and local context of safeguarding and protection from abuse

*National and local policies that relate to safeguarding and protection from abuse:* local policy will be in place within all areas of health and social care and will include how to make a safeguarding referral, who to contact and within what time period; current relevant policy and legislation related to safeguarding adults and to child protection

*Local systems may include:* employer/organisational policies and procedures, multi-agency adult protection arrangements for a locality

*Roles of different agencies in safeguarding and protecting individuals from abuse:* brief details of locally relevant agencies

*Reports into serious failures to protect individuals from abuse:* eg *The Protection of Children in England: A Progress Report* (2009), Lord Laming; *Healthcare for All – Independent Inquiry into Access to Healthcare for People with Learning Disabilities*, Sir Jonathan Michael (2008); Victoria Climbié in 2003; Baby P in 2009

*Sources of information and advice about own role in safeguarding and protecting individuals from abuse:* NHS Trusts have appointed a safeguarding lead; many NHS Trusts have sections within their intranet which advise staff about their responsibilities and roles

### 4 Understand ways to reduce the likelihood of abuse

*Likelihood of abuse may be reduced by:* person-centered healthcare eg respect, choice and empowerment, patient involvement in health policy, access and support, information

*Person centred values include:* individuality, rights, choice, privacy, independence, dignity, respect, partnership

*Active participation:* a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient

*Accessible complaints procedure for reducing the likelihood of abuse:* which enables confidential reporting and suitable advice and guidance

## 5 **Know how to recognise and report unsafe practices**

*Unsafe practices:* poor working practices, resource difficulties, operational difficulties

*Actions required:* using established processes and procedures to challenge and report dangerous, abusive, discriminatory or exploitative behaviour and practice; following practice and procedures designed to keep themselves and other people safe from violent and abusive behaviour at work; bringing to the attention of employer or the appropriate authority the resource or operational difficulties that might get in the way of the delivery of safe care; informing employer or an appropriate authority where the practice of colleagues may be unsafe or adversely affecting standards of care; complying with employers' health and safety policies including those relating to substance abuse; helping service users and carers to make complaints, taking complaints seriously and responding to them or passing them to the appropriate person

## Essential guidance for tutors

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### Delivery

Delivery of this unit is likely to include some tutor input to enable learners to develop knowledge of the underlying principles of safeguarding.

Learners should explore their local intranet for safeguarding advice and seek assistance from local safeguarding managers. Group discussions and familiarisation with referral paperwork will be useful.

The sensitive nature of this unit means that advice and guidance facilities should be available to learners throughout the delivery of this unit.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Assessment of this unit will mostly be through witness testimony, video or taped evidence of demonstration of skills. Assessors should be confident of learner competence in assessment. Assessment criteria requiring description could be tested by assignment and it would be valuable for learners to retain information for future practice.

### Essential resources

Blaber A – *Foundations for Paramedic Practice: A Theoretical Perspective* (Open University Press, 2008) ISBN 978-0335222896

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett Publishers International, 2008) ISBN 978-0763750572

Greaves I, Porter K et al – *Emergency Care: A Textbook for Paramedics* (Saunders, 2005) ISBN 978-0702025860

JRCALC guidelines (2006): <http://www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines>

Michael, Sir J – *Healthcare for all – Independent Inquiry into Access to Healthcare for People with Learning Disabilities* (Department of Health, 2008)

Victoria Climbié enquiry report: *Every Child Matters*

<http://publications.education.gov.uk/eOrderingDownload/CM-5730PDF.pdf>

### Indicative resource materials

#### Websites

Local service intranet

[www.haringeyscbs.org/index/news/executive\\_summary\\_peter\\_final.pdf](http://www.haringeyscbs.org/index/news/executive_summary_peter_final.pdf)

Baby P Report: Haringey Local Safeguarding Children Board, Serious Case Review 'Child A' – Executive Summary

## Unit 7: The Principles of Infection Prevention and Control

**Unit reference number:** L/501/6737

**Level:** 2

**Credit value:** 3

**Guided learning hours:** 30

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### Unit aim

This unit aims to introduce learners to national and local policies in relation to infection control and to explain employer and employee responsibilities in this area.

### Unit introduction

Infection control has become an increasingly important factor in the provision of care for vulnerable individuals. The national media have highlighted the effects of substandard provision in some areas of the health and care services, and the need for more efficient control and prevention of infection.

This unit will help learners understand how procedures and risk assessment can help minimise the risk of an outbreak of infection. Learners will also gain an understanding of how to use personal protective equipment (PPE) correctly and the importance of personal hygiene. On completion of this unit, learners will be better equipped to deal with potential hazards and risks to health presented by infections in a variety of workplace settings.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand roles and responsibilities in the prevention and control of infections	1.1 Explain employees' roles and responsibilities in relation to the prevention and control of infection  1.2 Explain employers' responsibilities in relation to the prevention and control of infection
2 Understand legislation and policies relating to prevention and control of infections	2.1 Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection  2.2 Describe local and organisational policies relevant to the prevention and control of infection
3 Understand systems and procedures relating to the prevention and control of infections	3.1 Describe procedures and systems relevant to the prevention and control of infection  3.2 Explain the potential impact of an outbreak of infection on the individual and the organisation
4 Understand the importance of risk assessment in relation to the prevention and control of infections	4.1 Define the term risk 4.2 Outline potential risks of infection within the workplace 4.3 Describe the process of carrying out a risk assessment 4.4 Explain the importance of carrying out a risk assessment



Learning outcomes	Assessment criteria
<p>5 Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections</p>	<p>5.1 Demonstrate correct use of PPE</p> <p>5.2 Describe different types of PPE</p> <p>5.3 Explain the reasons for use of PPE</p> <p>5.4 State current relevant regulations and legislation relating to PPE</p> <p>5.5 Describe employees' responsibilities regarding the use of PPE</p> <p>5.6 Describe employers' responsibilities regarding the use of PPE</p> <p>5.7 Describe the correct practice in the application and removal of PPE</p> <p>5.8 Describe the correct procedure for disposal of used PPE</p>
<p>6 Understand the importance of good personal hygiene in the prevention and control of infections</p>	<p>6.1 Describe the key principles of good personal hygiene</p> <p>6.2 Demonstrate good hand washing technique</p> <p>6.3 Describe the correct sequence for hand washing</p> <p>6.4 Explain when and why hand washing should be carried out</p> <p>6.5 Describe the types of products that should be used for hand washing</p> <p>6.6 Describe correct procedures that relate to skincare</p>

## Unit content

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### 1 **Understand roles and responsibilities in the prevention and control of infections**

*Roles and responsibilities of care workers:* maintenance of good personal hygiene; following rules relating to protective clothing and equipment (PPE) and procedures for safe disposal of waste; awareness of the general principles of cleanliness within the workplace; awareness of potential hazards and the need to report/record hazards; the need for teamwork in the prevention and control of infection and the boundaries of own role

*Roles and responsibilities of employers:* knowledge of infection control policies; monitor and train staff; monitor the environment, equipment and procedures in line with national legislation and organisational policies; understand lines of reporting where infection is discovered

### 2 **Understand legislation and policies relating to prevention and control of infections**

*Relevant sections from and general principles of:* Health and Safety at Work Act (1974); Management of Health and Safety at Work Act (amended 1994); The Public Health (Control of Diseases) Act 1984; Food Safety Act 1990; The Public Health (Infectious Diseases) Regulations 1988; Control of Substances Hazardous to Health (COSHH) Regulations (2002), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR); The Food Safety (General Food Hygiene) Regulations (Department of Health 1995); The Environmental Protection (Duty of Care) Regulations 1991; Health Protection Agency Bill; Hazardous Waste Regulations 2005; National Institute for Health and Clinical Excellence (NICE) Guidelines (2003)

*Organisational policies:* nationally and within the individual setting; location of relevant sources of information eg manuals, employers' policy documents, national good practice guidelines

### 3 Understand systems and procedures relating to the prevention and control of infections

*Principles of relevant systems and procedures:* immunisation programmes for staff eg Hep B; national immunisation programmes eg MMR, BCG, and new HPV for girls 12–13 years; safe practice procedures eg sharps, food handling, waste management/management of spillages; procedures for the prevention of cross-contamination; organisational policies relating to admissions, discharge of individuals, following a death, reporting infectious/notifiable diseases, record keeping; auditing of adherence to infection prevention and control procedures in use – how the organisation evidences the practice of staff dealing with patients

*Potential impact of an outbreak of infection on the individual:* risk of illness/worsening of conditions in vulnerable individuals; effects of infection on existing conditions eg chronic heart and respiratory conditions; emotional disturbance; death

*Potential impact of an outbreak of infection on the organisation:* risk of closure; risk of epidemic; risk of prosecution; risks to staff health; risk to visitors

### 4 Understand the importance of risk assessment in relation to the prevention and control of infections

*Definition of:* the term 'risk'; low, medium and high risks

*Potential risks of infection within the workplace:* locations eg kitchens and bathrooms; poor hygiene habits of vulnerable service users; reusable equipment; care routines/clinical procedures

*The importance of conducting a risk assessment:* including compliance with legislation; reviewing the status of risks; documenting the assessment and the steps to be taken

*Processes involved in carrying out a risk assessment:* assessing the risk to health and safety; deciding whether to remove or reduce the risk; developing an appropriate plan; reviewing actions; implementing further actions if necessary

### 5 Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections

*Different types of PPE:* gloves (latex, polythene and vinyl), plastic aprons, gowns, masks, goggles, visors, hats; the correct use of each piece of equipment and the reasons for their use; cleaning/disposal of equipment

*Relevant legislation and regulations relating to PPE:* the NICE (National Institute for Health and Clinical Excellence) Guidelines (June 2003); the Personal Protective Equipment (PPE) Regulations (as amended 2002); organisational policies/procedures

*Employees' responsibilities:* the need for training in the use of PPE; adherence to organisational policies/national legislation/manufacturers' guidelines; use of correct equipment for task

*Employers' responsibilities:* training and monitoring of staff; provision and monitoring of equipment; displaying of guidelines/policies pertinent to infection control and prevention; monitoring of policies and guidelines

**6 Understand the importance of good personal hygiene in the prevention and control of infections**

*Chain of infection:* a model used to understand the infection process: a circle of links each representing a component in the cycle; each link must be present and in sequential order for an infection to occur; links include: infectious agent, reservoir, portal of exit from the reservoir, mode of transmission, portal of entry in a susceptible host

*Bare below the elbows:* organisational procedure, implications on safety when working in a hazardous environment eg road traffic collision

*Principles and procedures of hand hygiene:* reasons for hand washing; products for use with hand washing eg liquid soap, antibacterial wash solutions, alcohol gels; correct procedures for skin care; appropriate action for skin irritations/dermatological conditions, how to access facilities for hand hygiene, approved method for performing hand hygiene

*Personal cleanliness:* care of nails, hair and clothing; good oral hygiene; covering of cuts and abrasions; reporting of personal infections eg viral infections, diarrhoea; use of tissues to catch sneezes etc; use and disposal of gloves; suitable footwear

## Essential guidance for tutors

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### Delivery

The unit will require input from a suitably qualified tutor, in the form of lectures/presentations and practical demonstrations. The use of videos and/or guest speakers, for example from the local environmental health service and other professionals involved in infection control, would enhance learning. Learners could also be encouraged to research information from suitable journals, newspaper articles and websites.

Although the unit has a general focus, learners should be encouraged to consider their own approach to personal hygiene and general cleanliness, in order to provide them with a practical application of the unit. Use of e-learning packages may also be used to allow distance learning where appropriate.

### Assessment

This unit must be assessed in accordance with Skills for Health's QCF Assessment Principles (see *Annexe B*).

Learning outcomes 1 and 2: could be combined and presented as a booklet for staff of a care setting. Illustrations could be included, but learners should be instructed not to include identifying pictures of staff or service users from any work placement.

Learners must be supported in identifying relevant sections of legislation and policies appropriate to the level of this qualification.

Learning outcome 3: can be directly related to work placement and presented as two short essays, which can include diagrams/charts.

Learning outcome 4: the learners could be encouraged and supported in carrying out a risk assessment in an area of the centre and producing a report of their findings to cover the unit requirements. Learners will also need to cover the assessment criteria by showing they understand the general importance of and processes involved in risk assessments. Pictorial evidence in the form of on-site photographs could form part of the assessment, with additional descriptions.

Learning outcome 5: learners will have to demonstrate the use of PPE, observed by the assessor who will produce an observation record. This can take place either in the classroom or in the workplace. The remaining assessment criteria can be covered in essay format.

Learning outcome 6: learners will have to demonstrate good hand washing techniques. This can be done either in the centre or the workplace with an observation record completed by the assessor. If a hand washing assessment is used currently this could be completed by the assessor as alternate evidence. The rest of the assessment criteria could be presented either as a series of small posters or as a booklet, designed to inform learners going into the workplace.

## Essential resources

Learners will need access to library facilities, including appropriate text, professional magazines/journals, broadsheet newspapers and CD ROMs. Learners will also benefit from access to the internet.

Appropriate videos/DVDs provide additional interest and suitable resources such as handwashing training kits and samples of personal protective equipment are essential.

Any resources produced by an employer's own infection prevention and control team eg briefings, posters should be utilised to show knowledge of organisational support.

## Indicative resource materials

### Textbooks

Asbridge L et al – *BTEC First Health and Social Care Student Book* (Heinemann, 2008) ISBN 978-0435500269

Ayling P – *Knowledge Set for Infection Prevention and Control* (Heinemann, 2007) ISBN 978-0435402327

Dustagheer A et al – *Knowledge to Care, a Handbook for Care Assistants* (Blackwell Publications, 2005) ISBN 978-1405111119

Nolan Y – *S/NVQ Level 2 Health and Social Care* (Heinemann, 2005) ISBN 978-0435450694

### Journals

*Community Care* magazine

*The Nursing Times*

### Websites

[www.dc-solutions.org](http://www.dc-solutions.org)

DC Solutions – infection control training

[www.nice.org.uk](http://www.nice.org.uk)

National Institute for Health and Clinical Excellence

[www.nursingtimes.net](http://www.nursingtimes.net)

*Nursing Times*

[www.rcn.org.uk](http://www.rcn.org.uk)

Royal College of Nursing

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Skills for Health

## **Unit 8: Cleaning, Decontamination and Waste Management**

**Unit reference number:** R/501/6738

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

To explain to the learner the correct way of maintaining a clean environment in accordance with national policies; to understand the procedures to follow to decontaminate an area from infection; and to explain good practice when dealing with waste materials. This unit does not cover the decontamination of surgical instruments.

### **Unit introduction**

In this unit learners will understand the procedures to follow when dealing with standard infection prevention, including how to decontaminate an area from infection and explain good practice when dealing with waste materials. Learners will also understand aseptic techniques, colour coding of cleaning equipment and the safe handling of sharps. Achievement of the learning outcomes will contribute to preparing learners for effective work in a variety of settings.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand how to maintain a clean environment to prevent the spread of infection	1.1 State the general principles for environmental cleaning 1.2 Explain the purpose of cleaning schedules 1.3 Describe how the correct management of the environment minimizes the spread of infection 1.4 Explain the reason for the national policy for colour coding of cleaning equipment
2 Understand the principles and steps of the decontamination process	2.1 Describe the three steps of the decontamination process 2.2 Describe how and when cleaning agents are used 2.3 Describe how and when disinfecting agents are used 2.4 Explain the role of personal protective equipment (PPE) during the decontamination process 2.5 Explain the concept of risk in dealing with specific types of contamination 2.6 Explain how the level of risk determines the type of agent that may be used to decontaminate 2.7 Describe how equipment should be cleaned and stored
3 Understand the importance of good waste management practice in the prevention of the spread of infection	3.1 Identify the different categories of waste and the associated risks 3.2 Explain how to dispose of the different types of waste safely and without risk to others 3.3 Explain how waste should be stored prior to collection 3.4 Identify the legal responsibilities in relation to waste management 3.5 State how to reduce the risk of sharps injury



## Unit content

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### 1 Understand how to maintain a clean environment to prevent the spread of infection

*General principles of environmental cleaning:* importance of when it is necessary; how to ensure good standards of environmental hygiene; procedures for individual areas of a setting eg work areas, surfaces, washbasins, floors, the need for correct hand hygiene; five moments of hand hygiene; necessity for training and monitoring of all staff within a setting; risks from visitors

*Linen management:* all materials that require laundering – including uniform – are appropriately managed in order to minimise cross contamination; used linen, which has not been contaminated with blood or body fluids; contaminated linen; blood or body fluids; infectious linen, which has come into contact with known disease or infestation

*The purpose of cleaning schedules:* maintaining a clean environment by ensuring regular cleaning and inspection of all areas; reducing infection risks; relevant sections from the NHS National Standards of Cleanliness 2003; risks of non-compliance

*Managing the environment to minimise the spread of infection:* use of cleaning schedules; application of national/organisational policies; provision of equipment and hand washing facilities; reasons for monitoring and replacing equipment

*The national policy for colour coding of cleaning equipment:* the code system and how it applies to areas and cleaning equipment; checklists to ensure full compliance; staff induction, training and monitoring; importance of colour identification testing:

- red – washroom floors, showers, sinks, toilets
- blue – ambulances, offices and public areas
- green – kitchen/food and drink preparation areas
- yellow – hospital isolation areas

### 2 Understand the principles and steps of the decontamination process

*The three steps of the decontamination process:* cleaning (methods and frequencies), disinfecting, sterilising techniques; appropriate use of cleaning agents for objects and areas of low, medium and high risk; the concept of risk in dealing with specific types of contamination eg blood, vomit, faeces; appropriate sections from Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995

*Appropriate use of disinfecting agents:* the link between the level of risk and the agent used; use of disposable cloths/paper towels for drying; drying and storage of mops; storage of cleaning and disinfecting agents; hand care/hand hygiene

*The role of personal protective equipment in decontamination:* gloves, gowns, aprons; correct cleaning and storing of equipment

**3 Understand the importance of good waste management practice in the prevention of the spread of infection**

*Different categories of waste:* household waste, clinical waste, hazardous substances; low risk objects and areas, medium risk objects and areas, high risk objects and areas

*Safe disposal of household, clinical and hazardous waste:* dealing with biological spillages; reduction of risks linked with disposal

*Storage:* of different categories of waste prior to collection, correct receptacles for storage

*Relevant legislation:* Controlled Waste Regulations 1992; Environmental Protection Act 1990; Environmental Protection Hazardous Waste Regulations (England and Wales) 2005; Public Health (Control of Diseases) Act 1984; Control of Substances Hazardous to Health (COSHH) Regulations 2002

*Safe practice procedures for disposing of sharps:* types of sharps eg including needles, lancets, cannulae, razors, scalpels, bone fragments including teeth, single-use laryngoscope blades; reduction of risk of injury; definition of clean and dirty sharps; assembly of sharps' containers and compliance with current standards (BS 7320: 1990, UN 3292); location of sharps' containers; safe disposal of used sharps; locking sharps' containers; use of gloves when handling sharps; risk assessment of work practices

## Essential guidance for tutors

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### Delivery

The unit should be delivered by a suitably experienced and qualified tutor. A variety of teaching and learning methods can be used, including presentations, group discussion and tutor supported research.

Learners will benefit from visits to relevant settings eg a recycling centre or a residential setting for older people. A short period of work experience in a setting where the management of clinical and other waste is in operation would benefit learners. Case studies for use in group work supply a practical dimension, particularly with the application of legislation. Learners should be supported in addressing relevant legislation at an appropriate level for the course.

Visiting speakers could be used to add interest.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

Assessment could take the form of a fact file. This would allow learners to see the tasks as part of a whole rather than separate entities.

The fact file could include information gathered from work experience, appropriately referenced, with permission obtained where necessary. It could also include pictures, leaflets and diagrams to add interest. Reference to organisational policies in addition to national legislation/policies should be included, but learners should be supported in the inclusion of relevant sections appropriate to the level of the course.

Learners should be presented with an assignment brief, which will outline the process of gathering relevant information and producing an organised file of their evidence. The brief could also include case studies/vocational scenarios if appropriate.

Resources within the fact file must exemplify the assessment criteria. Assessors will ensure that learners appropriately cover the Pearson command verbs (in this case 'state', 'explain', 'identify' and 'describe'). Learners can work together, gathering information and sharing resources, but present their work individually, to meet Pearson guidelines for assessment.

### Essential resources

Learners need access to library and ICT facilities. Appropriate DVDs will enhance learning.

Examples of equipment for the storage and disposal of different types of waste should also be available.

## Indicative resource materials

### Textbooks

Damani N – *Manual of Infection Control Procedures* (Cambridge University Press, 2003) ISBN 978-0521687010

Nolan Y – *S/NVQ Level 2 Health and Social Care* (Heinemann, 2005)  
ISBN 978-0435450694

Stretch B (editor) – *Core Themes in Health and Social Care* (Heinemann, 2007)  
ISBN 978-0435464257

### Journals

*The Nursing Times*

### Websites

<a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a>	The National Patient Safety Agency
<a href="http://www.npsa.nhs.uk/cleanyourhands">www.npsa.nhs.uk/cleanyourhands</a>	Clean Your Hands campaign
<a href="http://www.nursingtimes.net">www.nursingtimes.net</a>	<i>Nursing Times</i>
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Skills for Care
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Skills for Health

## Unit 9: **Move and Position Individuals in Accordance with their Plan of Care**

**Unit reference number:** J/601/8027

**Level:** 2

**Credit value:** 4

**Guided learning hours:** 26

### **Unit aim**

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to move and position individuals as part of their plan of care according to their specific needs.

### **Unit introduction**

An integral part of healthcare work is the safe movement and positioning of individuals which allows for ongoing care and treatment without injuring them or worsening their condition. As an emergency care assistant, it is imperative that the learner knows the principles of safe manual handling in order to move and position patients effectively.

This unit is designed to give learners a background in why manual handling is so important, the responsibilities the employer has and the responsibilities the learner has to the employer and the patient.

The unit spends time reinforcing the importance of spinal awareness and how to remain healthy in order to continue to support patients fully.

Risk assessment is an integral part of this unit and risk assessment will allow learners to appreciate the manual handling aids available to reduce the risk to all persons involved in a manoeuvre.

On completion of this unit the learner will have a good working knowledge of legislation, dynamic risk assessment, and manual handling equipment and know what to do in the event of a near miss or injury.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand anatomy and physiology in relation to moving and positioning individuals	<p>1.1 Outline the anatomy and physiology of the human body in relation to the importance of correct moving and positioning of individuals</p> <p>1.2 Describe the impact of specific conditions on the correct movement and positioning of an individual</p>
2 Understand current legislation and agreed ways of working when moving and positioning individuals	<p>2.1 Describe how current legislation and agreed ways of working affect working practices related to moving and positioning individuals</p> <p>2.2 Describe what health and safety factors need to be taken into account when moving and positioning individuals and any equipment used to do this</p>
3 Be able to minimise risk before moving and positioning individuals	<p>3.1 Access up-to-date copies of risk assessment documentation</p> <p>3.2 Carry out preparatory checks using:</p> <ul style="list-style-type: none"> <li>• the individual's care plan</li> <li>• the moving and handling risk assessment</li> </ul> <p>3.3 Identify any immediate risks to the individual</p> <p>3.4 Describe actions to take in relation to identified risks</p> <p>3.5 Describe what action should be taken if the individual's wishes conflict with their plan of care in relation to health and safety and their risk assessment</p> <p>3.6 Prepare the immediate environment ensuring</p> <ul style="list-style-type: none"> <li>• adequate space for the move in agreement with all concerned</li> <li>• that potential hazards are removed</li> </ul> <p>3.7 Apply standard precautions for infection prevention and control</p>

Learning outcomes	Assessment criteria
4 Be able to prepare individuals before moving and positioning	<p>4.1 Demonstrate effective communication with the individual to ensure that they:</p> <ul style="list-style-type: none"> <li>• understand the details and reasons for the action/activity being undertaken</li> <li>• agree the level of support required</li> </ul> <p>4.2 Obtain valid consent for the planned activity</p>
5 Be able to move and position an individual	<p>5.1 Follow the care plan to ensure that the individual is positioned:</p> <ul style="list-style-type: none"> <li>• using the agreed technique</li> <li>• in a way that will avoid causing undue pain or discomfort</li> </ul> <p>5.2 Demonstrate effective communication with any others involved in the manoeuvre</p> <p>5.3 Describe the aids and equipment that may be used for moving and positioning</p> <p>5.4 Use equipment to maintain the individual in the appropriate position</p> <p>5.5 Encourage the individual's active participation in the manoeuvre</p> <p>5.6 Monitor the individual throughout the activity so that the procedure can be stopped if there is any adverse reaction</p> <p>5.7 Demonstrate how to report and record the activity noting when the next positioning manoeuvre is due</p>
6 Know when to seek advice from and/or involve others when moving and positioning an individual	<p>6.1 Describe when advice and/or assistance should be sought to move or handle an individual safely</p> <p>6.2 Describe what sources of information are available about moving and positioning individuals</p>

## Unit content

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### 1 Understand anatomy and physiology in relation to moving and positioning individuals

*Anatomy and physiology in relation to moving and positioning:* the spine is integral to the safe movement and positioning of individuals; the make up of the spine to include cervical region, thoracic region, lumbar region, sacrum and coccyx; spine is made up of vertebra (bones) which offer support and structure to the body; spine protects the spinal cord which runs down the middle of the vertebra; spinal nerves feed into the spinal cord; vertebral disks separate the vertebra offering cushioning and allowing mobility of the spine; damage to the spine could result in distal neurological compromise, pain and reduced movement/mobility

*Specific conditions impacting on moving and positioning individuals:* eg traumatically injured patients requiring immobilisation; respiratory patients who need to remain in an upright position; amputee patients; patients with long-standing mobility problems such as hemiplegic patients; individual's mobility, restricted through ability and understanding; potential for movement and positioning to worsen a patient's clinical condition

### 2 Understand current legislation and agreed ways of working when moving and positioning individuals

*Legislation and agreed ways of working:* includes *The Manual Handling Operations Regulations 1992* and defines manual handling and places a duty of care on the employers; the need for manual handling risk assessments to be conducted by the employer; employer is required to offer manual handling information, instruction, training and supervision to employees; local organisational policy and procedure for manual handling activities to include the reporting of accidents and near misses.

*Agreed ways of working:* will include policies and procedures and guidelines where these exist

*Health and safety factors:* consideration of dynamic risk assessment to include task, individual, load and environment (TILE mnemonic); instruction in the safe use of manual handling equipment available to employees within individual organisations

### 3 Be able to minimise risk before moving and positioning individuals

*Dynamic risk assessment:* must be carried out before and during safe movement or positioning of any individual; actions to be taken comprising the dynamic risk assessment eg the use of the TILE mnemonic; other considerations such as Was the equipment for use in moving and positioning patients checked for serviceability at the commencement of the working shift?



**4 Be able to prepare individuals before moving and positioning**

*Preparing an individual:* the importance of communication in explaining movements, need to gain valid consent from the individual before moving and positioning and individual; possible adaptations required to communication style in order to ensure informed consent and understanding from the individual being moved or positioned

*Valid consent:* must be in line with agreed UK country definition

**5 Be able to move and position an individual**

*Communication:* the need to ensure an individual is aware of what is happening at all times; understanding allows for informed consent; communication during moving to provide reassurance to an individual who may feel vulnerable during the move or positioning; the vital need to communicate with other healthcare workers involved with the manoeuvre

*Active participation:* a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient

*Equipment:* eg items such as handling belts, banana boards, turning tables, sliding sheets, Manger Elk lifting cushion, carry sheets, orthopaedic stretcher, longboard, carry chair

*Documentation:* ensure that all significant manoeuvres are documented to include equipment used; in the event of adverse events the requirement to record onto the patient care record and complete any organisation specific documentation as per the reporting process for incident reporting, accidents or near misses

**6 Know when to seek advice from and/or involve others when moving and positioning an individual**

*When advice is required:* advice or further support must be sought in the event of significant risk to an individual or healthcare worker eg significant risk identified during dynamic risk assessment, in the event of a near miss or injury sustained by any person including patients and healthcare workers during a manoeuvre; awareness of local policy and procedure in relation to incident reporting; local advice and support structure eg direct line manager, training staff or senior on-call clinicians

## Essential guidance for tutors

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### Delivery

This unit should be delivered by a suitably qualified and experienced tutor who is accredited for manual handling tuitions. They should be supported by other tutors/facilitators to act as safety spotters in any practical situation.

This unit should encompass both theoretical and practical learning (dependent on local policy and procedure for training staff in manual handling). It is recommended that manual handling is continuously observed throughout to ensure that learners gain experience in different situations and techniques which they may be involved in.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*).

Learning outcomes 1, 2 and 6 could be assessed through short answer/MCQ questions, aural question and answer and participation of the learner throughout taught sessions. Learning outcomes 3, 4 and 5 must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice and case studies, or operational assessment and quality assurance.

### Essential resources

*IHCD Basic Training Manual*, section 4 (Edexcel Publications, 2007)

### Indicative resource materials

#### Website

[www.hse.gov.uk](http://www.hse.gov.uk)

Health and Safety Executive

## **Unit 10: Patient Monitoring and Observation in Emergency Care Situations**

<b>Unit reference number:</b>	<b>K/602/5035</b>
<b>Level:</b>	<b>2</b>
<b>Credit value:</b>	<b>2</b>
<b>Guided learning hours:</b>	<b>20</b>

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### **Unit aim**

This unit is aimed at health and social care staff involved in the taking and recording of physiological measurements as part of the individual's emergency care.

### **Unit introduction**

This unit gives learners an understanding of the effects of illness and injury on homeostasis of the body. It is also a basis for learners to use the equipment required to obtain the physiological measurements vital to supporting homeostasis and to understand how those measurements are used in the treatment of the patient.

Learners will understand the importance of communicating effectively with patients to enable these measurements to be obtained; this will include the gaining of patient consent.

Learners will also gain understanding of the importance of correct recording and reporting procedures. This enables a large amount of evidence to be collected in the vocational setting.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know relevant legislation, policy and good practice for undertaking physiological measurements	1.1 Outline current legislation and national guidelines affecting work practice 1.2 Outline organisational policies and protocols affecting work practice
2 Understand homeostasis and the need for physiological measurements	2.1 Define homeostasis 2.2 Identify factors affecting airway patency 2.3 Identify factors affecting breathing efficiency 2.4 Identify ways circulation is assessed 2.5 State the expected heart rates for patients of different ages 2.6 Outline reasons for assessing neurological functions 2.7 State the normal range of body temperature 2.8 Outline the relevance of assessing oxygen saturation 2.9 Explain why physiological measurements should be repeated 2.10 Explain why physiological measurements should be recorded and reported
3 Be able to prepare to take physiological measurements	3.1 Explain to the individual what measurements will be undertaken and how these are done 3.2 Explain why it may be necessary to adjust an individual's clothing before undertaking physiological measurements 3.3 Prepare all materials and equipment to be used 3.4 Demonstrate correct procedure to obtain valid consent 3.5 Demonstrate communication skills required during physiological measurements process

Learning outcomes	Assessment criteria
<p>4 Be able to take physiological measurements</p>	<p>4.1 Demonstrate airway assessments</p> <p>4.2 Demonstrate breathing assessments to identify rate, depth and quality</p> <p>4.3 Obtain pulse measurements, including radial, brachial, femoral, carotid</p> <p>4.4 Take systolic and diastolic blood pressure recordings using manual and automated devices</p> <p>4.5 Use a thermometer to measure body temperature</p> <p>4.6 Use a pulse oximeter to measure oxygen saturation</p> <p>4.7 Use a glucometer to measure blood glucose</p> <p>4.8 Establish patients' level of consciousness using AVPU and Glasgow Coma Scale</p> <p>4.9 Measure pupillary reactions</p> <p>4.10 Prepare, measure, record and report physiological measurements according to agreed ways of working</p>

## Unit content

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### 1 **Know relevant legislation, policy and good practice for undertaking physiological measurements**

*Legislation, policy and good practice:* relevant infection prevention and control procedures; legislation and procedures governing issues surrounding capacity and consent; legislation and procedures governing equipment checking and maintenance

### 2 **Understand homeostasis and the need for physiological measurements**

*Homeostasis:* the physiological process by which the internal systems of the body are maintained in equilibrium (balance) despite variations in the external conditions; normal range of body temperature

*Airway patency:* factors affecting respiratory rate and depth

*Breathing efficiency:* factors affecting pulse rate, rhythm and volume

*Assessment of circulation including:* identification of common pulse points, pulse rate, rhythm and volume, blood pressure (systolic and diastolic), capillary refill

*Heart rates:* normal adult and paediatric heart rates

*Reasons for assessing neurological functions:* to establish the level of consciousness and any subsequent changes, to note patient's behaviour and degree of distress; pupils give a window to the brain and are assessed for size, equality and reaction to light

*Reasons for assessing oxygen saturation:* effects of hypoxia on homeostasis including basic understanding of acid base balance

*Reasons for repeating physiological measurements:* to check whether a patient is stable, improving or deteriorating; to ensure validity; chances of mistaken readings

*Reasons for recording and reporting physiological measurements:* to meet local guidelines and regulations; to ensure patient records are accurate and reflect changes in the patient's condition prior to patient being handed over

**3 Be able to prepare to take physiological measurements**

*Explaining:* communication to patient of measurements to be taken and method to be used

*Clothing:* consideration of patient dignity versus need to obtain physiological measurements; understanding of need to be at skin level for certain physiological measurements

*Equipment:* preparation of all equipment to be used to obtain physiological measurement

*Consent:* consideration of issues of capacity and consent prior to taking any physiological measurements

*Reassurance:* use of reassurance during the taking of physiological measurements and effect on patient confidence in the health professional

**4 Be able to take physiological measurements**

*Airway and breathing assessments:* preparation of patient before taking physiological measurements; reviewing upper airway anatomy; visual inspection of airway, manual opening of airway (medical and trauma); use of airway adjuncts (Oropharyngeal, Nasopharyngeal); visual inspection of breathing, rate, depth and quality

*Pulse measurement:* physical palpation of pulse at different sites eg radial, brachial, carotid, femoral; to include rate, rhythm and volume

*Blood pressure:* manual and automated blood pressure recordings

*Temperature:* obtain measurement of body temperature using thermometer

*Oximeter:* oxygen saturation measurement using pulse oximeter; pulse oximetry is used to measure the saturation of oxygen in the blood; this reading is then used to ascertain the requirement of the patient for supplemental oxygen

*Glucometer:* blood glucose measurement using glucometer; this is then used to assist in the diagnosis of the patient eg low blood sugar can be a cause of unconsciousness

*AVPU:* measurement of conscious level using both AVPU Scale (Alert, Verbal, Pain, Unresponsive) and Glasgow Coma Score (GCS)

*Pupillary reactions:* measurement of pupillary reactions eg size, equality and reaction to light

*Recording and reporting:* recording of measurements taken on relevant documentation in line with agreed ways of working; reporting of measurements to relevant healthcare professional in line with agreed ways of working

## Essential guidance for tutors

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### Delivery

This unit needs input from a suitably qualified tutor and could be covered using relevant resources about the physiology of homeostasis. Manufacturers' guidelines will be needed to ensure that equipment is used safely. Learners should be encouraged to research using relevant textbooks and internet sources – however, supervision may be required to ensure learners obtain the correct depth of knowledge.

There should be a large practical element to this unit with initial learning taking place under direct supervision and then evidence of competence collected in the skills required to monitor and observe patients.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

The assessment for this unit could include direct questioning to underpin a portfolio of evidence to ensure that all assessment criteria have been met. Assessment of practical elements of physiological measurement should be carried out by a suitably qualified person and should be done in the work environment.

Learning outcome 1: assessment criterion 1.1 could be presented in short-essay format referencing any relevant local documents eg infection control policy and procedures.

Learning outcome 2: the assessment could take the form of a presentation which lists the main features of each assessment criterion.

Learning outcome 3: evidence for this should be produced from the observation of the learner in practice with real patients.

Learning outcome 4: evidence for this should be produced from observation of the learner in practice.

Where observation of performance is difficult, a witness testimony from a qualified assessor can be used. It is essential that this unit is assessed by a person recognised as competent and qualified by their professional body to observe and monitor patients.

### Essential resources

*IHCD Basic Training Manual*, sections 5, 6, 8, 9, and 10 (Edexcel Publications, 2007)

### Indicative resource materials

#### Textbook

Waugh A and Grant A (editors) – *Ross & Wilson Anatomy & Physiology in Health and Illness* (Churchill Livingstone, 2004) ISBN 978-0443064685



# **Unit 11: Anatomy and Physiology of Body Systems**

**Unit reference number:** A/602/5038

**Level:** 2

**Credit value:** 1

**Guided learning hours:** 10

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## **Unit aim**

The aim of this unit is to enable learners to develop knowledge of the form and functions of body systems.

## **Unit introduction**

This unit will give learners a basic understanding of how the body is organised – from cells up to systems. Learners will also gain an understanding of the components and functions of the main systems of the body, leading to further understanding of how illness or injury affects the normal functions of an organ or system.

## **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know how body systems are organised	1.1 Label the structure of a typical cell 1.2 Outline the definition of tissue 1.3 Outline the definition of an organ 1.4 Outline the definition of a body system 1.5 Define directional terms used in medicine 1.6 Label major organs within the body cavities
2 Know how the respiratory system functions	2.1 Describe the function of the respiratory system 2.2 Label the components of the respiratory tract 2.3 Describe the structure of the lungs 2.4 Outline the process of respiration 2.5 Describe the initial management of asthma
3 Know how the cardiovascular system functions	3.1 Outline the role of the cardiovascular system 3.2 Label the structure of the heart 3.3 State the electrical conduction system of the heart 3.4 Describe the purpose of different types of blood vessels 3.5 Describe the properties of blood
4 Know how the nervous system supports body functions	4.1 Outline the role of the nervous system 4.2 Identify the components of the nervous system
5 Know how the skeletal system functions	5.1 Outline the role of the skeletal system 5.2 Label the bones of the skeleton 5.3 Describe the different types of skeletal joints 5.4 Outline the relationship between the muscular system and the skeleton

## Unit content

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### 1 Know how body systems are organised

*Description of cell constituents:* cell membrane, nucleus, cytoplasm, mitochondria

*Definition of tissue and description of types:* to include epithelial, connective, nervous muscle; muscle is broken down into skeletal (voluntary), smooth (involuntary) and cardiac muscle

*Definition of an organ:* a combination of tissues forming a structure responsible for a particular function or functions eg heart, lungs, liver

*Description of a system:* a group of organs and tissues associated with a particular physiological function ie nervous, cardiovascular, respiratory, digestive, urinary, reproductive, musculoskeletal, endocrine, integumentary

*Directional medical terms used:* eg superior, inferior, lateral, medial, posterior, anterior, proximal, distal, external and internal

*List of the contents of main body cavities:* cranial (brain, eyes), thoracic (heart, lungs, oesophagus, trachea, bronchi, major blood vessels), abdominal (stomach, small intestine, most of large intestine, pancreas, gall bladder, liver, spleen, kidneys, ureters, major blood vessels) and pelvic (bladder, urethra, reproductive organs, rectum, anus, part of large intestine)

### 2 Know how the respiratory system functions

*Description of the functions of the respiratory system:* extraction of oxygen, excretion of water vapour and carbon dioxide, maintenance of acid-base balance of the blood, ventilation of the lungs

*List the composition of inspired and expired air:* oxygen, nitrogen, carbon dioxide, water vapour, inert gases

*Description of the components of the respiratory system:* nose, pharynx, larynx trachea, bronchi, bronchioles, alveoli, lungs and pleura

*Structure of lungs:* two large spongy organs, one each side of the mediastinum, cone shaped, divided into lobes, left lung has two lobes, right lung has three lobes; covered by pleura on outer surfaces; pleura is a closed sac of serous membrane consisting of two layers; one layer attached to lung surface, one layer attached to chest wall

*Process of respiration:* external respiration (exchange of gases via diffusion between the alveoli and capillaries in the lungs) and internal respiration (exchange of gases via diffusion between the blood and the cells of the body); diffusion is when a dissolved substance crosses a semi-permeable membrane moving from a high concentration to a low concentration to achieve equilibrium

*Mechanism of breathing: inspiration:* diaphragm contracts and flattens, intercostals muscles contract lifting the ribs up and out, air drawn into lungs; *expiration:* passive process – the diaphragm and intercostals muscles relax, the diaphragm returns to its dome shape and the ribs move down and in, elastic lungs recoil and air is forced out

*Breathing rates:* normal breathing ranges for adults and children

*Asthma management:* three levels of asthma – severe, acute severe, life-threatening

### 3 **Know how the cardiovascular system functions**

*Components of the cardiovascular system:* heart, blood vessels, blood

*Structure of the heart:* include position, pericardium, myocardium, endocardium, heart chambers and valves

*Function of the heart:* basic electrical conducting system, double sided pump and blood flow through the heart (pulmonary and systemic circulations including coronary circulation)

*Structure of blood vessels:* arteries, veins, capillaries, layers of blood vessels

*Factors affecting venous return:* position of body, contraction of muscles, suction of the heart and respiratory movements

*Composition and function of blood:* plasma, red blood cells, white blood cells, platelets; normal pulse rates and blood pressures

### 4 **Know how the nervous system supports body functions**

*Functions of the nervous system:* receive stimuli from outside and inside the body, convey impulses from the brain and spinal cord to parts of the body, integrate the functions of the different parts of the body

*Components of the central nervous system:* brain and spinal cord

*Basic structure and functions of the brain:* cerebrum, cerebellum, brain stem

*Basic structure and function of the spinal cord:* link between peripheral nervous system and the brain, allow reflex actions

*Structure of spinal and cranial meninges:* dura mater, arachnoid mater and pia mater

*Functions of cerebro-spinal fluid:* lubrication, support, nourishment and protection

*Function of the peripheral nervous system:* sensory, motor (include basic structure of a neurone)

*Functions of the autonomic nervous system:* organs and structures working below conscious control

## 5 **Know how the skeletal system functions**

*Functions of the skeleton:* support, protection, movement, storage, blood cell production

*Types of bones and examples:* long, short, flat, irregular, sesamoid; include identification of main bones of the skeleton

*Types of joints:* immovable, slightly moveable and freely moveable. Freely moveable to include types of synovial joint – ball and socket, hinge, gliding, pivot

*Functions of ligaments, tendons and muscles in relation to bones and joints:* eg ligaments, attach one bone to another at the site of a joint; tendons continuous with the sheath covering each muscle and attached to the outer surface of a bone, another muscle or the skin, muscles, generate force to produce movement

## Essential guidance for tutors

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### Delivery

This unit needs input from a suitably qualified tutor and could be covered by using basic anatomy and physiology interactive sources eg DVDs, CD ROMs, internet sites and anatomy and physiology textbooks.

Learners should be encouraged to research using basic textbooks and internet sources – however, supervision may be required to ensure correct depth of study. This unit should not go into great depth but learners should be encouraged to develop a basic understanding of how the body works in balance.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

Learning outcome 1 could be assessed using short-answer papers, including diagrams to label.

Learning outcomes 2 to 5 could be assessed using multiple-choice and short-answer question papers and a portfolio of evidence comprising hand-drawn diagrams, learners' written work or a completed workbook – all of which need to be kept for both internal and external quality assurance assessment.

The assessment criteria for each outcome can be assessed together or individually but the evidence for each part must be recorded. The centre should ensure that learners are given regular 1:1 feedback on their progress. The centre could use a series of questions to confirm that learners meet all the assessment criteria.

### Essential resources

- Access to appropriate anatomical models
- *IHCD Basic Training Manual* sections 7, 8, 9, 10, 11 (Edexcel Publications, 2007)

### Indicative resource materials

#### Textbook

Waugh A and Grant A (editors) – *Ross & Wilson Anatomy & Physiology in Health and Illness* (Churchill Livingstone, 2004) ISBN 978-0443064685

## **Unit 12: Basic Adult Life Support and Automated External Defibrillation**

**Unit reference number:** L/602/5058

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

The purpose of this unit is for learners to demonstrate understanding of Basic Life Support (BLS) and Automated External Defibrillation (AED) procedures.

### **Unit introduction**

In this unit learners will develop underpinning knowledge of how – and when – Basic Life Support (BLS) and Automated External Defibrillation (AED) should be applied in the work context. Learners will be able to demonstrate the correct techniques of BLS and AED. They will know the limits of their own practice and how it interfaces with other healthcare professionals. The unit covers skills such as ventilation using a bag valve mask device in conjunction with simple airway adjuncts, the safe use of an AED and the management of patient post-resuscitation.

Learners will use the underpinning knowledge gained to develop and demonstrate the practical skills of BLS and use of an AED.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand Basic Life Support requirements	1.1 Describe the principles that underpin Basic Life Support 1.2 Explain the circumstances under which resuscitation is performed 1.3 Explain why early intervention is necessary 1.4 Describe different types of cardiopulmonary arrest 1.5 Identify innovations in post-resuscitation care
2 Be able to demonstrate Basic Life Support techniques	2.1 Demonstrate Basic Life Support in line with current national guidelines 2.2 Demonstrate the use of airway adjuncts, including: <ul style="list-style-type: none"> <li>• a bag valve mask (BVM)</li> <li>• oropharyngeal airways</li> <li>• nasopharyngeal airways</li> </ul> 2.3 Describe the adjustments to be made for patients with a laryngectomy or a tracheotomy 2.4 Demonstrate how to manage a choking patient in line with current national guidelines 2.5 Demonstrate the safe use of an Automated External Defibrillator
3 Be able to demonstrate post-resuscitation procedures	3.1 Demonstrate how to place a patient in the recovery position 3.2 Identify the risks when placing patients in the recovery position 3.3 Demonstrate handover and reporting according to agreed ways of working
4 Know special circumstances related to cardiac arrest	4.1 Describe the adaptations to be made to resuscitation procedures in accordance with agreed ways of working 4.2 Outline local procedures for death in a public place



## Unit content

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### 1 Understand Basic Life Support requirements

*Principles of Basic Life Support:* the significance of BLS as part of the chain of survival; holding procedure to maintain the patient until defibrillation can occur; patients receiving early BLS and early defibrillation have a greater chance of survival than those that receive early defibrillation alone; to prevent death of brain cells in 3–4 minutes

*The fundamental elements of BLS:* a clear airway for air to enter the lungs; supported breathing to ensure ventilation of the lungs; supported circulation to carry oxygenated blood to vital organs; early defibrillation to re-start the heart; effective post-resuscitation care to prevent further arrest

*When BLS is performed:* on an unconscious patient; when there are no signs of life

*Types of cardiopulmonary arrest:* shockable rhythm; non-shockable rhythm; respiratory arrest (no breathing) (will result in cardiac arrest very quickly); cardiac arrest (heart not beating) is always accompanied by respiratory arrest

*Post resuscitation care:* patient positioning (at rest, recovery position, keeping patient at rest); patient communication/interactions (importance of reassurance, calm and confident approach); patient monitoring (assessment of airway, breathing and circulation, level of consciousness, respond to changes in patient condition); patient reporting (handing over to healthcare professional, age, sex, history, injury/illness, condition, estimated time of arrival)

### 2 Be able to demonstrate Basic Life Support techniques

*Demonstrate Basic Life Support:* safety of self, the scene, the patient; check responsiveness (gentle shaking, ask loudly, 'Are you all right?', consider hearing impaired patients); shout for help;

- Conscious, breathing patient with pulse:
  - Reassure patient
  - Comfortable position, free from further danger
  - Continue to re-assess airway breathing circulation
  - Stay with patient until help arrives
- Unconscious, breathing patient:
  - Open the airway
    - Manual techniques (head tilt, chin lift, jaw thrust (Trauma victims))
    - Simple airway adjuncts (oropharyngeal airway, nasopharyngeal airway, bag valve mask device in conjunction with previous)
    - Patients with special needs (laryngectomy and tracheotomy: clear stoma opening, mouth to stoma, BVM with child mask upside down, consider blocking nose during ventilation)
    - Remove obvious obstructions from mouth

- Leave well fitting dentures
- Turn patient on side if necessary to drain fluid
- Check the breathing
  - Keeping airway open
  - Look, listen and feel for normal breathing (other than occasional gasps or weak attempts at breathing)
- Reassess regularly
- Unconscious and not breathing:
  - If required, seek help before commencing BLS
  - If no signs of circulation or unsure, start chest compressions without delay
    - Hand position in centre of chest
    - Depth of compression approximately 4–5 centimetres
    - Keep hands in contact with chest upon release
    - Firm, controlled, vertical pressure
    - Repeat compressions at rate of 100 times per minute
    - 30 Compressions
    - Two Ventilations
    - Continue 30:2 CPR
    - Do not interrupt CPR except for defibrillation

*Management of the choking victim:*

- Recognition of the choking victim
- Management of mild airway obstruction
  - Encourage continued coughing
- Severe airway obstruction (conscious patient)
  - Back blows (stand to side and slightly behind victim, support chest with hand and encourage person to lean forward, deliver up to five back blows between shoulder blades, check for obstruction removal after **each** blow)
  - Abdominal thrusts where obstruction persists (stand behind patient with both arms around upper abdomen, lean patient forward, place fist halfway between naval and bottom of breastbone, grasp fist in other hand and pull sharply inwards and upwards)
  - If obstruction persists alternate five back blows with five abdominal thrusts
- If patient becomes unconscious
  - Support patient to ground
  - Call for help if not done so already
  - Begin BLS

*Use of AED:*

- BLS until AED ready
- Apply AED pads (do not interrupt CPR)
- Analyse rhythm
  - If shock advised: consider safety factors, deliver one shock, resume CPR (30:2) for two minutes, repeat
  - No shock advised: commence CPR (30:2) for two minutes, analyse rhythm
  - Continue BLS
  - Do not interrupt CPR except when patient shows signs of life/movement/breathing

**3 Be able to demonstrate post-resuscitation procedures**

*Recovery position:* eg turn patient after 30 minutes if delayed on scene

*Patient handover:* eg age, sex, history, illness/injury, condition, estimated time of arrival

**4 Know special circumstances related to cardiac arrest**

*Adaptations to be made in cases of:* hypothermia, submersion, pregnancy, DNAR, living wills, cultural, expected death due to terminal illness, notion of futility (not starting/stopping resus), traumatic cardiac arrest

## Essential guidance for tutors

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### Delivery

Delivery of this unit is likely to begin with developing underpinning knowledge and understanding the equipment to be used. Knowledge must be consolidated through experiential learning, making use of equipment in safe and simulated situations. This is because the focus of this unit on is the safe delivery of care, rather than on the retention of underpinning knowledge.

Learning should be encouraged through use of case study scenarios, with examples of the different types of symptoms and signs that may manifest in patients.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

Assessment of learning outcomes is likely to be through portfolio evidence. Experiential learning outcomes should be evidenced through witness testimony where the witness records the actions and responsibilities undertaken by learners. Simulation may be used in instances where real-life evidence is not available or appropriate. Assessors should be confident that learners are competent. Knowledge can be tested through learners writing up the outcomes of their actions as they might be required to do in a real work context.

### Essential resources

- Equipment necessary for BLS and AED
- Access to manikins, including laryngectomy type

### Indicative resource materials

#### Guidelines

JRCALC guidelines

IHCD guidance

RESUS current guidance

#### Journals

*Resuscitation* – the official journal of the European Resuscitation Council

## **Unit 13: Support the Emergency Care of Babies and Children**

**Unit reference number:** R/602/5059

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

The purpose of this unit is for learners to gain the knowledge and skills required to support the clinician when dealing with seriously ill babies and children.

### **Unit introduction**

The unit covers identification of the seriously ill baby and child, including the measures that should be taken to support a paramedic in treating this group of patients. Ambulance crews are often called upon to give care to children and babies whose care needs can be very different from that of an adult patient, both in the way that their body size, shape and mechanics work, but also in the way that national guidelines suggest they are managed.

This unit will cover likely problems that can be encountered with airway, breathing and circulation, along with causes of change in consciousness.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know how to recognise a seriously ill child	1.1 Conduct an initial assessment of a child 1.2 Identify deficiencies in a child's airway 1.3 Identify deficiencies in a child's breathing 1.4 Identify deficiencies in a child's circulation 1.5 Identify deficiencies in a child's neurological status
2 Know how to recognise a seriously ill baby	2.1 Conduct an initial assessment of a baby 2.2 Identify deficiencies in a baby's airway 2.3 Identify deficiencies in a baby's breathing 2.4 Identify deficiencies in a baby's circulation 2.5 Identify deficiencies in a baby's neurological status
3 Be able to assist the clinician in the management of seriously ill babies and children	3.1 Describe the principles that underpin the support of a seriously ill baby/child 3.2 Demonstrate the procedures to support a clinician to manage a seriously ill baby/child
4 Be able to demonstrate resuscitation techniques for a newborn	4.1 Demonstrate resuscitation of a newborn in line with current national guidelines 4.2 Demonstrate the use of airway adjuncts on a newborn, including: <ul style="list-style-type: none"> <li>• a bag valve mask (BVM)</li> <li>• oropharyngeal airways</li> <li>• suction</li> </ul>

Learning outcomes	Assessment criteria
<p>5 Be able to demonstrate basic paediatric life support techniques</p>	<p>5.1 Demonstrate Basic Life Support of a paediatric in line with current national guidelines</p> <p>5.2 Demonstrate the use of airway adjuncts on a child, including:</p> <ul style="list-style-type: none"> <li>• a bag valve mask (BVM)</li> <li>• suction</li> </ul> <p>5.3 Demonstrate how to manage a choking paediatric in line with current national guidelines</p> <p>5.4 Describe the management of sudden infant death syndrome guidelines</p>

## Unit content

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### 1 Know how to recognise a seriously ill child

*Initial assessment:* importance of a detailed physical examination including how to undertake supportive measures required for assessment by a Paramedic of: airway, breathing, circulation, neurological function (disability) and exposure.

*How to identify deficiencies in airway:* how to identify strange airway noises eg stridor, snoring or grunting

*How to identify deficiencies in breathing:* how to measure respiratory rate, how to listen for chest sounds, how to assess for wheeze and crackles, why noises in the chest are important, why changes in respiratory rate are important, awareness that what is normal for a child of one age may be totally abnormal for a child of another age, how to use pulse oximetry and why it may be helpful

*How to identify deficiencies in circulation:* how to measure heart rate, rhythm and volume, why these are important in assessing children; how skin temperature and capillary refill time may be useful in determining perfusion; how use of blood pressure may be difficult or inaccurate due to lack of patient co-operation or confusion about cuff size

*How to identify deficiencies in neurological status (disability):* how to take an AVPU score, how to assess pupils and the importance of blood glucose measurement in children, why temperature recording in children may be useful, identification of the febrile child; awareness that there are paediatric pain scores and paediatric Glasgow Coma Scores

*Exposure:* how to identify physical abnormalities in children, how to examine a child whilst conserving both heat and dignity, how to spot signs of physical abuse, or other child protection issues

### 2 Know how to recognise a seriously ill baby

*Initial assessment:* importance of a detailed physical examination including how to undertake supportive measures required for assessment by a paramedic of a baby's airway, breathing, circulation, neurological function (disability) and exposure

*How to identify deficiencies in airway:* how to identify strange airway noises eg stridor, snoring or grunting

*How to identify deficiencies in breathing:* how to measure respiratory rate, how to listen for chest sounds, and how to assess for wheeze and crackles, why noises in the chest are important, why changes in respiratory rate are important, awareness that what is normal for a baby of one age may be totally abnormal for a child of another age; how to use pulse oximetry and why it may be helpful, but difficult in babies

*How to identify deficiencies in circulation:* how to measure heart rate, rhythm and volume, where these are located, and why these are important in assessing babies; how skin temperature and capillary refill time may be useful in determining babies' perfusion; how use of blood pressure may be difficult or inaccurate due to lack of patient co-operation or confusion about cuff size



*How to identify deficiencies in neurological function (disability):* how to take an AVPU score, how to assess pupils and the importance of blood glucose measurement in babies; why temperature recording in babies may be useful; identification of the febrile baby; awareness that there are paediatric pain scores and paediatric Glasgow coma scores

*Exposure:* how to identify physical abnormalities in babies, how to examine a baby whilst conserving both heat and dignity; how to spot signs of physical abuse, or other child protection issues

### 3 **Be able to assist the clinician in the management of seriously ill babies and children**

*Principles that underpin the support of a seriously ill baby/child:*

- how emergency healthcare workers must prepare themselves to deal with a sick child/baby; how acting on emotion, may not be in the best interests for the child
- how children have anatomical differences and physiological norms that are different to adults, but also that the vital signs/clinical observations that may be normal for a child of one age may be completely abnormal for a child of a different age
- that recognition of the sick child and prevention of cardiac arrest are the key to successful management of seriously ill babies and children
- that a structured approach to child assessment and treatment undertaken by all members of the emergency care team will allow for subtle changes to be noted and treated

*Procedures to support a clinician to manage a seriously ill baby/child:*

- demonstrate supporting airway – head tilt/chin lift, padding of shoulders, jaw thrust
- supporting the paramedic with paediatric airway adjuncts: oral airways and nasal airways, the use of suction
- supporting the paramedic with paediatric endotracheal intubation and needle cricothyroid puncture
- demonstrate supporting breathing – the use of oxygen in children and babies, the use of the paediatric bag valve mask ventilation; supporting the administration of specific drugs by paramedics that will assist with breathing – through nebulisation and in-line nebulisation (t piece)
- demonstrate supporting circulation – supporting the paramedic in the administration of drugs by intravenous, intramuscular and intraosseous routes; drawing up drugs for paramedic use in babies and children
- demonstrate supporting neurological function (disability) – supporting the paramedic in the taking of temperature, and the taking of blood glucose; supporting the administration of specific drugs by paramedics that will assist with neurological function – ie glucose/dextrose
- demonstrate supporting the paramedic in the management of paediatric trauma – holding a head for c-spine immobilisation, supporting the paramedic with specific trauma skills – needle thoracostomy and limb traction.

#### 4 **Be able to demonstrate resuscitation techniques for a newborn**

*Resuscitation of a newborn:*

- Conserve heat: methods of providing warmth, drying, stimulating a newborn
- Airway: positioning: padding shoulders, suction of thick meconium
- Breathing: lung aeration, inflation breaths, supporting the paramedic to aerate the lungs of the newborn: bag valve mask ventilation of the newborn
- Circulation: delivery of chest compression
- Drugs: supporting the paramedic in IV/IO route, support the paramedic in drawing up drugs, support the paramedic with checking doses

*Use of airway adjuncts for newborn, including:*

- a bag-valve mask (BVM)
- oropharyngeal airways
- suction

#### 5 **Be able to demonstrate basic paediatric life support techniques**

*Basic Life Support of a paediatric patient in line with current national guidelines:*

- dangers – ensure safety of rescuer and child
- responsiveness
- opening airway
- rescue breathing
- chest compression

*Manage a choking paediatric in line with current national guidelines:*

- assessing the severity of the obstruction
- management of the paediatric who has effective coughing
- managing the paediatric who is choking and conscious: back blows and thrusts : chest for infant – abdominal for child greater than one year of age
- managing the paediatric who is choking but unconscious – rescue breathing and chest compression

*Management of sudden infant death syndrome:* local policy, national guidelines ([www.fsids.org.uk](http://www.fsids.org.uk)); ambulance staff should attempt resuscitation unless it is clear that the baby has been dead for some time; keep the parents informed; take the baby to the most suitable accident and emergency department (not to the mortuary)

## Essential guidance for tutors

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### Delivery

Delivery of this unit is likely to include some tutor input to enable learners to develop knowledge of the underlying principles of resuscitation. Learners should then move onto guided experiential learning to enable them to practise their techniques.

Artefacts such as dummies will be needed.

Visiting practitioner demonstrations will be useful.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

Assessment of this unit will mostly be through witness testimony, video or taped evidence of demonstration of skills. Assessors should be confident of competence in assessment.

Simulation may be used in instances where real-life evidence is not available or appropriate.

Assessment criteria requiring descriptions could be tested through assignments.

### Essential resources

<a href="http://fsid.org.uk">fsid.org.uk</a>	Sudden infant death syndrome
<a href="http://www.resus.org.uk/pages/nls.pdf">www.resus.org.uk/pages/nls.pdf</a>	Neonatal resuscitation guidelines
<a href="http://www.resus.org.uk/pages/pals.pdf">www.resus.org.uk/pages/pals.pdf</a>	Paediatric resuscitation guidelines
<a href="http://www.resus.org.uk/pages/pbls.pdf">www.resus.org.uk/pages/pbls.pdf</a>	Paediatric Basic Life Support resuscitation guidelines
<a href="http://www.spottingthesickchild.com">www.spottingthesickchild.com</a>	Spotting the Sick Child – Department of Health website to support health professionals in the assessment of the acutely sick child

### Indicative resource materials

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett Publishers International, 2008) ISBN 978-0763750572

Greaves I, Porter K et al – *Emergency Care: A Textbook for Paramedics* (Saunders, 2005) ISBN 978-0702025860

*Pediatric Education for Prehospital Professionals* (Jones and Bartlett, 2006) ISBN 978-0763737054

*Pre Hospital Paediatric Life Support: The Practical Approach* (Wiley-Blackwell, 2005) ISBN 978-0727918529



## **Unit 14: Support Emergency Care during Pregnancy and Childbirth**

**Unit reference number:** J/602/5060

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

The aim of this unit is to enable the learner to gain the knowledge and skills to support the clinician in the emergency care of pregnant women.

### **Unit introduction**

This unit will cover specific complications and emergency procedures related to pregnancy and childbirth. This includes common pregnancy-related conditions, such as pre-eclampsia, ectopic pregnancy, haemorrhage and placenta praevia. This unit covers the support given to the clinician in the delivery of a baby, including the stages of labour and the equipment required. The unit looks at emergency procedures related to the childbirth continuum, such as cord prolapse, malpresentations, multiple births and pre-term labour.

This unit will also cover the role of the emergency care worker, within the interprofessional team, in recognising, preventing or minimising the impact of complications.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know how to support the clinician in the management of pregnancy-related conditions	1.1 Outline pregnancy-related conditions: <ul style="list-style-type: none"> <li>• pre-eclampsia</li> <li>• ectopic pregnancy</li> <li>• haemorrhage</li> <li>• placenta praevia</li> </ul> 1.2 Outline ways to support the clinician in the management of pregnancy-related conditions
2 Know how to support the clinician in delivering a baby	2.1 Outline the stages of labour 2.2 Identify equipment required for delivering a baby 2.3 Describe how to support a woman in labour to ensure maintenance of health of mother and child 2.4 Outline ways to support the clinician during childbirth to ensure maintenance of health of mother and child
3 Know how to support the clinician in the management of complications of labour	3.1 Outline complications of labour: <ul style="list-style-type: none"> <li>• cord prolapse</li> <li>• malpresentations</li> <li>• haemorrhage</li> <li>• multiple births</li> <li>• pre-term labour</li> </ul> 3.2 Outline ways to support the clinician in the management of complications of labour

## Unit content

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### 1 Know how to support the clinician in the management of pregnancy-related conditions

*Signs and symptoms of common pregnancy-related conditions:*

eg pre-eclampsia (significant hypertension, often in association with specific symptoms eg headache, epigastric/right upper quadrant pain, visual disturbances (flashing lights/spots) and vomiting, often with facial oedema, urine testing will show proteinuria); ectopic pregnancy (including referred pain in left shoulder tip) treatment; haemorrhage; placenta praevia

*Abbreviations used in maternity books:* EDD – estimated date of delivery; Br – Breech; LMP – last monthly period; SCUB – Special care baby unit; PIH – Pregnancy induced hypertension; T – Term; CEPH – Cephalic (Head); G – Gravida, the number of times a woman has been pregnant; P – Parity, the number of times a woman has given birth

*Ways to support clinician in management of pregnancy-related conditions:* eg taking full observations including blood pressures, treatment, and people most at risk; differences in CPR for pregnant patient eg compression of the inferior vena cava by the pregnant uterus (beyond 20 weeks) is a serious potential complication and suitable positioning or manual displacement must be carried out, tilt the mother to her left side, commence adult BLS/ALS with a hospital alert to have an Obstetrician on standby, consider fluid therapy

*Changes to human body during pregnancy:* cardiac output increases by 20-30% in the first 10 weeks of pregnancy; average maternal heart rate increases by 10-15 beats per minute; systolic and diastolic blood pressure fall, on average by 10-15mmHg; as foetus enlarges the diaphragm becomes splinted, breathing effort and rate increase and vital capacity is decreased; blood volume and numbers of red blood cells increase(45%), but not in proportion so the patient becomes relatively anaemic; due to increased blood volume the pregnant patient is able to tolerate greater blood or plasma loss before showing signs of hypovolemia

### 2 Know how to support clinician in delivering a baby

*Stages of labour:* 1st stage labour – cervix dilates, patient may have a show, contractions will become more painful; 2nd stage labour – cervix is fully dilated, 10cm, delivery of baby; 3rd stage – delivery of the placenta and membranes, may take 15-20 minutes, will be accompanied by a gush of blood, this should be no more than 200-300mls

*Equipment:* drugs that may be used by the paramedic or midwife, including Entonox

*Supporting mother and child:* emotionally – the need to be relaxed and calm; physically

*Supporting the clinician:* this may include collecting equipment from the ambulance, and using the radio to contact a midwife, also having a good understanding of what the situation involves

**3 Know how to support the clinician in the management of complications of labour**

*Cord prolapse:* correct way to move and transport this patient, causing minimal harm to mother and baby; not using a carry chair as this could lead to the cord being compressed by the weight of the mother, ideally using the trolley bed, but where necessary and expedient the mother may be helped to walk to the trolley bed, once on the trolley the mother should be placed on her side with padding under her hips to raise the pelvis and reduce pressure on the cord; understanding of the importance of carrying out instructions from the clinician

*Malpresentations:* eg breech birth – where the feet or buttocks present first during delivery rather than head; Shoulder Dystocia – where delivery of the baby's shoulder is delayed, the baby's anterior shoulder is stuck behind the symphysis pubis

*Haemorrhage:* could be potentially life threatening and will be ready to assist the clinician with whatever they need, including cannulation and fluid therapy

*Multiple births:* understand the importance of getting more help to the scene, which may include another ambulance crew or a midwife; understand that one crew are unable to deal with this situation on their own

*Transporting:* quickly and calmly, and the importance of contacting a midwife as soon as possible



## Essential guidance for tutors

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### Delivery

The learner will gain knowledge in this unit by group discussions, experiential learning, simulated activities, structured activities, and professional guest speakers.

To support in the delivery of a baby with malpresentations, learners will need to understand how the anatomy of a pregnant woman changes as the pregnancy progresses through the different trimesters.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

Learners will obtain evidence for this unit in the workplace over a period of time. Assessment will relate to the issues raised within the content of the unit, incorporating a contemporaneous evidence base relating to the role of the emergency care assistant working within an interprofessional team.

Assessment criteria requiring descriptions could be tested by assignment.

### Essential resources

Learners will require full access to library and ICT facilities, DVDs, delivery packs, suitable manikins.

### Indicative resource materials

#### Guidelines

*JRCALC UK Ambulance Service Clinical Practice Guidelines* (2006)

*IHCD Basic Training Manual* (Edexcel Publications, 2007)

#### Journals

*Journal of Paramedic Practice*



**Guided learning hours: 40**

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand the initial care of bone, muscle and joint injuries	1.1 Explain the importance of considering mechanism of injury when treating a trauma patient 1.2 Explain the considerations for patients when managing injuries 1.3 State the priorities when managing a trauma patient to ensure safety and care of self and patient 1.4 State the common types of fractures 1.5 Explain the objectives of splintage 1.6 Describe the signs and symptoms of circulatory and nervous compromise in an affected limb 1.7 Explain patient positioning relevant to injury
2 Be able to provide for initial wound care	2.1 Describe the types of wound 2.2 Describe principles of wound care 2.3 Demonstrate management of different types of wounds
3 Understand the initial care of burns and scalds	3.1 State the main safety considerations for self and patient when dealing with burns 3.2 State the types of burns in terms of depth of tissue damage 3.3 State the classification of burns by agent 3.4 Outline the considerations/potential complications associated with burns 3.5 Outline the management differences of a burn in relation to body area 3.6 Describe the acceptable methods of treating burns

Learning outcomes	Assessment criteria
4 Be able to support the management of spinal injury	4.1 Outline the importance of early stabilization of the head and neck in any case of confirmed or suspected spinal injury  4.2 Demonstrate support of the initial management of spinal injuries
5 Understand the initial care of head and maxillofacial injury	5.1 Describe the management of injuries to scalp, skull and brain  5.2 Describe the management of maxillofacial injury  5.3 Describe the management of eye injury
6 Know how to support the initial care of chest injury	6.1 Describe the management of injuries to the chest

## Unit content

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### 1 Understand the initial care of bone, muscle and joint injuries

*Considerations for patients when managing injuries:* awareness of the types of injury; types of causation; classification: trauma is often classified as blunt, penetrating or non-penetrating trauma, blunt force trauma or poly trauma, but often other clinically caused conditions can also be classed as trauma – such as burns

*Injury to bones:* a fracture, which can be caused by tumour or osteoporosis; joint dislocation, or luxation, occurs when bones in a joint become displaced or misaligned

*Injuries to muscles:* overstretching, tear or partial tear, Grade 1–3 strains; crush syndrome

*Injuries to blood vessels:* major bleeding may be a life-threatening condition requiring immediate attention; may be external or internal; blood vessel injury is normally classified according to the actual type of vessel that has been damaged; bleeding may be from an artery, vein, or from a capillary

*Injury to skin:* heat (burns), sharp objects (incision, lacerations or puncture wounds), ultraviolet radiation, excessive rubbing – (such as gravel rash or rope burns) or pressure onto the skin, resulting in bruising

*Priorities when managing a trauma patient:* approach the patient in a systematic manner; ensure that the scene is safe, that self and patient/s are not going to come to harm; considerations: primary survey and resuscitation; airway and cervical spine; breathing; circulation and haemorrhage control; dysfunction, exposure; methodology of primary survey (ABCDE), secondary survey, definitive treatment

*Common types of fractures:* open fracture, closed fracture, simple fracture, multi-fragmentary fracture, compression fracture, avulsion fracture, impacted fracture, stress fracture, compression fracture of the spine, rib fractures, complete fracture, incomplete fracture, linear fracture, transverse fracture, oblique fracture, spiral fracture, comminuted fracture, compacted fracture

*Objectives of splintage:* main functions and objectives of splinting are to: 1) align bony fractures, 2) provide secure immobilization, 3) control spasm of muscles, 4) control and reduce blood loss, 5) provide pain relief, 6) prevent further injury to blood vessels, nerves and tissue, and 7) lower the incidence of clinical fat embolism; splinting of a pelvis is essential in reducing the space in the pelvis within which blood can leak – often referred to as reducing the compartment

*Signs and symptoms of circulatory and nervous compromise in an affected limb:* patient may experience pins and needles (paresthesia), the area may also have a delayed capillary refill resulting in pain; where sustained pressure has been applied over a nerve, inhibiting/stimulating its function, the same types of pain can occur; damage to a nerve can result in paralysis or loss of function of an area of the body (motor nerve) or a loss of feeling (sensory nerve)

*Patient positioning relevant to injury:* where possible place the patient in an injured side down position to allow for blood to drain to the lowest part of the body, thereby not affecting the injured side; postural drainage

## 2 Be able to provide for initial wound care

*Types of wound:* incised (usually caused by a sharp object eg knife), considerations of ease of closing, less infection, wound packing/dressing; contused (a bruise) bleeding under the skin often caused by blunt trauma; lacerated (a tear – such as catching skin on barbed wire) consideration that it is jagged and torn, does not repair easily with high risk of infection; gunshot (caused by a firearm), consideration of entry and possible exit; amputation – (separation of extremity/limb) consideration of haemorrhage control and saving digits; abrasion, consideration of gravel rash, rope burn, painful, high infection risk; avulsion, consideration of skin ripped from bone, painful and often difficult to repair; penetrating, consideration that this is a foreign body introduced into the body which has not exited; perforating, consideration that this is a foreign body that has passed through the body or is sometimes still stuck in the body, high infection, often two wounds, organ damage, massive bleeding

*Principles of wound care:* reduce blood loss, apply dressing to prevent further infection, stabilise any penetrating injuries; purposes of dressing, depending on the type, severity and position of the wound, focus towards promoting recovery and preventing further harm from the wound; key purposes of dressing are: to stem bleeding (Helps to seal the wound to promote the clotting process), to absorb exudate (soak up blood, plasma and other fluids exuded from the wound, containing it in one place), to ease pain (some dressings may have a pain relieving effect, and others may have a placebo effect), to debride the wound (the removal of slough and foreign objects from the wound), protection from infection and mechanical damage, to promote healing (through granulation and epithelialisation)

*Management of different types of wounds:*

Students should demonstrate the following in a simulated environment:

- The application of direct pressure
- The application of indirect pressure
- The application of a pelvic splint to reduce haemorrhage
- The application of traction to reduce haemorrhage
- The application of a traction splint to reduce haemorrhage
- The use of wound packing to stop bleeding
- The use of arterial tourniquets to control massive haemorrhage (service specific)
- The use of elevation as a technique to stop bleeding
- The application of a dressing
- The application of a conforming bandage
- The application of an elevation sling
- The application of a head bandage

- Management of abdominal evisceration
- Management of foreign body wound

### 3 Understand the initial care of burns and scalds

*Main safety considerations for self and patient when dealing with burns:* risk of injury to self from heat, electricity, chemicals, light, radiation

*Types of burns in terms of depth of tissue damage:* a number of different classification systems exist (traditional system divided burns into first-, second-, or third-degree) and system reflecting the need for surgical intervention – describing burns as superficial, superficial partial-thickness, deep partial-thickness, or full-thickness:

- First-degree burns (also superficial thickness)
- Second-degree burns (partial-thickness – superficial)
- Third-degree burns (partial-thickness deep – or full thickness) however, all third-degree burns are usually surrounded by areas of first and second-degree burns

*Classification of burns by agent:* dry heat, wet heat, radiation, heated objects, cold burn, inhalation injury, electrical burn, chemical burn

*Considerations/potential complications associated with burns:* minor burns are usually superficial and do not cause complications; deep second-degree and third-degree burns swell and take more time to heal; deeper burns can cause scar tissue to form; scar tissue shrinks (contracts) as it heals; if the scarring occurs in a limb or digit, the resulting contracture may restrict movement of nearby joints.

*Severe burns and some moderate burns:* extensive fluid loss and tissue damage; complications may take hours or days to develop; the deeper and more extensive the burn, the more severe the problems; young children and older adults tend to be more seriously affected by complications than other age groups. The following are some complications of some moderate and severe burns: dehydration; shock; chemical imbalances; destruction of muscle tissue (rhabdomyolysis); infection; thick, crusty surfaces (eschars)

*Management differences of a burn in relation to body area:* total body surface area (TBSA) – the 'rule of nines', serial halving

*Acceptable methods of treating burns:* try and find the cause of the burn, as this will dictate the type of treatment and complications that can occur, then:

- Stop the burning process as soon as possible. This may mean removing the person from the area, dousing flames with water or smothering flames with a blanket. Do not put yourself at risk of getting burnt as well
- Remove any clothing or jewellery near the burnt area of skin, but do not attempt to remove anything that is stuck to the burnt skin because this could cause more damage
- Cool the burn with cool or tepid (lukewarm) water for 10–30 minutes, ideally within 20 minutes of the injury occurring. Never use ice, iced water or any creams or greasy substances, such as butter



- Make sure that the person keeps warm, using a blanket or layers of clothing (avoiding the injured area). This is to prevent hypothermia occurring, when a person's body temperature drops below 35°C (95°F). This is a risk if you are cooling a large burnt area, particularly in children and the elderly
- Cover the burn with cling film in a layer over the burn, rather than by wrapping it around a limb. Clingfilm significantly eases pain
- Consider the use of a specific burns dressing – however please note that specific rules apply to their use
- The pain from burns can be eased with pain relief – again be aware of the specifics of each type of pain relief
- Hospitalization is sometimes necessary for optimal care of burns

#### 4 **Be able to support the management of spinal injury**

*Importance of early stabilisation of the head and neck in any case of confirmed or suspected spinal injury:* diagnosis can be difficult, and a missed spine injury can have devastating long-term consequences, spinal column injury must therefore be presumed until it is excluded; all patients with suspected spinal injury are candidates for transport to hospital; transport should take place as soon as spinal injury is recognised and immediate life-threatening problems, such as airway compromise and haemorrhage have been stabilised; definitive care for associated injuries should, in most instances, be deferred until after transport

*Spinal splinting (immobilisation):* inadvertent movements of the neck must be prevented during resuscitation; emergency care workers should be familiar with the techniques of immobilisation:

- holding the head
- minimising movement during rescue – rapid extrication (time-critical patients) and slow time extrication (non-time critical patients)
- using equipment – extrication devices, orthopaedic (scoop stretcher), long spinal board, cervical collars, vacuum mattresses

*Support of the initial management of spinal injuries:*

The practical skills requiring simulated environment:

- demonstrate the skills of manual inline stabilisation – holding the head
- demonstrate the application of a cervical collar
- demonstrate the use of an orthopaedic stretcher
- demonstrate the log roll technique
- demonstrate the extrication of a time-critical patient from a vehicle – consideration of long board
- demonstrate the extrication of a non-time-critical patient – consideration of extrication device (ie Kendrick extrication device or similar), long board, vacuum mattress
- discuss the communication skills required with other emergency services at a vehicle accident or similar scene
- demonstrate the techniques of helmet removal

## 5 Understand the initial care of head and maxillofacial injury

*Management of injuries to scalp, skull and brain:*

- Head injury refers to trauma to the head; terms *traumatic brain injury* and *head injury* are often used interchangeably in the medical literature; another series of terms used in literature are primary and secondary brain injury
- primary brain injury occurs at the point of impact or wounding and therefore is an event that has already occurred
- secondary brain injury is a worsening of the patient's condition due to various factors: swelling; hypoxia; hypoglycaemia; infection

*Management of head injury:* maintain adequate cerebral perfusion and oxygenation, and to avoid (or treat) raised intracranial pressure; undertaking a primary survey: airway and c-spine control, breathing, circulation and major haemorrhage control, disability, exposure; airway should be protected in comatose patients; use of c-spine immobilisation in order to decrease risk of neck injury, until such time as c-spine injury can be excluded

*Management of scalp injury:* applying direct pressure in most cases, however attention should be given to the possible presence of underlying skull fracture

*Management of maxillofacial injury:* facial trauma, also called maxillofacial trauma, is any physical trauma to the face; depending on the type of facial injury, treatment may include bandaging and direct pressure upon open wounds; remember treatment may also be necessary for other injuries such as traumatic brain injury, or cervical spine injury both of which commonly accompany facial trauma

*Management of eye injury:* eye injuries causes: chemical exposures and burns, corneal abrasions, traumatic iritis, hyphaemas, orbital blowout fractures, lacerations (cuts) to the eyelids, lacerations to the cornea, foreign bodies in the eye, corneal foreign bodies, intraorbital foreign bodies, intraocular, ultraviolet keratitis; eye injury treatments: need for an eye specialist to examine the eye as soon as possible, even if the injury seems minor at first

## 6 Know how to support the initial care of chest injury

*Management of injuries to the chest:* deadly dozen (lethal six + hidden six); the lethal six are immediate, life-threatening injuries that require evaluation and treatment during primary survey; the hidden six are potentially life-threatening injuries that should be detected during secondary survey; each of these may present as immediately life-threatening or potentially life-threatening events

*Lethal six:* 1. airway obstruction; 2. tension pneumothorax; 3. pericardial tamponade; 4. open pneumothorax ('sucking chest wound'); 5. massive haemothorax; 6. flail chest

*Hidden six:* 1. thoracic aortic disruption; 2. tracheobronchial injuries; 3. blunt myocardial injury; 4. diaphragmatic injuries; 5. oesophageal injury; 6. pulmonary contusion

## Essential guidance for tutors

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### Delivery

This unit will require discussion of key concepts using a wide variety of learning materials – such as PowerPoint or video. Some key concepts may need to be delivered as tutor-led sessions, whilst others lend themselves better towards learner-managed exploration.

For this unit, learners need to gain practical skills in a wide range of environments; these skills then need to be practised in simulation.

Learners should be encouraged to practise skills, such as extrication with emergency services. This demonstrates interagency working.

### Assessment

This unit must be assessed in accordance with Skills for Health's QCF Assessment Principles (see *Annexe B*).

This unit will be assessed through a portfolio of evidence and through witness testimony of demonstration of skills. Simulation may be used where real-life evidence is not available or appropriate. When reaching assessment decisions, assessors should be confident that learners are competent. It is essential that, if learners work in groups, each learner provides evidence of their own competence. All learner evidence should be retained for verification purposes.

### Essential resources

There are no essential resources for this unit.

### Indicative resource materials

#### Textbooks

*Anaesthetics, Trauma and Critical Care Manual* (ATACC, 2008)

*Basic and Advanced Pre-Hospital Trauma life support, Military version* (Mosby, 2005) ISBN 978-0323032711

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett Publishers International, 2008) ISBN 978-0763750572

*PHTLS Basic and Advanced Prehospital Trauma Life Support, Sixth Edition* (Mosby, 2006) ISBN 978-0323033312

#### Papers

Cooke M and Todd I (editor) – *Clinical practice guidelines for use by the UK ambulance services*. (London: IHCD on behalf of the Ambulance Service Association and the Joint Royal Colleges Ambulance Liaison Committee, 2004)

Hodgetts T, Mahoney P, Russell M, Byers M – *ABC to <C>ABC: redefining the military trauma paradigm* (Emerg Med J, 2006; 23: 745-6)

Kay A and Teasdale G – *Head injury in the United Kingdom* (World Journal of Surgery 2001; 25(9): 1210-20)

**Websites**

[www.jrccalc.org.uk](http://www.jrccalc.org.uk)

Joint Royal Colleges Ambulance Liaison Committee

[www.nice.org.uk/nicemedia/pdf/CG56NICEGuideline.pdf](http://www.nice.org.uk/nicemedia/pdf/CG56NICEGuideline.pdf)

NICE guidelines CG56 (Head injury) page 31

[www.trauma.org](http://www.trauma.org)

Trauma.org

## Unit 16: Care for the Elderly

**Unit reference number:** R/602/5062

**Level:** 2

**Credit value:** 1

**Guided learning hours:** 10

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### Unit aim

The aim of this unit is to develop knowledge and understanding of the needs of the elderly and how to care for them.

### Unit introduction

Care of the elderly is a significant part of most healthcare services' workload. With an ageing population, better healthcare and medical advances we will encounter increased numbers of elderly patients.

This unit is designed to broaden existing knowledge and develop individuals to care for the elderly patient much more effectively. This unit looks into the ageing process that covers all aspects of daily life then looks into how as healthcare providers learners could adapt their normal working practices in order to effectively care for the elderly patient.

Learners will gain an increased awareness of common illnesses and conditions faced regularly by the elderly.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand the ageing process	1.1 Describe changes with age: <ul style="list-style-type: none"> <li>• physical</li> <li>• psychological</li> <li>• emotional</li> <li>• social</li> </ul> 1.2 Outline the needs of the elderly in relation to the ageing process
2 Be able to adapt communication techniques when caring for elderly patients	2.1 Outline ways to minimise barriers to communication 2.2 Demonstrate adapted communication techniques for elderly patients
3 Know how to care for elderly patients	3.1 Describe conditions affecting the elderly: <ul style="list-style-type: none"> <li>• dementia</li> <li>• Parkinson's disease</li> <li>• stroke/TIA</li> <li>• arthritis</li> <li>• osteoporosis</li> </ul> 3.2 Describe how to adapt care plans for elderly patients

## Unit content

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### 1 Understand the ageing process

*Changes with age:* physical changes eg stiffness, slowness, aching joints, weak muscles, deafness, loss of sight, balance disturbance, greying and whitening hair, dry wrinkled skin, marked bony prominences, deterioration of senses, memory impairment; psychological changes eg anxiety, depression, fatigue; social changes eg acopia, environment, social isolation

*Changing needs of the elderly person:* key interventions which could be offered to the elderly person in order to support physical, psychological, emotional and social needs eg regular meetings with GP for a review of medication (preventing negative effects of polypharmacy); occupational therapy assessment; social care services potentially available; referral to allied health professions/partnership agencies

### 2 Be able to adapt communication techniques when caring for elderly patients

*Barriers to communication:* eg sensory deprivation, jargon, slang, dialect, the use of acronyms; cultural differences; emotional tension/distress; disabilities; environmental factors; misinterpretation of messages; differing humour; inappropriate behaviour; feelings of isolation

*Minimising barriers to communication:* the importance of introduction of emergency care assistants to the patient in order to build a professional relationship; optimising the environment to facilitate communication to include ensuring the patient is in a familiar environment, away from external visual and audible distractions; speaking clearly in language which the patient should be able to understand; ensuring good eye contact and communicating to the patient at their level; adopting 'tactile touch' technique to facilitate communication; limiting the use of jargon, slang, acronyms and technical language; utilising where appropriate aids to communication eg hearing aids, Braille, language interpreters and or bystanders

### 3 Know how to care for elderly patients

*Adapting the normal care plan:* eg effective communication (given in learning outcome 2); awareness of aids which elderly people use on a daily basis and how methods of practice could be adapted to include the use of such aids eg walking stick, walking frame, wheel chair, grab hand rails, stairlifts, glasses, hearing aids, hoists; awareness of elderly patient needs eg additional time, independence, trust, empathy, compassion

## Essential guidance for tutors

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### Delivery

This unit will require input from a suitably qualified tutor with experience in elderly care. Possible delivery options could include group discussion, peer discussion, project work and presentations, theory-based lectures and role play. Learners should be given the opportunity to talk with experienced carers and/or visit a day hospital.

Learners should be encouraged to explore all aspects of elderly care as the principles pertained cover most aspects of patient care. The unit is not designed to go into too much detail surrounding elderly conditions; rather, it is designed to give the learner an appreciation of the different conditions the elderly may live with and what impact this might have on their activities of daily living.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

Assessment for this unit could include multiple choice and short answer question papers in the class setting. Ongoing assessment could include the learner producing a portfolio of evidence and practical operational assessments within the work environment with appropriate recorded feedback on a 1:1 basis.

### Essential resources

*IHCD Basic Training Manual*, section 3 (Edexcel Publications, 2007)

### Indicative resource materials

#### Textbooks

Caroline N – *Nancy Caroline's Emergency Care in the Streets* (Jones and Bartlett, 2008) ISBN 978-0763750572

*Geriatric Education for Emergency Medical Services* (Jones and Bartlett, 2003) ISBN 978-0763720865

#### Websites

<a href="http://www.aboutmemoryproblems.com">www.aboutmemoryproblems.com</a>	Memory Problems
<a href="http://www.ageuk.org.uk">www.ageuk.org.uk</a>	Age UK
<a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a>	Alzheimer's Society
<a href="http://www.bgs.org.uk">www.bgs.org.uk</a>	British Geriatrics Society
<a href="http://www.careaware.co.uk">www.careaware.co.uk</a>	Care Aware
<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>	Department of Health
<a href="http://www.improvingchroniccare.org">www.improvingchroniccare.org</a>	Improving chronic illness care



## **Unit 17: Major Incidents involving Emergency Carers**

**Unit reference number:** Y/602/5063

**Level:** 2

**Credit value:** 1

**Guided learning hours:** 10

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### **Unit aim**

The purpose of this unit is to enable learners to have an understanding of the key areas relevant to major incidents and the ambulance service.

### **Unit introduction**

This unit is designed to enable learners to understand the overall impact of a major incident. Learners should use this unit to gain the underpinning knowledge that will lead to an understanding of the roles deployed at major incidents and what part they will play in them.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know the nature of major incidents	1.1 Define a major incident 1.2 State the ambulance service responsibilities with regard to a major incident 1.3 State who can declare a major incident
2 Understand the different roles in a major incident	2.1 State the role of the attendant (paramedic) of the first crew on scene. 2.2 List the responsibilities of the driver (ECA) of the first crew on scene 2.3 List the responsibilities of subsequent ambulance crews on scene 2.4 State the information that should be included in radio reports 2.5 Describe the potential roles for ambulance officers on scene 2.6 Identify risks which threaten the coherence of the response being provided to the major incident/situation 2.7 Propose solutions to risks which threaten the coherence of the response being provided to the major incident/situation 2.8 Describe how to contribute to the safety of yourself and others 2.9 State the role of Silver and Gold Controls

## Unit content

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### 1 Understand the nature of major incidents

*Major incident:* any incident where the demand for emergency services exceeds normal capacity and routinely available resources

*Incidents may include:* biological, chemical, major transport, natural disaster, nuclear, radiological, social

*Resources may include:* personnel, equipment and materials, estates and facilities, logistics, medicines

*Responsibilities of the ambulance service at a major incident:* have a statutory obligation to be prepared to deal with a major incident; should have a major incident plan based on guidance from the Ambulance Service Association, Department of Health, and Home Office and which builds on the Civil Contingencies Act 2004 guidance; any member of the ambulance service can initiate the major incident procedures after assessing the situation

### 2 Understand the different roles in a major incident

*Role of first attendant on scene:* assume role of incident officer; wear PPE; conduct a scene survey and report back to control; liaise with other emergency services present; prepare briefing for first ambulance officer on scene

*Role of first driver on scene:* park as near as safety permits; wear PPE; ensure ambulance has beacons on as first ambulance on scene; provide control with a situation report; stay with vehicle and maintain communications

*Role of ambulance crews arriving:* go to parking point; report arrive to control; switch off beacons so first vehicle on scene is clearly identifiable; driver to stay with vehicle at parking point until called for; attendant to stay with vehicle until called for; manage casualties as per triage system; leaving scene inform control

*Information which should be included in radio reports:*

- CHALETs – casualties (number, type of severity), hazards, access/egress, location of incident, emergency services, type of incident
- METHANE – major incident declared, exact location, type of incident, hazards, access and egress, number, type and severity of casualties, emergency services already present

*Potential roles of ambulance officers on scene:* incident officer, liaison officer, parking officer, casualty clearing officer, loading officer, safety officer

*Risks:* any factors which threaten the effective integration of a response; may include: actions not agreed; breakdown of communication; deviations to plan

*Safety of self and others:* STEP 1-2-3 Protocol – Safety Triggers for Emergency Personnel; step one – one casualty – approach using normal procedures; step two – two casualties – approach with caution, consider all options, do not discount anything, report on arrival and update control; step three – three casualties or more – do not approach the scene, withdraw, contain, report, isolate yourself, send for specialist help

*Protective equipment:* equipment designed to protect the wearer and appropriate to the hazard present

*Silver and Gold Controls:* Silver Commander: a manager with responsibility for tactical management of the scene; Gold Commander: normally director of operations or chief executive – strategic planning and policy

## Essential guidance for tutors

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### Delivery

This unit will require input from a suitably qualified tutor. Relevant local procedures will be required for reference to ensure adherence to national and local standards and safety requirements.

Learners should be encouraged to enhance learning by carrying out research. However, some multi-professional (eg fire brigade, police, HART (Hazardous Area Response Team)) scenario work would be ideal to give practical experience – although it may be cost prohibitive.

Supervision will be required to ensure correct application of learning in the classroom setting.

Learners should develop a general understanding of the main areas of responsibility at a major incident.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

The assessment for this unit could include a portfolio of evidence comprising witness statements and learners' written work. It should include evidence of multi-profession working if possible. Evidence needs to be kept for internal and external quality assurance. The assessment criteria for each outcome can be assessed together or individually. However, it is essential that the evidence for each part is recorded. A series of questions could be used to confirm that learners meet the assessment criteria.

### Essential resources

Ambulance Service Major Incident Plans

### Indicative resource materials

#### Textbooks

*IHCD Basic Training Manual* (Edexcel, 2007)

#### Website

[www.cabinetoffice.gov.uk/ukresilience/preparedness/ccact.aspx](http://www.cabinetoffice.gov.uk/ukresilience/preparedness/ccact.aspx)      Cabinet Office Civil Contingencies Act



**Guided learning hours: 10**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know the factors that influence extrication of patients	1.1 Identify the environmental factors that would impact on a patient requiring removal from a scene 1.2 Describe the resources required to remove a patient from a scene 1.3 Describe the time constraints/considerations of removing a patient from a scene
2 Be able to use extrication equipment to remove patients from a scene	2.1 Demonstrate use of equipment to remove a time-critical patient 2.2 Demonstrate use of equipment to remove a non time-critical patient 2.3 Demonstrate roles and responsibilities during extrication according to agreed ways of working
3 Be able to demonstrate the correct removal of a helmet	3.1 State the circumstances when a helmet should be removed 3.2 Explain the importance of maintaining in-line immobilisation at all times during the procedure 3.3 Outline the potential risks to the patient in removing a helmet 3.4 Demonstrate the effective removal of a helmet



## Unit content

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### 1 Know the factors that influence extrication of patients

*Environmental factors:* mechanisms of injury; external conditions such as weather, location eg type of road, off road, boggy field etc

*Resources required:* access and egress at scene; resources available at scene; resources available to call eg helicopter

*Constraints/considerations:* safety considerations such as any further hazards present eg if the airbag has deployed, fuel leakage, engine still running, other vehicles, building collapse; consideration of snatch rescue

### 2 Be able to use extrication equipment to remove patients from a scene

*Removal of patients from the scene:*

- identify the equipment you have available for light rescue
- identify possible light rescue situations
- identify situations when other emergency services should be present eg fire brigade, police
- consideration of resources actually available
- define when light rescue should be attempted
- use of the Kendrick Extrication Device (KED)
- use of the Spinal Board
- use of the orthopaedic stretcher (Scoop)
- define the roles of rescuers involved in an extrication where there is possible spinal injury
- rapid extrication from a vehicle
- extrication of a stable patient from a vehicle

*Agreed ways of working includes:*

- role of the person maintaining in line neutral alignment of the head
- role of the fire brigade
- role of responders on scene
- role of the incident officer

**3 Be able to demonstrate the correct removal of a helmet**

*Circumstances when helmet should be removed:* need to assess and manage patient airway and breathing; when helmet hinders other emergency care procedures eg spinal immobilisation

*Importance of in-line immobilisation:* neutral positioning of cervical spine to avoid hyperflexion that can occur when helmet is still in situ, to ensure that cervical spine is then supported in position whilst helmet is removed to avoid further damage by excessive extension or flexion or lateral movement of head on neck

*Potential risks:* helmet may be providing pressure on a wound which will be released once removed; risk of injury to head and/or neck if not removed properly; increased pain; lack of communication with patient about technique being used; injury to patient if spectacles are not removed first

*Removal of helmet:* procedure for two people:

- Rescuer 1 immobilise helmet and head in neutral alignment
- Rescuer 2 removes face shield and chin strap and assesses airway and breathing
- Rescuer 2 grasps patient's mandible with the thumb on one side on the angle of the mandible and two fingers on the other side, the other hand is placed under the neck at the base of the skull and takes control of neutral alignment from Rescuer 1
- Rescuer 1 spreads the sides of the helmet away from the patient's head and ears
- Rescuer 1 then rotates the helmet towards them to clear the patient's nose and removes from the head in a straight line
- Just before removal Rescuer 1 resumes control of neutral alignment by squeezing the sides of the helmet gently against the patient's head
- Rescuer 2 adjusts/repositions their hands so that the head is prevented from dropping when the helmet is completely removed; this is done by moving the hand under the head further towards the occipital region and by grasping the maxilla with the thumb and first fingers of the other hand; after this is done Rescuer 2 takes over control of neutral alignment
- Rescuer 1 rotates the helmet following the curvature of the patient's head and carefully removes the helmet completely by pulling it in a straight line
- Rescuer 1 then applies neutral alignment whilst Rescuer 2 fits a cervical collar

*Different types of helmet that may be encountered:* full face, open face, flip front, modular, off-road

*Problems that may be encountered if the helmet is not removed:* airway compromise, breathing compromise, hyperflexion of head on cervical spine, inability to properly assess potential head injuries, rolling of head on spinal board, may not be able to apply a cervical collar with helmet in situ

*Modified technique for front hinged helmets:*

- Rescuer 1 immobilise helmet and head in neutral alignment
- Rescuer 2 flips up front section by pressing the release buttons, releases chin strap and assesses airway and breathing

- Rescuer 2 grasps patient's maxilla with the thumb on one side on the angle of the mandible and two fingers on the other side, the other hand is placed under the neck at the base of the skull and takes control of neutral alignment from Rescuer 1
- Rescuer 1 spreads the sides of the helmet away from the patient's head and ears
- Rescuer 1 then removes from the head in a straight line
- Just before removal Rescuer 1 resumes control of neutral alignment by squeezing the sides of the helmet gently against the patient's head
- Rescuer 2 adjusts/repositions their hands so that the head is prevented from dropping when the helmet is completely removed; this is done by moving the hand under the head further towards the occipital region and by grasping the maxilla with the thumb and first fingers of the other hand; after this is done rescuer 2 takes over control of neutral alignment
- Rescuer 1 removes the helmet following the curvature of the patient's head by pulling it in a straight line
- Rescuer 1 then applies neutral alignment whilst Rescuer 2 fits a cervical collar

## Essential guidance for tutors

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### Delivery

This unit will require input from a suitably qualified tutor and could be covered using relevant practical skill stations and scenario work. Relevant protocols will be required for equipment use and patient extrication techniques to ensure adherence to national and local standards and that safety requirements are met.

Learners should be encouraged to practise learning using relevant manikins and equipment; however, some multi-professional (eg fire brigade) scenario work would be ideal. Supervision will be required to ensure correct application of learning in the classroom setting.

There should be a large practical element to this area with initial learning taking place under direct supervision and then evidence collected of competence in the skills required to rescue and extricate patients.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

The assessment for this unit could include objective structured clinical examinations (OSCEs) and a portfolio of evidence comprising witness statements and learners' written work. It should include evidence of multi-profession working. Evidence needs to be kept for internal and external quality assurance.

The assessment criteria for each outcome can be assessed together or individually. However, it is essential that the evidence for each part is recorded. Simulation may be used in instances where real-life evidence is not available or appropriate. A series of questions could be used to confirm that learners meet the assessment criteria.

### Essential resources

- Extrication equipment relevant to role.
- Relevant practitioners and other agencies eg fire brigade, for involvement in team scenario work.

### Indicative resource materials

#### Textbooks

Campbell J – *International Trauma Life Support*, Sixth Edition (Brady-Prentice Hall, 2008) ISBN 978-0131354494

*IHCD Basic Training Manual* (Edexcel Publications, 2007)

McSwain N and Salomone J – *PHTLS Basic and Advanced Pre-hospital Trauma Life Support*, Sixth Edition (Mosby, 2006) ISBN 978-0323033312

## Unit 19: Special Procedures for Hazardous Substances

**Unit reference number:** H/602/5065

**Level:** 2

**Credit value:** 1

**Guided learning hours:** 10

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### Unit aim

The purpose of this unit is for learners to gain the required knowledge and understanding to conduct themselves in a safe manner when dealing with incidents that involve hazardous substances.

### Unit introduction

Dealing with hazardous substances can cause significant harm, and there is a progressive increase in the volume of these substances being carried by road, rail, air and pipeline. With industry growth and greater use of chemicals the likelihood of dealing with this type of incident has increased.

In this unit the learner will learn about the principles governing labelling of hazardous substances, the system for labelling, and the information found on a HAZCHEM label. The learner will also understand the role of the ambulance service and the risks involved when dealing with these types of incidents.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know the principles governing labelling of hazardous substances	1.1 Describe the systems for labelling 1.2 Describe what is on the HAZCHEM label 1.3 Describe how to find out information about a hazardous substance
2 Know the role of the ambulance service when attending a hazardous substance incident	2.1 Describe the risks when attending a hazardous substance incident 2.2 Describe actions which need to be undertaken when attending a hazardous substance incident

## Unit content

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### 1 Know the principles governing labelling of hazardous substances

*Systems of labelling:* legislation relating to the labelling of chemicals

*HAZCHEM label:* HAZCHEM code; advises what action to take; is a combination of numbers (1234) and letters (PRSTWXYZ); numbers inform Fire and Rescue of appropriate firefighting agent; letter indicates the level of breathing apparatus and if substance should be allowed in drains and water courses; letters STYZ (printed in reverse background) indicate that breathing apparatus is not required; expect in fire situations; if the letter E follows the code, only essential personnel should be allowed near the vehicle; Senior Fire Officer will advise; hazard warning diamond appropriate to the substance; diamond marking indicates the nature of the substance, ie flammable, toxic, corrosive etc; an exclamation mark means there is more than one hazard; 24-hour emergency telephone number, of the manufacturer or haulier; diamonds form part of the UKHIS label and are also included in the labelling of individual packages and containers; vehicles carrying several hazard classifications must display signs for each; symbol or housemark of the manufacturer or owner (optional)

*Sources of information:* United Kingdom Hazard Information System (UKHIS); road tankers carrying hazardous substances must display a 40 cm x 70 cm label, hazard warning panel, displayed at the back or side of the vehicle

*What is on the HAZCHEM label:* name of the substance and its United Nations code number; number used worldwide, identifies the substance, must always be communicated to Ambulance Control Centres, if more than one substance is carried then a multi-load will be displayed

*How to find out information about a hazardous substance:* find Hazchem code number indicating the method of dealing with the spillage (emergency action code)

### 2 Know the role of the ambulance service when attending a hazardous substance incident

*Risks and actions:* responsibilities of the ambulance service; appropriate immediate treatment of non-contaminated casualties at the site; transport of non-contaminated casualties to the treatment centre; the necessary treatment en route; to ensure that all staff have obtained appropriate advice; actions by 1st crew on scene; not making rescue attempts until the incident is declared safe by the Fire Officer in charge; do not step into any spilled liquid, touch or smell any substance or vapour; position the ambulance correctly, approach up wind and remain uphill of liquids and park a safe distance (at least 100 metres), close windows and air vents, turn air conditioning off; maintain close liaison with fire police and specialist service; wear correct PPE, high visibility jacket and helmet; no smoking, eating or drinking at scene; do not attempt to restart an ambulance where there is a risk of explosive or flammable vapours; decontamination of casualties will usually be handled by the Fire Service, although facilities may be available at industrial establishments and some hospitals; local agreements and policies need to be taken into account

*Actions which need to be undertaken when attending a hazardous substance incident:*

*METHANE report:*

**M**y call sign and appointment – major incident, standby or declared

**E**xact location – with map reference if possible

**T**ype of incident – eg chemical, explosion

**H**azards – present and potential

**A**ccess – access and egress to scene and rendezvous point (RVP)

**N**umber of casualties – numbers and types, (P1, P2, P3, DEAD) and whether contaminated

**E**mergency services – report on services already on site and if further services required

*CHALETs report:*

**C**asualties – approximate number and type, call sign

**H**azards – present or potential

**A**ccess – safest route

**L**ocation

**E**mergency services – on scene or required

**T**ype of incident – chemical, biological, radiological, blast etc

**S**afety – PPEs



## Essential guidance for tutors

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### Delivery

The unit should be delivered by a suitably qualified tutor. A range of teaching and learning methods can be used, including presentations, group discussions and tutor-supported research.

Learners would benefit from outside agencies eg fire brigade and police, on how they manage these types of incident.

### Assessment

This unit must be assessed in accordance with Skills for Health's QCF Assessment Principles (see *Annexe B*).

Assessment for this unit could include multiple choice and short answer question papers, where learners identify Hazchem labels and codes. Table top exercises, looking at how they would manage different hazards, could also be used.

### Essential resources

*IHCD Basic Training Manual*, section 18.4 (Edexcel Publications, 2007)

*JRCALC UK Ambulance Service Clinical Practice Guidelines* (2006)

### Indicative resource materials

#### Textbook

Caroline N – *Nancy Caroline's Emergency Care in the Streets, Sixth Edition* (Jones and Barlett, 2008) ISBN 978-0763775391

#### Journal

*Police National CBRN*

*Emergency Service Times*

#### Website

[www.britishparamedic.org](http://www.britishparamedic.org)

British Paramedic Association



## **Unit 20: Support the Emergency Care of People with Learning Disabilities**

**Unit reference number:** K/602/5066

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

The purpose of this unit is to provide the learner with the knowledge, understanding and skills for supporting the individual with learning disabilities in an emergency care situation. The unit is aimed at those who support and give assistance to individuals with learning disabilities.

### **Unit introduction**

This unit will familiarise learners with individuals who have learning disabilities and with the possible problems that might affect the welfare of those individuals. Learners will be introduced to the needs and requirements of individuals in an emergency care situation looking at the health reasons that might lead to the situation.

Learners will identify the importance of appropriate and effective communication with an individual in an emergency care situation.

The availability of resources, advice and guidance available to support individuals with learning disabilities will be addressed.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know what a learning disability is	1.1 Define the term 'learning disability' 1.2 Identify the potential problems with the wellbeing of a person with a learning disability
2 Know the needs of a person with a learning disability in emergency care situations	2.1 Outline possible indicators of a learning disability 2.2 Outline possible conditions associated with a learning disability
3 Be able to adapt communication with a person with a learning disability in emergency care situations	3.1 Demonstrate communication techniques that can be used in emergency care situations
4 Understand resources available to support the wellbeing of people with learning disabilities	4.1 List examples of resources to support the wellbeing of people with learning disabilities 4.2 List advice and guidance available to support the wellbeing of people with learning disabilities

## Unit content

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### 1 Know what a learning disability is

*Definitions:* 'a state of arrested or incomplete development of mind' (WHO); 'a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities' (DDA); alternative definitions using three criteria – intellectual impairment, social or adaptive dysfunction, early onset; classifications – mild, moderate, severe

*Potential problems with well-being:* social eg appropriate behaviour in situations; emotional eg expression of feelings; physical eg inability to articulate symptoms of health; intellectual eg difficulties with reading, writing etc

### 2 Know the needs of a person with a learning disability in emergency care situations

*Indicators:* socioeconomic factors, do not see doctor very often, poor access, difficult to make a diagnosis

*Conditions associated with learning disabilities:* eg obesity and malnutrition; dementia; mental health problems; thyroid dysfunction; sensory impairment; cardiac conditions; certain cancers; respiratory problems; epilepsy

### 3 Be able to adapt communication with a person with a learning disability in emergency care situations

*Communication techniques:* verbal – appropriate language, tone; non-verbal – appropriate eye contact, facial expression, body language, spacial awareness, touch; use of images, objects, signing (eg Makaton), symbols (eg Signalong), and technology (eg Widgit Software)

### 4 Understand resources available to support the well-being of people with learning disabilities

*Resources:* person-centred care plan, services eg audiology, dental, dietetics, health screening, optometry, podiatry; agencies, health and well-being assessments, educational materials in different formats; health improvement programmes in leisure settings

*Advice and guidance:* services available eg health promotion, advocacy, speech and language therapy

## Essential guidance for tutors

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### Delivery

Introduction to the unit through class discussion related to vocational settings will raise awareness of the focus of the unit. Case studies or DVDs could be used to demonstrate communication techniques and conditions associated with learning disabilities. Guest speakers from the vocational field would help learners relate theory to practice.

Learners should be encouraged to discuss their experiential learning and observations but should be aware of areas involving confidentiality and data protection.

### Assessment

This unit must be assessed in accordance with Skills for Health's QCF Assessment Principles (see *Annexe B*).

This unit could be assessed through three assignments; learning outcome 1 might involve written work, an essay, a booklet or posters. These would clearly explain the learner's definition of learning disabilities (1.1) and list the main features of potential problems with wellbeing (1.2).

Learning outcomes 2 and 4 could be combined as a presentation or a case-study (real or virtual) giving clear descriptions of possible indicators of a learning disability (2.1) and possible conditions associated with a learning disability (2.2). Conditions should be linked to common emergency care situations, e.g. fainting, epileptic fit, choking, breathing problems etc. Learning outcome 4 requires lists of resources, advice and guidance available; these might be related to the chosen individual in the presentation/case study.

Learning outcome 3 might be assessed in the workplace through observation or witness testimony of learner interaction and communication with individuals in specific situations. If this is not practical, assessment might be through recorded simulation or through presentation of information.

### Essential resources

*Valuing People: A New Strategy for Learning Disability for the 21st Century White paper* (Department of Health, 2001)

### Indicative resource materials

Disability Discrimination Act (2005)

Equality Act (2010)

The Mental Health Foundation (2001) *Learning Disabilities: The Fundamental Facts*

### Textbooks

Brook J – *Principles of learning disability support: Study Book* (Heinemann, 2007) ISBN 978-0435500016

Johnson D and Hardie E (editors) – *Health and Safety in a Learning Disability Service: Study Book* (Heinemann, 2007) ISBN 978-0435500023

**Journal**

*Learning Disability Practice*

**Websites**

[www.bild.org.uk](http://www.bild.org.uk)

British Institute of Learning Disabilities

[www.ldonline.org](http://www.ldonline.org)

Learning Disabilities online





## Unit 21: Prepare Environments and Resources for Use during Healthcare Activities

<b>Unit reference number:</b>	<b>R/601/8824</b>
<b>Level:</b>	<b>2</b>
<b>Credit value:</b>	<b>3</b>
<b>Guided learning hours:</b>	<b>20</b>

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### Unit aim

This unit is aimed at health and social care staff who prepare for an individual's healthcare intervention, treatment or therapy and ensure that the environment is cleaned, cleared and left ready for the next intended use.

### Unit introduction

Health and Safety Executive statistics reveal the human and financial cost of failing to address health and safety.

More than 200 people are killed at work in the United Kingdom each year. This does not include work-related road deaths. In 2006, 30 million working days were lost in the UK to occupational ill-health and injury, imposing an annual cost to society of £30 bn (more than 3% of GDP). Surveys show that about two million people suffer from an illness that they believe to be caused or made worse by their work.

Many thousands of deaths each year can be attributed to occupational illnesses, including some cancers and respiratory diseases.

Healthcare organisations have a duty to the communities they serve for maintaining the quality and safety of care. Whatever structures, systems and processes an organisation puts in place, it must be able to show evidence that standards are upheld.

This unit enables learners to develop understanding of the requirements for the preparation of environments and resources in healthcare settings.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand how to prepare and manage environments and resources for use during healthcare activities	1.1 Explain how the environment is prepared, maintained and cleaned to ensure it is ready for the healthcare activity  1.2 Describe the roles and responsibilities of team members in the preparation and management of the environment and resources  1.3 Explain how to investigate, make the necessary adjustments to and report problems with the environment  1.4 Describe the impact of environmental changes on resources including their storage and use
2 Be able to prepare environments, medical equipment, devices and resources for use during healthcare activities	2.1 Apply health and safety measures relevant to the healthcare activity and environment  2.2 Apply standard precautions for infection prevention and control  2.3 Ensure conditions within the immediate environment are set at levels which maintain individual comfort  2.4 Ensure that all essential resources are available in advance of planned healthcare activities  2.5 Ensure all medical equipment, devices and resources are in a suitable, safe condition for the activity to be carried out  2.6 Report any problems with medical equipment, devices and resources as required  2.7 Demonstrate the relevant equipment and medical devices are selected, prepared and functioning within the agreed parameters prior to use  2.8 Prepare resources for the activity in line with clinical governance

Learning outcomes	Assessment criteria
<p>3 Be able to ensure that environments and resources are ready for their next intended use</p>	<p>3.1 Describe the importance of ensuring that environments are ready for their next use</p> <p>3.2 Outline the factors that influence the readiness of environments for use in healthcare activities</p> <p>3.3 Clean and make safe re-useable items prior to storage in accordance with agreed policies</p> <p>3.4 Dispose of used, damaged or out of date items safely</p> <p>3.5 Return un-opened, unused and surplus resources to the correct location for storage</p> <p>3.6 Monitor the available levels of consumable materials used in healthcare activities</p> <p>3.7 Replenish consumable materials used in healthcare activities in accordance with protocols</p> <p>3.8 Ensure all information is accurately recorded as specified in local policies</p>

## Unit content

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### 1 Understand how to prepare and manage environments and resources for use during healthcare activities

*Environment preparation:* Centre for Health design recommendations: find the problem; increase collaboration; implement design changes for staff; implement design supports for residents of hospitals or care homes; design pleasant, attractive environments; increase interaction; encourage safer lifting; reduce injury risks; provide 'family-friendly' quarters; reduce infection; decrease noise; increase strategic placement; improve hand washing practices

*Employee responsibility:* work safely to identify risks and to prepare their work in a way that ensures others and themselves are not harmed, they are for example required to wear their Personal Protective Equipment; understanding roles of local team eg infection control lead/team and a health and safety lead/team all with a remit for creating a safe workplace; an awareness of local personnel with a health and safety remit; understanding principles of risk management eg SAFER

*Local reporting procedures:* each organisation will have local reporting procedures if they perceive that environmental problems exist; awareness of how to report is essential; all healthcare workers are required to report dangerous occurrences to their managers and organisation

*Reportable incidents:* deaths; major injuries; over-three-day injuries – where an employee or self-employed person is away from work or unable to perform their normal work duties for more than three consecutive days; injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital; some work-related diseases; dangerous occurrences – where something happens that does not result in an injury, but could have done; Gas Safe registered gas fitters must also report dangerous gas fittings they find, and gas conveyors/suppliers must report some flammable gas incidents; RIDDOR applies to all work activities but not all incidents are reportable

*Environment review:* eg considering personal safety – noise, lighting, Personal Protective Equipment – dangers of lone working etc; safety of the patient eg infection control, removal from hazards etc; safety of others eg if the patient is bleeding attempt to treat all who may come into contact with the blood products, ensure that the environment is left safe

*Effects on resources:* most consumables used in healthcare have a use-by date, after which they should be replaced; some pieces of equipment/drugs can be ruined by exposure to extremes in temperature or sunlight eg many drugs can freeze if left in an ambulance overnight, making them useless

## 2 **Be able to prepare environments, medical equipment, devices and resources for use during healthcare activities**

*See environment review section above*

*Equipment:* essential that medical equipment is only used for the function for which it was designed; NHS workers must ensure that equipment is in a good state of repair, functioning, and clean

*Infection control:* contamination with blood, other body fluids, secretions and excretions during the delivery of care, managed appropriately

*Environments:* eg any general horizontal surfaces in the patient's/client's environment (low and high level must be considered); any frequently touched surfaces in the environment, (this also includes rooms such as sluice rooms, treatment rooms, store rooms, mobile treatment areas, beds and trolleys, other furniture in the environment, including telephones, bedside items such as lockers/tables, toilets and commodes, sinks, basins, baths, and the items surrounding these, including eg hand hygiene solution containers, floors, doors, particularly those in the immediate environment frequently touched by patients/clients/care workers, other paint work and surroundings eg skirting, walls, partitions (particularly focusing on those frequently touched), curtains/screens, window blinds, light fittings and light switches, servery/kitchen areas in care settings (specific guidance for main kitchens/food hygiene is not contained within this policy)); this list is not exhaustive and judgements should be made in each specific setting as to how to control the specific environment; local risk assessments should be undertaken and are important in ensuring the environment is monitored to a high standard at all times when providing care

*Medical device:* any device, instrument, apparatus, implement, material substance, or other article (used singly or in combination), together with any accessory thereto, which is intended by the manufacturer for:

- diagnosis, prevention, monitoring, treatment or alleviation of human disease or injury
- investigation or modification of human anatomy or of human physiological process; which does not achieve its principle intended action by pharmaceutical means, but which may be assisted in its functioning by such means

*Problems with medical equipment:* understand the basic principles on which medical devices and equipment work (generic training) as well as how to use a particular model (specific training); instructions for medical equipment must be clear, concise and readily available; training should be timely and effective, and include procedures for the routine maintenance of medical devices and equipment by healthcare workers and equipment repair technicians; planned preventative maintenance, carried out following manufacturer's guidance by properly trained technicians to ensure medical devices and equipment are safe and reliable

*Reporting in healthcare organisations:* local defect systems for staff to use when reporting failures of medical equipment, which all staff will need to be familiar with; report defective equipment to the Medicines and Healthcare Products Regulatory Agency (MHRA) who are a key part of the Department Of Health

*Clinical governance*: umbrella term that covers activities that help sustain and improve high standards of patient care; 'system 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' (Sally and Donaldson 1998, p.61)

### 3 **Be able to ensure that environments and resources are ready for their next intended use**

*Ensuring environments are ready for their next use*: eg disposable items should be disposed of effectively, clinical areas cleansed, non-disposable items sent for appropriate cleaning; once used, the range of associated medical equipment, devices and resources, should be left in a suitable state for use, in line with local health and safety guidelines

*Factors that influence readiness*: eg cleanliness, lighting, heating; there should be sufficient equipment and staffing; emergency equipment available – for the worst case scenarios

*Problems when environments are not ready*: if an area is not sufficiently clean, the patient will be at risk of disease; if it is not sufficiently light, a healthcare worker may not observe a vital change in patient condition; if the heating is not adequate a patient may suffer problems with healing or clotting; if insufficient equipment or staffing are available – the risks to the patient increase substantially

*Single Patient Use Device*: medical devices that may be used for more than one episode on one patient only; the device may undergo some form of reprocessing between each use but must never be used on more than one patient

*Single Use Device*: device intended to be used on an individual patient during a single procedure and then discarded; will carry the marking 'single use' on its packaging

*Used, damaged, out-of-date items*: eg worn/damaged beyond economical repair, unreliable (poor service history), clinically or technically obsolete, spare parts no longer available, if because of design, wear and tear or damage the equipment cannot be cleaned effectively prior to disinfection/sterilisation, subject to MHRA Issued Medical Device Alert/Safety Notice/Manufacturer recommended removal from use/service; a local policy or system will be in place within each healthcare organisation outlining the appropriate system for disposal of medical equipment

*Policies*: medical devices must be stored in accordance with health and safety, moving and handling and infection control policies and in accordance with manufacturers instructions at the time of delivery

*Considerations when storing medical devices*: physical conditions; storage system; segregation of equipment; shelf life and stock rotation; electrical equipment

*Available levels*: all healthcare workers should try to ensure that an element of stock control is undertaken; potential shortfalls in available equipment should be reported to a line manager

*Local protocol*: healthcare workers should be familiar with local protocol

*Local policies*: healthcare workers should familiarise themselves with local defect reporting systems in use within their organisation

## Essential guidance for tutors

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### Delivery

This unit is a mixture of tutor delivery and experiential learning. Tutors must enable learners to develop knowledge of the underlying principles of workplace design, patient staff environment interaction and the principles of health and safety.

Learners should move to guided experiential learning to enable them to practise their techniques. Artefacts such as dummies and medical equipment may be needed. Visiting practitioner demonstrations will be useful.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Learning outcomes 2 and 3 must be assessed in a real work environment.

### Essential resources

- Local policies on health and safety should be accessed and made available to the learner.
- Access to the Health and Safety Executive website ([www.hse.gov.uk](http://www.hse.gov.uk)) is important.

### Indicative resource materials

#### Journal

Sally G and Donaldson LJ – *Clinical governance and the drive for quality improvement in the new NHS in England*, British Medical Journal, 317(7150) 4 July 1998, pp.61-65

#### Websites

[www.hse.gov.uk/contact/faqs/temperature.htm](http://www.hse.gov.uk/contact/faqs/temperature.htm)

Health and Safety Executive – temperature requirements

[www.hse.gov.uk/pubns/indg259.pdf](http://www.hse.gov.uk/pubns/indg259.pdf)

Health and Safety Executive – health and safety law

[www.rcn.org.uk/development/practice/clinical\\_governance](http://www.rcn.org.uk/development/practice/clinical_governance)

Royal College of Nursing – clinical governance

[www.rwjf.org/newsroom/product.jsp?id=28827](http://www.rwjf.org/newsroom/product.jsp?id=28827)

Robert Wood Johnson Foundation – environmental change recommendations





## **Unit 22: Causes and Spread of Infection**

**Unit reference number:** H/501/7103

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 20

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### **Unit aim**

This unit aims to enable the learner to understand the causes of infection and common illnesses that may result as a consequence of an infection.

### **Unit introduction**

This unit will help the learner to understand the difference between infection and colonisation and pathogenic and non-pathogenic organisms, the areas of infection and the types caused by different organisms. In addition the learner will understand the methods of transmission, the conditions needed for organisms to grow, the ways infections enter the body and key factors that may lead to infection occurring.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand the causes of infection	1.1 Identify the differences between bacteria, viruses, fungi and parasites 1.2 Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites 1.3 Describe what is meant by 'infection' and 'colonisation' 1.4 Explain what is meant by 'systemic infection' and 'localised infection' 1.5 Identify poor practices that may lead to the spread of infection
2 Understand the transmission of infection	2.1 Explain the conditions needed for the growth of micro-organisms 2.2 Explain the ways an infective agent might enter the body 2.3 Identify common sources of infection 2.4 Explain how infective agents can be transmitted to a person 2.5 Identify the key factors that will make it more likely that infection will occur

## Unit content

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### 1 Understand the causes of infection

*Infection*: cause of disease, passed from person to person, causes, signs and symptoms eg may vary from mildly unwell to very serious/fatal

*Colonisation*: how micro-organisms can establish themselves in their ideal environment but not necessarily cause disease

*Microbes*: aerobic; anaerobic; exogenous; endogenous; opportunists

*Pathogenic organisms*: cause disease; shapes, sizes and types of bacteria; viruses; fungi; parasites

*Non-pathogenic organisms*: normal flora; helpful; protecting; symbiosis eg probiotics

*Systemic and localised infection*: systemic infection – affecting whole systems of the body; localised infection – confined to a specific area of the body; localised can become systemic

*Infections caused by pathogenic organisms*: bacteria eg tuberculosis, MRSA, C-difficile; viruses eg HIV, Hepatitis B, common cold, influenza

*Parasite infestations*: scabies; lice; head lice; fleas; threadworm; roundworm

*Practices that may lead to infection*: coughing; sneezing; poor personal hygiene; not washing hands between contact with individuals; poor use of PPE eg not wearing uniform, not correctly cleaning or disposing of equipment

### 2 Understand the transmission of infection

*Conditions required for growth*: temperature; gases; nutrients; humidity; time

*Key routes for infective agents*: respiratory tract; urinary tract; digestive tract; skin (injured, uninjured); mucosal surfaces eg mouth lining, conjunctiva of the eye, genital tract, placental route, body fluids route

*Body fluids*: vomit; tears; breast milk; semen; vaginal secretions; urine; blood; mouth and nose secretions; sweat; sputum

*Transmission*: individual; localised; epidemic; endemic; pandemic; spread; direct contact; droplet; air; flies; fingers; fomites; faeces; dust; water; food; animals; person to person; contaminated objects

*Key factors that will determine the likelihood of infection occurring*: prevalence; strength; immunisation or prior contact; compromised immune system; exposure; virulence; vulnerability

*Chain of infection*: infectious organism; reservoir; portal of exit; mode of transmission; portal of entry; susceptibility; breaking the chain of infection

## Essential guidance for tutors

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### Delivery

This unit needs to be delivered by an appropriately qualified tutor.

The unit could be introduced through discussions to encourage thinking about the potential hazards in relation to the causes and transmission of infection. This will raise awareness of the focus of this unit, and encourage learners to consider and share any previous experiences in relation to the topic. Learners should be encouraged to relate their learning in this unit to their work experience, work placements or general experience.

Following the introduction, the unit could be delivered through a combination of tutor input, individual/small group research followed by posters and/or presentations, and the use of videos/DVDs. Experiments of growth of organisms in agar, or presentations of time-lapsed decomposition of food, enables learners to understand the virulence of different organisms. Case study materials may be used to reinforce learning. Media coverage of topical high profile infections could be used as a basis of discussions and may provide opportunities for any learner misconceptions to be identified and rectified such as HIV, MRSA, C-difficile. This unit lends itself to distance learning packages or blended learning.

Learners could be encouraged to carry out internet research into aspects relevant to infection and microbiology, and then share their findings in small groups.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

This unit could be assessed through one holistic assignment, divided into discrete tasks with separate due dates. Tutors should be aware that although group work is an essential part of learning, all assessed work must be presented individually by each learner.

Learning outcome 1: assessment criteria 1.1, 1.2 and 1.5 could be achieved by producing a presentation which lists the main features of each criterion. The remaining criteria could be presented in essay format accompanied by the inclusion of appropriate images taken from magazines or the internet. Any such additions must be appropriately referenced.

Learning outcome 2: the assessment could take the form of a series of informative posters with suitable descriptions and explanations to meet the assessment criteria.

### Essential resources

Learners will require full access to library facilities including appropriate text, CD ROMs, broadsheet newspapers and journals. Learners will also require access to the internet – with tutor guidance.

*IHCD Basic Training Manual*, section 17 (Edexcel Publications, 2007)

**Indicative resource materials****Textbooks**

Ayling P – *Knowledge Set for Infection Prevention and Control* (Heinemann, 2007)  
ISBN 978-0435402327

Dustagheer A et al – *Knowledge to Care, a Handbook for Care Assistants* (Blackwell Publications, 2005) ISBN 978-1405111119

Lavers S et al – *BTEC First Health and Social Care Student Book* (Heinemann, 2006)  
ISBN 978-0435500269

**Websites**

[www.infectioncontrol.nhs.uk](http://www.infectioncontrol.nhs.uk)

NHS infection control

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Skills for Health



**Guided learning hours: 24**

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know the factors that affect how individuals are cared for after death	<p>1.1 Outline legal requirements and agreed ways of working that underpin the care of deceased individuals</p> <p>1.2 Describe how beliefs and religious and cultural factors affect how deceased individuals are cared for</p> <p>1.3 Identify the physical changes that take place after death and how this may affect laying out and moving individuals</p> <p>1.4 Identify diseases and conditions that necessitate specialist treatment or precautions when caring for and transferring deceased individuals</p> <p>1.5 Describe the precautions needed when undertaking the care and transfer of deceased individuals with specific high risk diseases and conditions</p>
2 Be able to contribute to supporting those who are close to deceased individuals	<p>2.1 Describe the likely immediate impact of an individual's death on others who are close to the deceased individual</p> <p>2.2 Support others immediately following the death of the individual in ways that:</p> <ul style="list-style-type: none"> <li>• reduce their distress</li> <li>• respect the deceased individual</li> </ul>
3 Be able to contribute to preparing deceased individuals prior to transfer	<p>3.1 Follow agreed ways of working to ensure that the deceased person is correctly identified</p> <p>3.2 Carry out agreed role in preparing the deceased individual in a manner that respects their dignity, beliefs and culture</p> <p>3.3 Use protective clothing to minimise the risk of infection during preparation of the deceased individual</p> <p>3.4 Contribute to recording any property and valuables that are to remain with the deceased individual</p>



Learning outcomes	Assessment criteria
4 Be able to contribute to transferring deceased individuals	4.1 Carry out agreed role in contacting appropriate organisations  4.2 Carry out agreed role in transferring the deceased individual in line with agreed ways of working and any wishes expressed by the individual  4.3 Record details of the care and transfer of the deceased person in line with agreed ways of working
5 Be able to manage own feelings in relation to the death of individuals	5.1 Identify ways to manage own feelings in relation to an individual's death  5.2 Utilise support systems to deal with own feelings in relation to an individual's death

## Unit content

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### 1 Know the factors that affect how individuals are cared for after death

*Agreed ways of working:* will include policies and procedures where these exist

*Different factors affecting how the deceased are cared for:* religious beliefs and cultural differences in relation to a deceased body; the requirement of the police to attend suspicious or unexpected deaths in the community and how they act on behalf of the coroner; differences in the management of the deceased body in public view

*Management of the deceased body:* awareness of local agreed ways of working in relation to recognition of life extinct by clinicians, care of the deceased person, the use of the police, mortuary and undertakers

*Normal changes to the body upon death:* eg rigor mortis, hypostasis, decomposition; the fact that a clinician would not commence resuscitation in the presence of the above; the challenges that the above may cause in the event of having to move the deceased

*Diseases and conditions that necessitate specialist treatment or precautions when caring for and transferring deceased individuals:* eg TB, blood-borne diseases in the event of traumatic injury in cardiac arrest patients

### 2 Be able to contribute to supporting those who are close to deceased individuals

*Impact on others:* understand that grief may present itself in different ways; caution that grief could cause a trigger for aggressive or abusive behaviour; the realisation of the potential life changing impact that a death may cause on others eg spouse

*Others may include:* family; friends; own colleagues; others who were involved in the life of the individual

*Supporting others following a death:* the need for empathy; the importance of effective communication skills to aid in reducing distress, anxiety and uncertainty; knowing local agreed ways of working so that you can inform others following a death; the importance of honesty

### 3 Be able to contribute to preparing deceased individuals prior to transfer

*Identification and recording in the event of a death:* know the local agreed ways of working to ensure the deceased is correctly identified; the use of local documentation to ensure that all medical equipment, personal properties and valuables remaining with the deceased person are appropriately recorded

*Moving the deceased:* the importance of wearing appropriate Personal Protective Equipment when handling the deceased; local agreed ways of working in the movement of the deceased; moving the deceased in a manner that respects the patient's dignity and/or any beliefs or cultures

**4 Be able to contribute to transferring deceased individuals**

*Appropriate organisations may include:* mortuary; funeral directors; places of worship

**5 Be able to manage own feelings in relation to the death of individuals**

*Support services:* be aware of the potential impact to the worker in the event of dealing with the deceased; know local support services which are in place for staff to ensure they are able to manage their own feelings in relation to dealing with situations involving death

*Ways to manage own feelings in relation to an individual's death:* eg communicating with colleagues, sharing previous experiences, having an awareness of support available to staff

*Support systems:* eg peers, local management team, occupational health, referrals to counselling services in accordance with local policy and procedures

## Essential guidance for tutors

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### Delivery

This unit should be delivered by a suitably qualified tutor with experience in dealing with situations involving death.

Learners should be encouraged to share experiences in a safe and controlled environment that is closely facilitated by a tutor. Some training centres may find it appropriate to utilise any staff support/chaplaincy services during this session.

It may be appropriate for centres to set up local partnerships with hospitals in order to enable learners to shadow hospital services (mortuary). This unit is not designed to allow learners to autonomously practise in situations involving the care of a deceased person.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's assessment principles (see *Annexe C*). Learning outcomes 2, 3, 4 and 5 must be assessed in a real work environment in ways that do not intrude on the privacy of those involved.

Assessments could include tutor observation or written assessment. Assessment could include submission of a portfolio, OSCEs, simulation, operational assessments with a mentor/assessor in the real work environment where documented feedback is provided. Simulation may be used in instances where real-life evidence is not available or appropriate.

### Essential resources

*IHCD Basic Training Manual*, section 18 (Edexcel Publications, 2007)

## Unit 24: Handle Information in Health and Social Care Settings

**Unit reference number:** J/601/8142

**Level:** 2

**Credit value:** 1

**Guided learning hours:** 10

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### Unit aim and purpose

This unit is aimed at those who work in health and social care settings. It provides the learner with the knowledge and skills required for good practice in recording, storing and sharing information.

### Unit introduction

This unit is designed to ensure that the learner understands the importance of information collection, storage and disposal and that it meets current legislation. Personal and identifiable information is regularly collected by people working in health and social care, as organisations and employees have a duty to the individuals from whom information is collected.

This unit will inform the learner about current legislation, key principles of information collection, storage and disposal and will then provide organisation-specific information in the form of policy and procedure and where to get guidance if required.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Understand the need for secure handling of information in health and social care settings	1.1 Identify the legislation that relates to the recording, storage and sharing of information in health and social care  1.2 Explain why it is important to have secure systems for recording and storing information in a health and social care setting
2 Know how to access support for handling information	2.1 Describe how to access guidance, information and advice about handling information  2.2 Explain what actions to take when there are concerns over the recording, storing or sharing of information
3 Be able to handle information in accordance with agreed ways of working	3.1 Keep records that are up to date, complete, accurate and legible  3.2 Follow agreed ways of working for: <ul style="list-style-type: none"> <li>• recording information</li> <li>• storing information</li> <li>• sharing information</li> </ul>

## Unit content

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### 1 Understand the need for secure handling of information in health and social care settings

*Knowledge of legislation:* eg Data Protection Act (1998): in particular its eight principles of data, that it is being processed fairly and lawfully, obtained for specified and lawful purposes, adequate, relevant and not excessive, accurate and up to date, not kept any longer than necessary, processed in accordance with the data subject's rights, securely kept and not transferred to any other country without adequate protection in situ; Caldicott Report (1997): eg six key rules for patient identifiable documentation

*Secure systems for recording and storing information:* eg organisations have a Data Protection Officer; local policy and procedures; the importance of accurate completion of documentation and the importance of safe and appropriate storage of any identifiable documentation; NHS organisations each have a Caldicott Guardian; know what their role is in relation to the handling of information in health and social care settings

### 2 Know how to access support for handling information

*Support for handling information:* contacting the organisation's Caldicott Guardian and Data Protection Officer

*Actions to take when there are concerns over the recording, storing or sharing of information:* eg informing direct line manager, Caldicott Guardian and working in line with local policy and procedure

### 3 Be able to handle information in accordance with agreed ways of working

*Agreed ways of working:* will include policies and procedures where these exist; Caldicott Principles and local organisation policy and procedure; accepted methods of information collection, storage and disposal, sharing eg: collecting information given from the control centre, information freely given by a patient and recording it on a patient care record, storing it in a secure location on the vehicle out of general sight and removed and stored in line with local policy and procedure

## Essential guidance for tutors

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### Delivery

Delivery of this session should be by a suitably qualified tutor with a good level of understanding of data protection and Caldicott principles. It may be advantageous to use the centre's organisational lead for data protection, Caldicott Guardian or governance department to provide a presentation. Learners should have access to local policy and procedures and be provided with contact details of the organisations Caldicott Guardian and Data Protection Officer.

### Assessment

This unit must be assessed in line with Skills for Care and Development's Assessment Principles (see *Annexe C*). Aural question and answer session or a pre-set written paper would provide for a suitable assessment tool for learning outcomes 1 and 2. Learning outcome 3 must be assessed in the real work environment and could be assessed by a portfolio of evidence or through operational assessment in the work environment with 1:1 documented feedback.

### Indicative resource materials

#### Websites

[www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott](http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott)

NHS Connecting for Health – Caldicott Guardians

[www.dataprotectionact.org/](http://www.dataprotectionact.org/)

Data Protection Act

[www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health



## **Unit 25: Contribute to Health and Safety in Health and Social Care**

**Unit reference number:** R/601/8922

**Level:** 2

**Credit value:** 4

**Guided learning hours:** 33

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### **Unit aim**

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to carry out their work safely.

### **Unit introduction**

This unit will give the learner an insight into the legislation relating to general health and safety in the workplace. It covers the importance of knowing the policies and procedures agreed with employers, so the learner can identify the main safety responsibilities for themselves, the employer and others in the workplace. They will understand the use and importance of risk assessments, and will learn the procedures for responding to accidents.

This unit will look at the ways infections are spread and ways to reduce it, the moving and handling of innate objects, and the handling of hazardous substances.

Other elements included in this unit are promotion of fire safety in the workplace, which will include emergency procedures to be followed in the event of a fire and the importance of keeping evacuation routes clear at all times.

The learner will also understand the importance of recognising stress in the work place, how to recognise their own stress, the triggers involved and ways to manage their own stress.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
<p>1 Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting</p>	<p>1.1 Identify legislation relating to general health and safety in a health or social care work setting</p> <p>1.2 Describe the main points of the health and safety policies and procedures agreed with the employer</p> <p>1.3 Outline the main health and safety responsibilities of:</p> <ul style="list-style-type: none"> <li>• self</li> <li>• the employer or manager</li> <li>• others in the work setting</li> </ul> <p>1.4 Identify tasks relating to health and safety that should not be carried out without special training</p> <p>1.5 Explain how to access additional support and information relating to health and safety</p>
<p>2 Understand the use of risk assessments in relation to health and safety</p>	<p>2.1 Explain why it is important to assess health and safety hazards posed by the work setting or by particular activities</p> <p>2.2 Explain how and when to report potential health and safety risks that have been identified</p> <p>2.3 Explain how risk assessment can help address dilemmas between rights and health and safety concerns</p>
<p>3 Understand procedures for responding to accidents and sudden illness</p>	<p>3.1 Describe different types of accidents and sudden illness that may occur in own work setting</p> <p>3.2 Outline the procedures to be followed if an accident or sudden illness should occur</p>
<p>4 Be able to reduce the spread of infection</p>	<p>4.1 Demonstrate the recommended method for hand washing</p> <p>4.2 Demonstrate ways to ensure that own health and hygiene do not pose a risk to others at work</p>

Learning outcomes	Assessment criteria
5 Be able to move and handle equipment and other objects safely	<p>5.1 Identify legislation that relates to moving and handling</p> <p>5.2 Explain principles for moving and handling equipment and other objects safely</p> <p>5.3 Move and handle equipment or other objects safely</p>
6 Know how to handle hazardous substances and materials	<p>6.1 Identify hazardous substances and materials that may be found in the work setting</p> <p>6.2 Describe safe practices for:</p> <ul style="list-style-type: none"> <li>• storing hazardous substances</li> <li>• using hazardous substances</li> <li>• disposing of hazardous substances and materials</li> </ul>
7 Understand how to promote fire safety in the work setting	<p>7.1 Describe practices that prevent fires from:</p> <ul style="list-style-type: none"> <li>• starting</li> <li>• spreading</li> </ul> <p>7.2 Outline emergency procedures to be followed in the event of a fire in the work setting</p> <p>7.3 Explain the importance of maintaining clear evacuation routes at all times</p>
8 Be able to implement security measures in the work setting	<p>8.1 Use agreed ways of working for checking the identity of anyone requesting access to:</p> <ul style="list-style-type: none"> <li>• premises</li> <li>• information</li> </ul> <p>8.2 Implement measures to protect own security and the security of others in the work setting</p> <p>8.3 Explain the importance of ensuring that others are aware of own whereabouts</p>
9 Know how to manage own stress	<p>9.1 Identify common signs and indicators of stress</p> <p>9.2 Identify circumstances that tend to trigger own stress</p> <p>9.3 Describe ways to manage own stress</p>

## Unit content

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### 1 **Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting**

*Legislation:* eg Health and Safety at Work Act 1974 and associated regulations; primary legislation covering occupational health and safety in the United Kingdom, the Health and Safety at Work Act 1974 (HASAWA); Health and Safety Executive (HSE)

*Responsibilities of self:* safety for yourself and others, duty of care not to harm anyone else; employees, understand that they have a responsibility to care for themselves and others who may be affected by their acts and omissions; cooperate with their employer to assist them in complying with relevant statutory provisions; duty to report incidents, concerns and defects, to use equipment provided in the way in which it was intended to be used, in line with training; acts and omissions eg if something wrong is seen and failed to be reported it, this could be viewed as an omission

*Others may include:* team members; other colleagues; those who use or commission their own health or social care services; families, carers and advocates

*Responsibilities of employer:* eg ensuring the health, safety and welfare of employees at work; provide and maintain safe plant, equipment and safe systems of work; ensure methods of safe use, handling and storage of articles and substances; provide information, instruction, training and supervision; ensure a safe workplace and environment with adequate facilities; where there are five or more employees a written health and safety policy is required; duty to non-employees, to ensure the health and safety of anyone who may be affected by their undertaking; the three main motivators to manage safety

*How to access additional support:* eg via the internet, first line managers and local agreements and policies

*Work setting:* may include one specific location or a range of locations, depending on the context of a particular work role

*Policies and procedures:* may include other agreed ways of working as well as formal policies and procedures

*Tasks that the learner should not carry out without special training may include those relating to:* use of equipment; first aid; medication; healthcare procedures; food handling and preparation

## 2 Understand the use of risk assessments in relation to health and safety

*Importance of assessing health and safety hazards:* risk assessment is central to modern, proactive risk management; employers have a legal duty to make a suitable and sufficient assessment of all risks within the workplace and record the findings, as stated by the Health and Safety at Work regulations; risk assessment is a careful examination of what, in your work, could cause harm to people

*Five steps that the HSE recommend to minimise risk:*

1. Identify the hazard; 2. Decide who might be harmed and how; 3. Evaluate the risk and identify precautions; 4. Record your findings and implement recommendations; 5. Review and update as required

*Risk assessment:* dynamic assessment follows a similar mental process to the more formalised and recorded risk assessment; three stages of the incident: initial stage, development stage, closing stage

## 3 Understand procedures for responding to accidents and sudden illness

*Accidents and illnesses in own work setting:* slips, trips, and falls; road traffic crashes, assaults, specific communicable diseases, diarrhoea and vomiting, swine flu, chicken pox etc

*Procedures:* all incidents, sudden illness and near misses need to be reported; that there is a legal duty to report under the HASAWA and the Management of Health and Safety at Work Regulations 1999; understanding of local policies and procedures, document what happened to whom and how, and how this information can provide the basis for an investigation

## 4 Be able to reduce the spread of infection

*Hand washing:* five moments of hand washing:

- 1 Before patient contact
- 2 Before a clean/asptic procedure
- 3 After body fluid exposure risk
- 4 After patient contact
- 5 After contact with patient surroundings

*Ways to ensure own health and hygiene do not pose risk:* know the standard infection prevention and control precautions; the seven elements to reduce risk, hand washing, PPE, safe handling of sharps; spillage and waste management; linen and uniform management

## 5 Be able to move and handle equipment and other objects safely

*Moving legislation:* eg The Moving and Handling Operations Regulations 1992, which defines manual handling as any transporting or supporting of a load by hand or bodily force

*Principles for moving:* eg using the TILEO assessment: Task, Individual, Load, Environment, Other Factors

## 6 Know how to handle hazardous substances and materials

*Hazardous substances:* eg sharps, used linen, contaminated linen, infectious linen, clinical waste

*Safe practices:* identify hazardous substances and those that can be found in the workplace; describe safe practices for storing, using and disposing of hazardous substances and materials, ie sharps (needles, razors) must be stored as per manufactures instructions, dry, cool, keep packaging intact, disposable gloves should be worn as a minimum when handling sharps, and care should be taken to avoid punctures and skin injury; all procedures involving the use of sharps must only be practised by staff who have received recognised and relevant training, extreme care must be taken when attempting invasive procedures on patients who are restless or aggressive, all sharps items, including large items such as laryngoscope blades/Magill forceps, must be disposed of as clinical waste into designated sharps containers

## 7 Understand how to promote fire safety in the work setting

*Practices that prevent fires:* never try to extinguish a fire unless have been trained to do so; use the fire triangle to understand the preventing of fires: remove oxygen, remove heat, remove fuel; the spreading of fire happens in four different ways: convection, conduction, radiation, and direct contact

*Emergency procedures:* know the local arrangements for the workplace; how to raise the alarm, how to get out, ensuring that all evacuation routes are clear, where the fire assembly point should be and who to tell; know the fire action plan for your workplace

*Importance of clear evacuation routes:* eg fire escape routes and fire exits should be clearly signed, obstructions should be cleared, people are not always injured by fire, but trying to escape it

## 8 Be able to implement security measures in the work setting

*Agreed ways of working:* vehicle eg checking the identity of anyone requesting access to premises and information, ID cards etc; security in the workplace, locking doors; also the safety of medications etc; information eg know the information that can be disclosed, think about patient confidentiality

*Importance of others ensuring own whereabouts:* eg work colleagues, control rooms; registers and signing in books should be kept up to date; in the event of the building being evacuated colleges can notify fire brigade etc of who's in the building

## 9 Know how to manage own stress

*Common signs of stress:* eg apathy or depression, constant anxiety, irrational behaviour, loss of appetite, comfort eating, lack of concentration, loss of sex drive, increased smoking, drinking and taking recreational drugs; physical effects may include the following: tiredness, skin problems, aches and pains, heart palpitations, sickness, stomach problems and, for women, missed periods

*Trigger circumstances:* eg pressure to perform at work, money worries, arguments, family conflicts, divorce, bereavement, unemployment, moving house, marriage; often there is no particular reason for developing stress, it can build up from a number of small things

*Ways to manage stress:* eg removal of the source of the stress, stress management techniques aim to promote different approaches to relieving stress, self help books, therapy sessions and psychotherapy

*Stress:* can have positive as well as negative effects, but in this unit the word is used to refer to negative stress

## Essential guidance for tutors

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### Delivery

Learners will need considerable guidance in exploring the areas covered by this unit. The unit will need to be delivered by a tutor with relevant training and experience. A range of different learning methods can be used, including presentations, class discussions and research. Learners would also benefit from guest speakers and visits to relevant settings eg fire station would add interest for learners. Role play and case studies are also useful.

### Assessment

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles (see *Annexe C*). Learning outcomes 4, 5, and 8 must be assessed in a real work environment.

In class, workbooks and short answer question papers can be used; learners can then keep and use these for future reference.

### Essential resources

Full access to library and ICT

PowerPoint presentations

DVDs of fire safety, infection control, manual handling, stress management

Examples of equipment (manual handling)

### Indicative resource materials

#### Textbooks

Damani N – *Manual of Infection Control Procedures* (Cambridge University Press 2003) ISBN 978-0521687010

Stretch B (editor) – *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 978-0435464257

#### Journals

*Journal of Paramedic Practice*

*Nursing Times*



## Websites

<a href="http://www.hse.gov.uk/legislation/hswa.htm">www.hse.gov.uk/legislation/hswa.htm</a>	Health and Safety Executive – Health and Safety at Work Act 1974
<a href="http://www.hse.gov.uk">www.hse.gov.uk</a>	Health and Safety Executive
<a href="http://www.nhs.uk/Livewell/workplacehealth/Pages/beatingworkstress.aspx">www.nhs.uk/Livewell/workplacehealth/Pages/beatingworkstress.aspx</a>	NHS Choices – Beat Stress
<a href="http://www.nursingtimes.net">www.nursingtimes.net</a>	<i>Nursing Times</i>
<a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a>	National Patient Safety Agency
<a href="http://www.npsa.nhs.uk/cleanyourhands">www.npsa.nhs.uk/cleanyourhands</a>	National Patient Safety Agency – Clean Your Hands
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Skills for Care
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Skills for Health



## Unit 26: Assist in the Administration of Medication

**Unit reference number:** A/601/9420

**Level:** 2

**Credit value:** 4

**Guided learning hours:** 25

### Unit aim

This unit provides the knowledge, understanding and skills needed to assist with the administration of medication under the direction of a health professional. Training in the administration of medication is an essential pre-requisite for those undertaking this role.

This unit is about assisting in the administration of medication to an individual, or as part of a larger process where a 'drug round' may be undertaken. It will always involve working with other staff within this context whose role is to lead the process.

### Unit introduction

Supporting the administration of medicines is a core element in the roles of many practitioners in a care setting. This unit gives learners the opportunity to learn about the ways in which medicines are administered, as well as the changes or side effects that an individual may experience after taking medication.

The unit examines the importance of informed consent and mental capacity and legislation surrounding the ordering, receiving, storage and administration of medication, as well as guidelines that underpin safe practice.

Learners will be required to demonstrate how to handle medication safely in relation to receiving, storing and supporting individuals when administering medication, as well as recording and reporting procedures in line with working practices.

This unit will be useful for those working in all types of care settings.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know the current legislation, guidelines and policies relevant to the administration of medication	1.1 Identify the current national legislation and guidelines relevant to the administration of medication  1.2 Outline the organisational policies for the management and administration of medication
2 Understand own role in assisting in the administration of medication	2.1 Describe own responsibilities and accountability in relation to assisting with the administration of medication  2.2 Explain the importance of working under the direction of a qualified health professional when assisting with the administration of medication  2.3 Explain the importance of working within own area of competence and seeking advice when faced with situations outside own area of competence
3 Understand the requirements and procedures for assisting in the administration of medication	3.1 Explain the purpose and significance of the information which should be provided on the label of a medication  3.2 Describe the different routes for the administration of medication  3.3 Describe the types, purpose and function of materials and equipment needed for the administration of medication within own area of responsibility  3.4 Describe the various aids which can be used to help individuals take their medication  3.5 Explain the importance of applying standard precautions for infection control and the potential consequences of poor practice  3.6 Explain why medication should only be administered against the individual's medication administration record and consistent with the prescriber's advice

Learning outcomes	Assessment criteria
<p>4 Understand the requirements and procedures for ensuring patient safety</p>	<p>4.1 Explain the importance of identifying the individual for whom the medications are prescribed</p> <p>4.2 Explain the importance of confirming the medication against the prescription/ protocol with the person leading the administration before administering it</p>
<p>5 Be able to prepare for the administration of medication</p>	<p>5.1 Obtain or confirm valid consent for the administration of medication</p> <p>5.2 Apply standard precautions for infection control</p> <p>5.3 Select, check and prepare the medication according to the medication administration record or medication information leaflet</p> <p>5.4 Explain the importance of referring confusing or incomplete instructions back to person leading the administration or the pharmacist</p> <p>5.5 Check and confirm the identity of the individual who is to receive the medication with the person leading the activity and with the individual themselves before the medication is administered</p>

Learning outcomes	Assessment criteria
<p>6 Be able to assist in the administration of medication</p>	<p>6.1 Contribute to administering the medication to the individual using the correct technique and at the prescribed time according to the care plan</p> <p>6.2 Assist the individual to be as self managing as possible</p> <p>6.3 Explain the importance of seeking help and advice from a relevant member of staff if the individual will not or cannot take the medication</p> <p>6.4 Monitor the individual's condition throughout the administration process</p> <p>6.5 Explain the kinds of adverse effects that may occur and the appropriate action to take</p> <p>6.6 Check and confirm that the individual actually takes the medication and does not pass medication to others</p>
<p>7 Be able to contribute to the management of medications and administration records</p>	<p>7.1 Explain the importance of keeping accurate and up-to-date records of the administration of medication</p> <p>7.2 Contribute to completing the necessary records relating to the administration of medications legibly, accurately and completely</p> <p>7.3 Maintain the security of medication and related records throughout the administration process and return them to the correct place for storage</p> <p>7.4 Maintain the confidentiality of information relating to the individual at all times</p> <p>7.5 Check the stock level of medications and take appropriate action to obtain new stocks when required</p>

## Unit content

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### 1 **Know the current legislation, guidelines and policies relevant to the administration of medication**

*Current legislation, national guidelines and local policies:* relevant sections from eg Medicines Act 1968 and amendments, Misuse of Drugs Act 1971 (Controlled Drugs) and amendments, COSHH Regulations 1999, Health and Safety at Work Act 1974, Hazardous Waste Regulations 2005, Access to Health Records Act 1990, Data Protection Act 1998, Care Standards Act 2000 (receipt, storage and administration of medicines), Administration and Control of Medicines in Care Homes and Children's Services June 2003, Mental Capacity Act 2005; relevant guidelines, relevant local policies

*Organisational processes for administration of medication:* related to job role, organisation of service; roles of prescribers (medical and non-medical); managers; social care staff; ancillary staff; clerical staff/administrators

### 2 **Understand own role in assisting in the administration of medication**

*Own roles and responsibilities:* various care contexts eg care homes, day services, an individual's own home, sheltered accommodation, supported housing, other networks and services for individuals (such as education, religious establishments, voluntary agencies, activities and entertainment); the need to check that the medicine received matches the medication and dosage prescribed by the prescriber and is listed on the appropriate documentation; the need to seek guidance and support about the medicine and dosage prescribed for any particular individual eg prescriber (medical or non-medical), NHS Direct, manager, nurse, or from supportive reference material; the need for confidentiality; when and to whom information about an individual's medication may be disclosed or discussed eg doctor, pharmacist, other care professionals, relatives/solicitor with enduring power of attorney; Importance of working under the direction of a qualified health professional when assisting with the administration of medication

*Importance of seeking advice:* when to access information eg adverse reactions, non-compliance, practical difficulties; who to contact eg prescriber (medical or non-medical), manager, nurse, senior staff, medical professionals, NHS Direct, pharmacist, family, supportive reference material; how to raise concerns

### 3 Understand the requirements and procedures for assisting in the administration of medication

*Information on the label:* government labelling requirements, the main features of labels; sources of information on labelling conventions (Medicines and Healthcare products Regulatory Agency (MHRA))

*Routes of administration:* inhalation (use of inhalers – nasal or oral); injection (by piercing the skin); ingestion (medicines/tablets taken orally, including under the tongue); topical (application of creams, lotions, ointments); infusion (intravenous drips); instillation (administration of drops to ears/nose/eyes); PR – per rectum (enemas, suppositories); PV – per vagina (pessaries, creams)

*Types, purpose and function of materials and equipment:* correct equipment eg gloves, aprons, footwear, reusable clothing

*Aids in taking medication:* eg record sheets, pill packs, dosette box

*Precautions for infection control:* basic hygiene procedures

*Importance of confirming medication against the prescription before administering:* the need to check that the medicine received matches the medication and dosage prescribed by the prescriber and is listed on the appropriate documentation

### 4 Understand the requirements and procedures for ensuring patient safety

*Identity and consent:* methods of confirming identity, mental capacity and informed consent; use of independent advocate, family member, medical professional to assist in achieving informed consent; situations where informed consent is not possible; acting in the best interests of the individual where informed consent is not possible

*Importance of confirming medication against the prescription before administering:* the need to check that the medicine received matches the medication and dosage prescribed by the prescriber and is listed on the appropriate documentation

### 5 Be able to prepare for the administration of medication

*Obtaining consent for administration:* mental capacity and informed consent; use of independent advocate, family member, medical professional to assist in achieving informed consent; situations where informed consent is not possible; acting in the best interests of the individual where informed consent is not possible

*Administering medication:* the need to support the person responsible for administering the medication; ensuring preparation of the correct medication, correct dose, correct person, correct time, correct route or method; supporting preparation for patient self-administration of medicines; understanding organisational policy, having due regard for patient choice



**6 Be able to assist in the administration of medication**

*Administering medication:* supporting the person responsible for administering the medication, ensuring the correct medication, correct dose, correct person, correct time, correct route or method; patient self-administration of medicines; organisational policy, patient choice, checking medication has been taken by correct person

*Supporting self-medication:* patient self-administration of medicines; organisational policy, patient choice

*Accessing further information or support:* when to access information eg adverse reactions, non-compliance, practical difficulties; who to contact eg prescriber (medical or non-medical), manager, nurse, senior staff, medical professionals, NHS Direct, pharmacist, family, supportive reference material

*Adverse effects and appropriate actions:* physical changes eg rashes, breathing difficulties, swellings, nausea, vomiting, diarrhoea, stiffness, shaking, headaches, drowsiness, constipation, weight gain; whether changes are the result of medication; need to check contra-indications and medicine interactions before administration, including home or over-the-counter remedies, or complementary therapies or remedies

**7 Be able to contribute to the management of medications and administration records**

*Recording administration:* what to record (the medication given, to whom the medication is given, the time it is given, the dosage given, the method of administration); comments and signature after each administration; reporting and seeking advice (about reactions, refusal of individual to take medication, where errors occur in administration)

*Monitoring stock:* receive medication in line with agreed ways of working, recorded receipt of medication and check for accuracy; store medication according to manufacturers' instructions and agreed ways of working (in a clean, ordered and secure environment, at the correct temperature)

*Confidentiality:* legal requirements, local policy requirements for ensuring confidentiality of information concerning people taking medication

## Essential guidance for tutors

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### Delivery

This unit needs to be delivered by an appropriately qualified tutor.

The unit could be introduced through discussions on the administration of medicines. This will encourage learners to consider and share any experiences in relation to the topic, for example compliance, and why people might not take prescribed medication as instructed. Learners should be encouraged to relate their learning in this unit to their work, and draw on examples from the workplace as much as possible.

Following the introduction, the unit could be delivered through a combination of tutor input, individual/small group research on the different groups of medicines followed by presentations, and case studies, visits or guest speakers. Observation of practice is essential for the delivery of this unit; where possible this should be directly observed by the assessor; alternatively, expert witness testimonies could be used. Throughout the unit, learners should be encouraged to draw on and reflect on practices in the workplace setting. Misconceptions about medicines should be identified, discussed and rectified.

Learners should be able to match routes of administration to the individual and different forms of medication. When discussing physical or other changes to individuals following the administration of medication, it should be emphasised that changes may not be as a result of the administration and, irrespective of the cause of the changes, the need to seek advice should be stressed. Learners need to be clear about the levels of responsibility, accountability and lines of reporting in the social care setting that the learner is working in.

Learners need to understand the issues surrounding consent and informed consent, particularly in relation to the Mental Capacity Act 2005. These issues could be addressed using case study material. Learners could carry out internet research into aspects of legislation relevant to the administration of medicines, summarise them and share their findings and relate these to the social care workplace setting. When considering roles, responsibilities and boundaries in relation to medication, learners should use specific examples from the workplace setting for examples, and should then be encouraged to share them in small groups or with the whole class in order to broaden experience.

### Assessment

This unit must be assessed according to Skills for Health's QCF Assessment Principles (see *Annexe B*). In assessment of learning outcome 1, learners should undertake research into relevant legislation and guidelines, and types of medication, recording information in an accessible format. Learning outcomes 2 and 3 require learners to show their understanding of procedures. They could do this through analysis and recording of a case study or observed example of the administration of medication. Learners could also workshadow staff qualified to administer medication and take notes.

Learning outcomes 4 and 5 require learners to demonstrate their skills in preparing a patient to receive medication. Learners should be well prepared and supervised, with a full understanding of the needs of the patient. Learning outcome 6 requires learners to support the administration of medication, again with supervision.

Learners should be witnessed, and witness testimony produced as evidence of assessment.

Learning outcome 7 requires learners to record their actions and assist in monitoring stock. This will be evidenced through witness testimony.

### Essential resources

The following resources are essential for delivery of this unit: an appropriately qualified tutor, a suitable work role within the care sector, library resources with key texts and other reference materials, work experience placements.

In addition, the following resources are considered to be highly valuable: case study materials, guest speakers.

### Indicative resource materials

#### Textbooks

Railton D – *Knowledge Set for Medication* (Heinemann, 2007)  
ISBN 978-0435402310

Simonsen T, Aarbakke J, Kay I, Sinnott P and Coleman I – *Illustrated Pharmacology for Nurses* (Hodder Arnold, 2006) ISBN 978-0340809723

Stretch B (editor) – *BTEC Level 3 Nationals in Health and Social Care Student Book 1* (Pearson, 2010) ISBN 978-1846907463

Stretch B (editor) – *BTEC Level 3 Nationals in Health and Social Care Student Book 2* (Pearson, 2010) ISBN 978-1846907470

Wilcher M – *Handbook on Medication for Carers of People with Learning Disabilities* (South Birmingham Primary Care Trust, 2005) ISBN 978-0954970000

#### Journals

*Community Care*

*Nursing Times*

#### Websites

<a href="http://www.nmc-uk.org/Nurses-and-midwives/The-code/The-code-in-full/">www.nmc-uk.org/Nurses-and-midwives/The-code/The-code-in-full/</a>	Nursing and Midwifery Council Code of Practice
<a href="http://www.opsi.gov.uk/acts/acts2005/en/ukpgaen_20050009_en_1">www.opsi.gov.uk/acts/acts2005/en/ukpgaen_20050009_en_1</a>	Explanatory notes on the Mental Capacity Act
<a href="http://www.rpharms.com/home/home.asp">www.rpharms.com/home/home.asp</a>	Royal Pharmaceutical Society of Great Britain
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Sector Skills Council for Care
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Sector Skills Council for the UK Health Sector



## Unit 27: Understand Mental Health Problems

**Unit reference number:** J/602/0103

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 14

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### Unit aim

This unit aims to provide the learner with knowledge of the main forms of mental health problems according to the psychiatric classification system. Learners also consider the strengths and limitations of this model and look at alternative frameworks for understanding mental distress. The focus of the unit is on understanding the different ways in which mental health problems impact on the individual and others in their social network. It also considers the benefits of early intervention in promoting mental health and well-being.

### Unit introduction

Mental health has become an issue on all political agendas in recent times, particularly with regard to the loss in terms of employment output and the effects on households and personal wellbeing. Media highlighting of high-profile cases has resulted in misunderstanding by the public, leading to prejudice and stigmatising of individuals. It is therefore essential that workers in any branch of healthcare have an understanding of the underlying issues and are able to distinguish between mental health and mental disorder.

Learners will be invited to examine their understanding of issues and the effects of misinformation on the quality of life for individuals and others with whom they are involved.

Learners will be equipped to work with individuals and families to provide empathetic, professional support, based on understanding of the whole person in the context of their community.

### Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know the main forms of mental ill health	<p>1.1 Describe the main types of mental ill health according to the psychiatric (DSM/ICD) classification system: mood disorders, personality disorders, anxiety disorders, psychotic disorders, substance-related disorders, eating disorders, cognitive disorders</p> <p>1.2 Explain the key strengths and limitations of the psychiatric classification system</p> <p>1.3 Explain two alternative frameworks for understanding mental distress</p> <p>1.4 Explain how mental ill health may be indicated through an individual's emotions, thinking and behaviour</p>
2 Know the impact of mental ill health on individuals and others in their social network	<p>2.1 Explain how individuals experience discrimination due to misinformation, assumptions and stereotypes about mental ill health</p> <p>2.2 Explain how mental ill health may have an impact on the individual including:</p> <ul style="list-style-type: none"> <li>a. psychological and emotional</li> <li>b. practical and financial</li> <li>c. the impact of using services</li> <li>d. social exclusion</li> <li>e. positive impacts</li> </ul> <p>2.3 Explain how mental ill health may have an impact on those in the individual's familial, social or work network including:</p> <ul style="list-style-type: none"> <li>a. psychological and emotional</li> <li>b. practical and financial</li> <li>c. the impact of using services</li> <li>d. social exclusion</li> <li>e. positive impacts</li> </ul> <p>2.4 Explain the benefits of early intervention in promoting an individual's mental health and well-being.</p>

## Unit content

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### 1 Know the main forms of mental ill health

*Cognitive:* dementia, Alzheimer's disease; vascular dementia; multi-infarct dementia; Pick's disease

*Substance-related:* acute intoxication; dependence syndrome; withdrawal state; withdrawal state with delirium; amnesic syndrome; psychotic disorder

*Eating disorders:* anorexia nervosa; bulimia nervosa

*Personality disorders:* schizoid; dissocial; histrionic; bipolar affective disorder; manic episodes; hypomania; recurrent depressive disorders

*Psychotic disorders:* paranoid schizophrenia; hebephrenic schizophrenia; catatonic schizophrenia; schizotypal disorder

*Anxiety disorders:* phobic anxiety disorders eg agoraphobia, claustrophobia, panic disorder; obsessive compulsive disorder; post-traumatic stress disorder; adjustment disorders; dissociative (conversion) disorders

*Key strengths of the classification system:* defining the issue; providing a diagnosis; providing individuals with a reason for symptoms; a standardised approach to treatment and support; continuity of diagnosis and support

*Limitations of the classification system:* labelling individuals; risk of misdiagnosis; medicalisation of social issues; atypical presentation of symptoms/characteristics; lack of cultural sensitivity; non-recognition of cultural and ethnic differences

*Frameworks for understanding mental distress:* biomedical model/clinical definitions; social model/role of social and environmental determinants; social perspectives/role of the social perspectives network; mental distress as disability; the tidal model; the holistic model

*Indications of mental ill-health:* changes in reaction to situations; social isolation/withdrawal; changes in speech patterns; confusion/incoherence of thought; personal neglect; demonstrations of fear; changes in sleep patterns; rigid thinking; inappropriateness of affect; delusional thought patterns; fluctuating moods; aggression

## 2 **Know the impact of mental ill health on individuals and others in their social network**

*Effects of discrimination:* social exclusion; exclusion from safe housing; exacerbation of symptoms due to unreasonable expectations from employers; attribution of blame from professionals eg eating disorders, suicide attempts; exclusion from appropriate care and support due to eg lack of culturally competent practitioners, low expectations of recovery by professionals, misconceptions of mental capacity by professionals leading to lack of information regarding diagnosis and prognosis, stigmatising by professionals due to previous experience of individuals with mental ill health; fear of rejection leading to self exclusion; social avoidance by members of the community due to media misrepresentation of mental ill-health

*Impact – psychological and emotional:* low self-esteem; diminished self-efficacy; distorted self-concept; self-stigma; public stigma of self and family; fear of own responses; denial; reduced motivation; reduced sense of wellbeing; feelings of insecurity; reduction of social networks due to misunderstanding/misinformation

*Impact – practical and financial:* loss of earnings; reduced ability to perform personal care, household tasks/impact on family – increased informal care; reduced lifestyle/life chances

*Impact of using services:* learned helplessness; reliance on professionals; potential medicalisation of social and environmental factors; loss of dignity; support for family and friends; hope of recovery

*Impact of social exclusion:* self-stigma; reactive depression; withdrawal; loneliness; reduced sense of wellbeing; exacerbation of symptoms; neglect of personal care

*Positive impact:* access to care and support; self-acceptance; meaning for symptoms; tolerance for behaviour; reduction of responsibilities; support for family

*Benefits of early intervention:* early detection; focus on prevention; more effective treatment at the beginning of illness; reduction of hospital admissions; preservation of relationships; preservation of normal life; reduction of long-term damage to health and wellbeing



## Essential guidance for tutors

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### Delivery

The unit should be delivered by a well qualified and preferably experienced tutor. Learners will require some taught input with regard to the signs and symptoms of the main types of mental ill-health. However, the use of case studies as a focus for discussion will give learners a realistic focus. Tutors may wish to make use of current scenarios on popular 'soaps', particularly with regard to substance abuse and depressive illness to enhance class sessions.

Input from mental ill-health experts such as therapists, counsellors or representatives of relevant charities such as Mind, Dementia UK or Rethink (operating name of the National Schizophrenia Fellowship), would provide learners with an insight into the complexities of supporting individuals who have mental ill-health.

Learners should be encouraged to discuss issues and explore their own conceptions of mental ill-health and also to challenge any prejudices they may hold, within a safe environment. Learners could also be encouraged to contribute their own experience of working in this area, whilst maintaining confidentiality.

### Assessment

This unit must be assessed in accordance with Skills for Health's Assessment Principles (see *Annexe B*).

The unit could be assessed in a variety of ways. Tutors may prefer learners to present their assessment as essays or as fact files, produced over the duration of the unit.

For learning outcome 1 it is not necessary for learners to demonstrate an in-depth knowledge of the signs and symptoms of each disorder within the classification band. Learners should demonstrate their understanding of why different groups of disorders eg cognitive, psychotic, anxiety are placed within a band and how the classification system attempts to differentiate between mental health and mental disorder, and the strengths and weaknesses of the system. Learners are required to demonstrate their understanding of two alternative frameworks for understanding mental distress and how these are applied in practice. Learners should also demonstrate their ability to recognise the more common signs of mental distress in an individual.

For learning outcome 2 learners are required to demonstrate their understanding of the impact of mental ill-health on an individual, their family, and social and work networks. It is essential that learners show an understanding of the individual in the context of their communities rather than as a label or diagnosis and how the illness affects everyone involved with that person. Learners are also required to demonstrate the benefits of early intervention. It should be noted that all learners should present individual work for assessment, in line with Pearson policy.

## Essential resources

Set of free DVDs on mental health issues available from [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

## Indicative resource materials

### Textbooks

Baillie L – *Developing Practical Adult Nursing Skills* (Hodder Education, 2009)  
ISBN 978-0340974209

Bukner J, Castro Y, Holm-Denoma J (editors) – *Mental Health for People of Diverse Backgrounds* (Radcliffe Publishing Limited, 2007) ISBN 978-1846190940

### Journals

*Community Care* magazine

*International Journal of Mental Health Nursing*

*Mental Health* magazine

### Websites

<a href="http://www.beyondblue.org">www.beyondblue.org</a>	Helpline for substance-related issues and depression
<a href="http://www.blackmentalhealth.org.uk">www.blackmentalhealth.org.uk</a>	Black mental health issues
<a href="http://www.civilrightsmovement.co.uk">www.civilrightsmovement.co.uk</a>	Civil rights for people with mental ill health
<a href="http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/index.htm">www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/index.htm</a>	Government website on disability discrimination
<a href="http://www.mind.org.uk">www.mind.org.uk</a>	Mind – mental health charity
<a href="http://www.rethink.org">www.rethink.org</a>	National Schizophrenia Fellowship
<a href="http://www.who.int/classifications/icd">www.who.int/classifications/icd</a>	Classifications of mental ill-health

## **Unit 28: Assist the Practitioner to Carry out Health Care Activities**

**Unit reference number:** J/602/3924

**Level:** 2

**Credit value:** 2

**Guided learning hours:** 13

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### **Unit aim**

This unit develops the assistant's role and skills in supporting the healthcare practitioner and can be evidenced in a range of environments.

It requires an understanding of relevant legislation, policies, protocols, guidance and procedures. The learner assists the practitioner, but may not be directly involved with an individual.

### **Unit introduction**

This unit requires an understanding of relevant legislation, policies, protocols, guidance and procedures. The learner assists the practitioner, but may not be directly involved with an individual. Learners will demonstrate the importance of effective communication with the healthcare practitioner and the patient to enable the healthcare activities to be implemented in a timely manner; this will include the gaining of patient consent. Learners will also demonstrate correct recording and reporting procedures. This will enable a large amount of evidence to be collected in a vocational setting.

### **Learning outcomes and assessment criteria**

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

**On completion of this unit a learner should:**

Learning outcomes	Assessment criteria
1 Know about current legislation, national guidelines, policies, protocols and good practice when assisting the practitioner to carry out health care activities	1.1 Summarise own roles, responsibilities and accountability with regard to current legislation, national guidelines, policies, protocols and good practice guidelines when assisting with a range of specific healthcare activities
2 Be able to assist the practitioner in carrying out health care activities	2.1 Identify the information that may be needed by the practitioner prior to and during a range of specific activities 2.2 Confirm the identity of the individual and confirm valid consent has been obtained 2.3 Carry out tasks as required by the practitioner, the care plan and own scope of practice 2.4 Communicate information to other team members while maintaining confidentiality 2.5 Collaborate during activities that require close team work 2.6 Make records as directed by the practitioner in line with national/local policy

## Unit content

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### 1 **Know about current legislation, national guidelines, policies, protocols and good practice when assisting the practitioner to carry out health care activities**

*Roles and responsibilities:* eg scope of practice for self, aims of the health professional

*Legislation, guidance, policies, protocols and procedures when assisting the practitioner to carry out healthcare activities:* eg medicines management – POMs responsibilities, security, storage; clinical waste management; sharps safety; manual handling regulations; infection prevention and control procedures; Mental Capacity Act; patient records; confidentiality; relevant clinical guidelines; familiarisation

### 2 **Be able to assist the practitioner in carrying out health care activities**

*Main areas of assistance:* airway maintenance; breathing support; circulatory support; patient positioning; cardiac care; drug administration; patient records

*Airway maintenance:* examining, clearing, opening, preparation of any equipment required, assisting in advanced airway maintenance techniques (manipulation of larynx, securing of endotracheal (ET) tube) monitoring patients airway and condition

*Breathing support:* preparation of any equipment required eg bag-valve-mask, ventilator, oxygen, needle thoracocentesis equipment, assisting in breathing support techniques such as ventilations

*Circulatory support:* setting up fluids, chest compressions, assisting with cannulation

*Patient positioning:* assisting with positioning of patient relative to their condition and healthcare activities to be carried out

*Cardiac care:* 3 lead and 12 lead cardiac monitoring – including patient preparation (shaving, removing jewellery patches etc, cleaning skin) automated defibrillation (including defibrillator safety for self, colleague, patient)

*Drug administration:* drawing up flushes, checking packaging, cross checking drug to be administered (name, dosage, expiry date), preparation of administration equipment, preparation of site of administration,

*Valid consent:* must be in line with agreed UK country definition

*Patient records:* collation of information on patient report form, completing patient details on ECG strips and other relevant records

*Collaboration:* eg other emergency care assistants and paramedics at multi-casualty incidents, other emergency services, other healthcare professionals

*Communication:* information gathering (scene, patient, relatives, bystanders, responders etc) information giving (practitioner, patient) patient reassurance, patient safety procedures eg checking of equipment which covers all aspects of assisting the practitioner

## Essential guidance for tutors

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### Delivery

This unit will require input from a suitably qualified tutor and practitioner and could be covered using relevant practical skill stations and scenario work. Access to clinical guidelines will be required for the tutor to ensure adherence to national and local standards. Learners should be encouraged to practice and learn using manikins, equipment, textbooks and internet sources – however, supervision will be required to ensure correct application of learning.

There should be a large practical element to this area with initial learning taking place under direct supervision and then evidence of competence in the skills required to assist the practitioner collected.

### Assessment

This unit must be assessed in line with Skills for Health's Assessment Principles (see *Annexe B*). The assessment for this unit could include objective structured clinical examinations (OSCEs), portfolio of evidence comprising witness statements, learners' written work and can include completed workbooks. Evidence needs to be kept for internal and external quality assurance. The assessment criteria for each outcome can be assessed together or individually. However, it is essential that the evidence for each part is recorded. A series of questions could be used to confirm that learners meet the assessment criteria.

### Essential resources

- Manikins
- Equipment to be used in specified healthcare activities

### Indicative resource materials

#### Guidelines

*JRCALC UK Ambulance Service Clinical Practice Guidelines (2006)*

#### Textbooks

*IHCD Basic Training Manual*, section 19 (Edexcel Publications, 2010)

## Further information and useful publications

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To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: [qualifications.pearson.com/en/support/contact-us.html](http://qualifications.pearson.com/en/support/contact-us.html)
- books, software and online resources for UK schools and colleges: [www.pearsonschoolsandfecolleges.co.uk](http://www.pearsonschoolsandfecolleges.co.uk)

Key publications

- *Adjustments for candidates with disabilities and learning difficulties, Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))
- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)
- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)
- *Equality Policy* (Pearson)
- *Recognition of Prior Learning Policy and Process* (Pearson)
- *UK Information Manual* (Pearson)
- *Pearson Edexcel NVQs, SVQs and competence-based qualifications – Delivery Requirements and Quality Assurance Guidance* (Pearson)

All of these publications are available on our website: [qualifications.pearson.com](http://qualifications.pearson.com)

Further information and publications on the delivery and quality assurance of NVQ/Competence-based qualifications are available at our website on the Delivering BTEC pages. Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to the resources page of our website.

### How to obtain National Occupational Standards

Skills for Health  
2nd Floor  
Goldsmiths House  
Broad Plain  
Bristol BS2 0JP

Telephone: 0117 922 1155  
Fax: 0117 925 1800  
Email: [office@skillsforhealth.org.uk](mailto:office@skillsforhealth.org.uk)  
Website: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

# Professional development and training

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Pearson supports UK and international customers with training related to competence-based qualifications. This support is available through a choice of training options offered in our published training directory or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing student-centred learning and teaching approaches
- building functional skills into your programme
- building in effective and efficient quality assurance systems.

The national programme of training we offer can be viewed on our website ([qualifications.pearson.com](http://qualifications.pearson.com)). You can request customised training through the website or by contacting one of our advisers in the Training from Pearson team via Customer Services to discuss your training needs.

Our customer service numbers are:

BTEC and NVQ	0844 576 0026
GCSE	0844 576 0027
GCE	0844 576 0025
The Diploma	0844 576 0028
DiDA and other qualifications	0844 576 0031

Calls may be recorded for training purposes.

The training we provide:

- is active – ideas are developed and applied
- is designed to be supportive and thought provoking
- builds on best practice.

Our training is underpinned by the LLUK standards for those preparing to teach and for those seeking evidence for their continuing professional development.



## Annexe A

### The Pearson/BTEC qualification framework for the Health and Social Care sector

Progression opportunities within the framework.

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
8				
7				
6				
5		BTEC Higher Nationals in Health and Social Care		
4				
3	GCE Health and Social Care Advanced Diploma in Society, Health and Development	Pearson BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma in Health and Social Care	BTEC Level 3 Certificate in Supporting Individuals with Learning Disabilities	Level 3 Diploma in Health and Social Care (Adults) for England  Level 3 Diploma in Health and Social Care (Adults) for England  Level 3 Diploma in Health and Social Care (Children and Young People) for Wales and Northern Ireland

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
2	GCSE (Double and Single Award) in Health and Social Care  Foundation Diploma in Society, Health and Development	Pearson BTEC Level 2 Certificate, Extended Certificate and Diploma in Health and Social Care  Advanced Diploma in Society, Health and Development	BTEC Level 2 Certificate in Supporting Individuals with Learning Disabilities	Level 2 Diploma in Health and Social Care (Adults) for England  Level 2 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland
1		BTEC Level 1 Award/Certificate/Diploma in Health and Social Care		
Entry		BTEC Entry Level Award in Health and Social Care (Entry 3)		

# Annexe B

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## Skills for Health Assessment Principles

### 1. Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out those principles and approaches to unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

### 2. Assessment Principles

2.1. Assessment decisions for competence units (eg those including learning outcomes that begin with 'to be able to' or 'understand') must be made by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

2.2 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy.

2.3 Competence based units must include direct observation as the primary source of evidence.

2.4 Simulation may only be utilised as an assessment method for competence based learning outcomes where this is specified in the assessment requirements of the unit.

2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

### 3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

## **4. Definitions**

### **4.1 Occupationally competent:**

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

### **4.2 Occupationally knowledgeable:**

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained through clearly demonstrable continuing learning and professional development.

### **4.3 Qualified to make assessment decisions:**

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/ qualification assessment strategy. Skills for Health will agree with Awarding Organisations the relevant assessor qualifications or standard for qualifications covered by these principles.

### **4.4 Qualified to make quality assurance decisions:**

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

### **4.5 Expert witness:**

An expert witness must:

- have a working knowledge of the units on which their expertise is based
- be occupationally competent in their area of expertise.
- have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

# Annexe C

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## Skills for Care and Development Assessment Principles

### 1. Introduction

1.1 Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.

1.2 This document sets out those principles and approaches to unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4 Where Skills for Care and Development qualifications are joint with Skills for Health, Skills for Health will also use these assessment principles.

### 2. Assessment Principles

2.1. Assessment decisions for competence based learning outcomes (eg those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.

2.2 Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.

2.3 Competence based assessment must include direct observation as the main source of evidence.

2.4 Simulation may only be utilised as an assessment method for competence based LOs where this is specified in the assessment requirements of the unit.

2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6 Assessment of knowledge based Learning Outcomes (eg those beginning with 'know' or 'understand') may take place in or outside of a real work environment.

2.7 Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.

2.8 Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

### **3. Internal Quality Assurance**

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

### **4. Definitions**

#### **4.1 Occupationally competent:**

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

#### **4.2 Occupationally knowledgeable:**

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

#### **4.3 Qualified to make assessment decisions:**

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty the SSCs will be consulted.

#### **4.4 Qualified to make quality assurance decisions:**

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

#### **4.5 Expert witness:**

An expert witness must:

- have a working knowledge of the units on which their expertise is based
- be occupationally competent in their area of expertise
- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

# Annexe D

## Mapping to Level 1 Functional Skills

The mapping below outlines opportunities for integrating Functional Skills into the Level 2 Diploma in Emergency Care Assistance course.

Level 1	Unit number									
English – Speaking, Listening and Communication	1	2	3	4	5	6	7	8	9	10
Take full part in formal and informal discussions and exchanges that include unfamiliar subjects	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
English – Reading										
Read and understand a range of straightforward texts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
English – Writing										
Write a range of texts to communicate information, ideas and opinions, using formats and styles suitable for their purpose and audience	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Level 1	Unit number									
English – Speaking, Listening and Communication	11	12	13	14	15	16	17	18	19	20
Take full part in formal and informal discussions and exchanges that include unfamiliar subjects	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
English – Reading										
Read and understand a range of straightforward texts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
English – Writing										
Write a range of texts to communicate information, ideas and opinions, using formats and styles suitable for their purpose and audience	✓			✓		✓	✓	✓		✓

Level 1	Unit number							
English – Speaking, Listening and Communication	21	22	23	24	25	26	27	28
Take full part in formal and informal discussions and exchanges that include unfamiliar subjects	✓	✓	✓	✓	✓	✓	✓	✓
English – Reading								
Read and understand a range of straightforward texts	✓	✓		✓	✓	✓	✓	✓
English – Writing								
Write a range of texts to communicate information, ideas and opinions, using formats and styles suitable for their purpose and audience		✓				✓	✓	✓

Level 1	Unit number									
Mathematics – representing:	1	2	3	4	5	6	7	8	9	10
Understand practical problems in familiar and unfamiliar contexts and situations, some of which are non-routine							✓		✓	
Identify and obtain necessary information to tackle the problem							✓		✓	
Select mathematics in an organised way to find solutions							✓		✓	
Mathematics – analysing										
Apply mathematics in an organised way to find solutions to straightforward practical problems for different purposes							✓		✓	
Use appropriate checking procedures at each stage							✓		✓	
Mathematics – interpreting										
Interpret and communicate solutions to practical problems, drawing simple conclusions and giving explanations							✓		✓	



Level 1	Unit number									
Mathematics — representing:	11	12	13	14	15	16	17	18	19	20
Understand practical problems in familiar and unfamiliar contexts and situations, some of which are non-routine		✓	✓	✓			✓			
Identify and obtain necessary information to tackle the problem		✓	✓	✓			✓			
Select mathematics in an organised way to find solutions		✓	✓	✓			✓	✓		
Mathematics — analysing										
Apply mathematics in an organised way to find solutions to straightforward practical problems for different purposes		✓	✓	✓			✓	✓		
Use appropriate checking procedures at each stage		✓	✓	✓						
Mathematics — interpreting										
Interpret and communicate solutions to practical problems, drawing simple conclusions and giving explanations		✓	✓	✓						

Level 1	Unit number							
Mathematics – representing:	21	22	23	24	25	26	27	28
Understand practical problems in familiar and unfamiliar contexts and situations, some of which are non-routine	✓				✓	✓		✓
Identify and obtain necessary information to tackle the problem	✓				✓	✓		✓
Select mathematics in an organised way to find solutions	✓				✓	✓		✓
Mathematics – analysing								
Apply mathematics in an organised way to find solutions to straightforward practical problems for different purposes	✓				✓	✓		✓
Use appropriate checking procedures at each stage						✓		✓
Mathematics – interpreting								
Interpret and communicate solutions to practical problems, drawing simple conclusions and giving explanations						✓		✓

## Annexe E

### National Occupational Standards/mapping with NOS

The grid below maps the knowledge covered in the Pearson Edexcel Level 2 Diploma in Emergency Care Assistance against the underpinning knowledge of the National Occupational Standards in Health.

Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
C111 Clean a variety of surfaces using correct methods																			X	
C205 Clean and maintain the internal surfaces and areas																			X	
CCLD201 Contribute to positive relationships					X															
CCLD203 Support children's development		X		X																
CCLD204 Use support to develop own practice in children's care, learning and development			X																	
CHS2 Assist in the administration of medication																				
CHS6 Move and position individuals									X											

Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
CHS35 Provide first aid to an individual needing emergency assistance										X		X								
CHS125 Play a designated role within the response to a major incident																	X			
EC07 Assess and determine the health status and needs of children or young people presenting for emergency assistance													X							
GCU2 Safeguard and protect the well-being of children and young people		X																		
GCU5 Promote inclusion, equality, participation and the rights of children and young people				X																
GEN2 Prepare and dress for work in healthcare settings										X	X	X	X	X	X	X	X	X	X	X
GEN3 Maintain health and safety in a clinical/therapeutic environment								X											X	
GEN8 Assist the practitioner to implement healthcare activities																				

Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness			X	X																
GEN13 Synthesise new knowledge into the development of your own practice			X																	
GEN22 Communicate effectively with individuals					X															
HSC21 Communicate with, and complete records for individuals					X															
HSC22 Support the health and safety of yourself and individuals																				
HSC23 Develop your knowledge and practice	X															X				X
HSC24 Ensure your own actions, support the care, protection and well-being of individuals		X		X		X										X				
HSC32 Promote, monitor and maintain health, safety and security in the working environment								X											X	

Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
HSC221 Assist in the administration of medication																				
HSC223 Contribute to moving and handling individuals																				
HSC227 Contribute to working in collaboration with carers in the caring role	X															X				X
HSC230 Manage environments and resources during clinical activities								X											X	
HSC234 Ensure your own actions, support the equality, diversity, rights and responsibilities of individuals				X																
HSC239 Contribute to the care of a deceased person																				
HSC240 Contribute to the identification of the risk of danger to individuals and others						X										X				
HSC246 Maintain a safe and clean environment								X											X	
HSC360 Move and position individuals																				

Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
HSC3111 Promote the equality, diversity, rights and responsibilities of individuals																				
IPC1 Minimise the risks of spreading infection by cleaning and maintaining environments in health and social care settings							X	X											X	
IPC2 Perform hand hygiene to prevent the spread of infection							X													
IPC3 Clean and remove spillages of blood and other body fluids							X	X											X	
IPC4 Clean and store care equipment to minimise the risks of spreading infection							X	X											X	
IPC5 Minimise the risks of exposure to blood-borne infections while providing care							X													
IPC6 Use personal protective equipment to prevent the spread of infection							X	X											X	
IPC7 Safely dispose of healthcare waste, including sharps, to prevent the spread of infection							X	X											X	

Units	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
IPC8 Minimise the risk of infection when transporting and storing healthcare waste							X													
IPC9 Minimise the risks of spreading infection when removing used linen							X													
IPC10 Minimise the risks of spreading infection when transporting linen							X													
IPC11 Launder used linen to minimise the risks of spreading infection							X													
IPC12 Minimise the risks of spreading infection when storing and using clean linen							X													
IPC13 Provide guidance, resources and support to enable staff to minimise the risks of spreading infection							X													
MH14 Identify potential mental health needs and related issues																				



Units	21	22	23	24	25	26	27	28
C111 Clean a variety of surfaces using correct methods								
C205 Clean and maintain the internal surfaces and areas								
CCLD201 Contribute to positive relationships								
CCLD203 Support children's development								
CCLD204 Use support to develop own practice in children's care, learning and development								
CHS2 Assist in the administration of medication						X		
CHS6 Move and position individuals								
CHS35 Provide first aid to an individual needing emergency assistance								
CHS125 Play a designated role within the response to a major incident								

Units	21	22	23	24	25	26	27	28
EC07 Assess and determine the health status and needs of children or young people presenting for emergency assistance								
GCU2 Safeguard and protect the well-being of children and young people								
GCU5 Promote inclusion, equality, participation and the rights of children and young people								
GEN2 Prepare and dress for work in healthcare settings								
GEN3 Maintain health and safety in a clinical/therapeutic environment		X						
GEN8 Assist the practitioner to implement healthcare activities								
GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness								X
GEN13 Synthesise new knowledge into the development of your own practice								

Units	21	22	23	24	25	26	27	28
GEN22 Communicate effectively with individuals								
HSC21 Communicate with, and complete records for individuals				X				
HSC22 Support the health and safety of yourself and individuals		X			X			
HSC23 Develop your knowledge and practice								
HSC24 Ensure your own actions, support the care, protection and well-being of individuals								
HSC32 Promote, monitor and maintain health, safety and security in the working environment								
HSC221 Assist in the administration of medication					X			
HSC223 Contribute to moving and handling individuals					X			
HSC227 Contribute to working in collaboration with carers in the caring role								

Units	21	22	23	24	25	26	27	28
HSC230 Manage environments and resources during clinical activities								
HSC234 Ensure your own actions, support the equality, diversity, rights and responsibilities of individuals								
HSC239 Contribute to the care of a deceased person			X					
HSC240 Contribute to the identification of the risk of danger to individuals and others								
HSC246 Maintain a safe and clean environment								
HSC360 Move and position individuals	X							
HSC3111 Promote the equality, diversity, rights and responsibilities of individuals							X	
IPC1 Minimise the risks of spreading infection by cleaning and maintaining environments in health and social care settings		X						

Units	21	22	23	24	25	26	27	28
IPC2 Perform hand hygiene to prevent the spread of infection		X						
IPC3 Clean and remove spillages of blood and other body fluids		X						
IPC4 Clean and store care equipment to minimise the risks of spreading infection		X						
IPC5 Minimise the risks of exposure to blood-borne infections while providing care		X						
IPC6 Use personal protective equipment to prevent the spread of infection		X						
IPC7 Safely dispose of healthcare waste, including sharps, to prevent the spread of infection		X						
IPC8 Minimise the risk of infection when transporting and storing healthcare waste		X						
IPC9 Minimise the risks of spreading infection when removing used linen		X						

Units	21	22	23	24	25	26	27	28
IPC10 Minimise the risks of spreading infection when transporting linen		X						
IPC11 Launder used linen to minimise the risks of spreading infection		X						
IPC12 Minimise the risks of spreading infection when storing and using clean linen		X						
IPC13 Provide guidance, resources and support to enable staff to minimise the risks of spreading infection		X						
MH14 Identify potential mental health needs and related issues							X	

## Annexe F

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### Mapping to NHS Knowledge and Skills Framework

The following grid maps the knowledge covered in the Pearson Edexcel Level 2 Diploma in Emergency Care Assistance against the underpinning knowledge of the NHS Knowledge and Skills Framework dimensions. This mapping indicates the level of the KSF dimension to which the Pearson unit maps.

Units	Core 1: Communication	Core 2: Personal and people development	Core 3: Health, safety, and security	Core 4: Service improvement	Core 5: Quality	Core 6: Equality and diversity
1		Level 1				
2						Level 2
3		Level 1, Level 2				
4						Level 2
5	Level 2					
6						Level 2
7			Level 1, Level 4			
8			Level 1, Level 2			
9						
10			Level 1			
11		All levels	Level 1			
12			Level 1			

Units	Core 1: Communication	Core 2: Personal and people development	Core 3: Health, safety, and security	Core 4: Service improvement	Core 5: Quality	Core 6: Equality and diversity
13			Level 1			
14			Level 1			
15			Level 1			
16		Level 1	Level 1			Level 2
17			Level 1			
18			Level 1			
19			Level 1, Level 2			
20		Level 1	Level 1			
21						
22			Level 1, Level 2, Level 4			
23						
24	Level 2					
25			Level 1, Level 2			
26						
27						Level 3
28						



Units	HWB1	HWB2	HWB3	HWB4	HWB5	HWB6	HWB7
1				Level 2			
2							
3							
4							
5							
6			Level 1				
7							
8							Level 1
9					Level 2		
10						Level 2	Level 2
11							
12						Level 2	Level 2
13						Level 3	
14							
15							
16			Level 1	Level 2			
17				Level 3			
18							
19							Level 1
20				Level 2			

Units	HWB1	HWB2	HWB3	HWB4	HWB5	HWB6	HWB7
21					Level 2		
22							
23					Level 2		
24							
25							
26					Level 2		
27		Level 2					
28							Level 1

Units	EF2
19	Level 1

## Annexe G

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### Glossary of Accreditation Terminology

The following information about this qualification can also be found on the Pearson website – see: 'Accreditation Information'.

<b>Accreditation start/end date</b>	The first/last dates that Pearson can register learners for a qualification.
<b>Certification end date</b>	The last date on which a certificate may be issued by Pearson.
<b>Credit value</b>	All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.
<b>Guided Learning Hours (GLH)</b>	Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present.
<b>Level</b>	All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.
<b>Qualifications Number (QN)</b>	Unique reference number given to the qualification by the regulatory authorities on accreditation.
<b>Register of Regulated Qualifications</b>	Link to the entry on the Register of Regulated Qualifications for a particular qualification. This database features detailed accreditation information for the particular qualification.
<b>Section 96</b>	Section 96 is a section of the Learning and Skills Act 2000. This shows for which age ranges the qualification is publicly funded for under-19 learners.
<b>Section 97</b>	Section 97 is a section of the Learning and Skills Act 2000. This shows whether the qualification is publicly funded for learners aged 19 and over.
<b>Title</b>	The accredited title of the qualification.

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