Pearson Edexcel Level 3 Diploma in Perioperative Support

Specification

Competence-based qualification

For first registration January 2010 (Wales and Northern Ireland only)

Issue 3

Edexcel, BTEC and LCCI qualifications

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This specification is Issue 3. 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

This qualification was previously known as:

Edexcel Level 3 Diploma in Perioperative Support (QCF)

The QN remains the same.

Summary of Pearson Edexcel Level 3 Diploma in Perioperative Support specification Issue 3 changes

Summary of changes made between previous issue and this current issue	Page number
All references to QCF have been removed throughout the specification	
Definition of TQT added	Page 1
Definition of sizes of qualifications aligned to TQT	Page 2
TQT value added	Page 5
Guided learning definition updated	Page 12
QCF references removed from unit titles and unit levels in all units	Pages 16-164

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.

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Introducing Pearson Edexcel NVQ qualifications

What are NVQ 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, Pearson specify a total number of hours that it is estimated learners will require 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, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve tutors and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by tutors or assessors will include 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 title covered by this specification

This specification gives you the information you need to offer the Pearson Edexcel Level 3 Diploma in Perioperative Support:

Qualification title	Qualification Number (QN)	Accreditation start date
Pearson Edexcel Level 3 Diploma in Perioperative Support	501/2216/2	01/01/11

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.

You should use the Qualification Number (QN), when you wish to seek public funding for your learners. Each unit within a qualification will also have a unique reference number, which is listed in this specification.

The qualification title and unit reference numbers will appear on the learners' final certification document. Learners need to be made aware of this when they are recruited by the centre and registered with Pearson.

Key features of the Pearson Edexcel Level 3 Diploma in Perioperative Support

This qualification:

- is nationally recognised
- is based on the Health National Occupational Standards (NOS). The NOS, assessment requirements/strategy and qualification structure(s) are owned by Skills for Health.

The Pearson Edexcel Level 3 Diploma in Perioperative Support has been approved as a component for the Advanced Apprenticeship framework.

What is the purpose of this qualification?

The purpose of this qualification is to guide and assess the development of knowledge and skills relating to the health workforce. This qualification confirms competence in a range of perioperative support skills.

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(s).

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

This qualification will enable learners to develop knowledge, understanding and skills relevant to working in the health sector.

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

Healthcare assistant.

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

It is anticipated that learners will progress to specialist qualifications reflecting the context in which they work.

What is the qualification structure for the Pearson Edexcel Level 3 Diploma in Perioperative Support?

Individual units can be found in the *Units* section.

General Information

The Total Qualification Time (TQT) for this qualification is 660.

The Guided Learning Hours for this qualification are 468.

This qualification is within the *Diploma* range of credit.

Learners must achieve a minimum of 66 credits to gain the Pearson Edexcel Level 3 Diploma in Perioperative Support. To do this they must achieve:

• 66 credits from the mandatory units.

The eight units listed in Block B are recommended for continuing development of learners who have successfully completed the Pearson Edexcel Level 3 Diploma in Perioperative Support.

All units must be assessed in accordance with Skills for Health's Assessment Principles and/or Skills for Care and Development's Assessment Principles and the regulatory arrangements for the Qualifications and Credit Framework.

Mandatory units

Unit Reference Number		Title	Level	Credit	GLH
A/601/1429	1	Engage in personal development in health, social care or children's and young people's settings	3	3	10
J/601/1434	2	Promote communication in health, social care or children's and young people's settings	3	3	10
Y/601/1437	3	Promote equality and inclusion in health, social care or children's and young people's settings	3	2	8
F/601/8138	4	Promote and implement health and safety in health and social care	3	6	43
A/601/8574	5	Principles of safeguarding and protection in health and social care	2	3	26
Y/601/8145	6	Promote person-centred approaches in health and social care	3	6	41
J/601/8576	7	The role of the health and social care worker	2	2	14
J/601/9470	8	Promote good practice in handling information in health and social care settings	3	2	16
L/501/6737	9	The principles of infection prevention and control	2	3	30
H/501/7103	10	Causes and spread of infection	2	2	20
R/501/6738	11	Cleaning, decontamination and waste management	2	2	20
R/601/1436	12	Principles for implementing duty of care in health, social care or children's and young people's settings	3	1	5
L/602/4489	13	Transport, transfer and position individuals and equipment within the perioperative environment	3	5	32
F/602/3923	14	Contribute to the safe use of medical devices in the perioperative environment	2	4	29
Y/602/3930	15	Assist in the delivery of perioperative care and support to individuals	3	4	31
M/602/3934	16	Measure and record individuals' body fluid balance in a perioperative environment	3	4	23

Unit Reference Number		Title	Level	Credit	GLH
L/602/3942	17	Assist in receiving, handling and dispatching clinical specimens	2	2	17
F/602/3954	18	Provide support to the surgical team when preparing individuals for operative and invasive procedures	3	4	32
A/602/3970	19	Perform the non-scrubbed circulating role for perioperative procedures	2	3	23
D/602/3976	20	Prepare anaesthetic environment and provide support for pre- and post-operative anaesthesia and recovery	3	5	38
Mandatory units = 66 credits					

Optional continuing development units

The eight units listed here are recommended for continuing development of learners who have successfully completed the Level 3 Diploma in Perioperative Support.

Unit Reference Number		Title	Level	Credit	GLH
F/502/3412	21	Maintaining quality standards in the health sector (Barred combination with J/502/3413)	3	2	13
J/502/3413	22	Service improvement in the health sector (Barred combination with F/502/3412)	3	3	20
K/602/3947	23	Prepare and dress for scrubbed clinical roles	2	4	28
K/602/3950	24	Prepare and provide surgical instrumentation and supplementary items for the surgical team	3	6	43
D/602/3959	25	Receive and handle clinical specimens within the sterile field	3	4	30
M/602/3965	26	Prepare and apply dressings and drains to individuals in the perioperative environment	2	2	18
T/602/3952	27	Prepare equipment for intraoperative cell salvage blood collection	2	2	17
R/602/3926	28	Operate equipment for intraoperative cell salvage blood collection	3	5	40
L/602/3939	29	Prepare equipment for intraoperative cell salvage blood processing	2	4	26
T/602/3949	30	Operate equipment for intraoperative cell salvage blood processing and complete intraoperative cell salvage blood process	3	5	39

How is the qualification graded and assessed?

The overall grade for the qualification is a 'pass'. The learner must achieve all the required units within the specified qualification structure.

To pass a unit the learner must:

- achieve **all** the specified learning outcomes
- satisfy **all** the assessment criteria by providing sufficient and valid evidence for each criterion
- show that the evidence is their own.

The qualifications are designed to be assessed:

- in the workplace, or
- in conditions resembling the workplace, as specified in the assessment requirements/strategy for the sector, or
- as part of a training programme.

Assessment Principles

Assessment principles developed by Skills for Health and Skills for Care and Development have been included in *Annexe C*. These sets of principles have been developed in partnership with employers, training providers, awarding organisations and the regulatory authorities. assessment requirements for competence and knowledge based units. The assessment principles include details on:

- roles and occupational competence of assessors, expert witnesses, internal verifiers and standards verifiers
- quality control of assessment
- evidence requirements.

Evidence of competence may come from:

- **current practice** where evidence is generated from a current job role
- a **programme of development** where evidence comes from assessment opportunities built into a learning/training programme whether at or away from the workplace
- the **Recognition of Prior Learning (RPL)** where a learner can demonstrate that they can meet the assessment criteria within a unit through knowledge, understanding or skills they already possess without undertaking a course of learning. They must submit sufficient, reliable and valid evidence for internal and standards verification purposes. RPL is acceptable for accrediting a unit, several units or a whole qualification
- a **combination** of these.

It is important that the evidence is:

Valid	relevant to the standards for which competence is claimed
Authentic	produced by the learner
Current	sufficiently recent to create confidence that the same skill, understanding or knowledge persist at the time of the claim
Reliable	indicates that the learner can consistently perform at this level
Sufficient	fully meets the requirements of the standards.

Types of evidence (to be read in conjunction with the assessment strategy in *Annexe C*)

To successfully achieve a unit the learner must gather evidence which shows that they have met the required standard in the assessment criteria. Evidence can take a variety of different forms including the examples below. Centres should refer to the assessment strategy for information about which of the following are permissible:

- direct observation of the learner's performance by their assessor (O)
- outcomes from oral or written questioning (Q&A)
- products of the learner's work (P)
- personal statements and/or reflective accounts (RA)
- outcomes from simulation, where permitted by the assessment strategy (S)
- professional discussion (PD)
- assignment, project/case studies (A)
- authentic statements/witness testimony (WT)
- expert witness testimony (EPW)
- evidence of Recognition of Prior Learning (RPL).

The abbreviations may be used for cross-referencing purposes.

Learners can use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. It is, therefore, not necessary for learners to have each assessment criterion assessed separately. Learners should be encouraged to reference the assessment criteria to which the evidence relates.

Evidence must be made available to the assessor, internal verifier and Pearson standards verifier. A range of recording documents is available on the Pearson website qualifications.pearson.com. Alternatively, centres may develop their own.

Centre recognition and approval

Centre recognition

Centres that have not previously offered Pearson qualifications need to apply for and be granted centre recognition as part of the process for approval to offer individual qualifications. New centres must complete both a centre recognition approval application and a qualification approval application.

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by the new qualification and the conditions for automatic approval are met. Centres already holding Pearson approval are able to gain qualification approval for a different level or different sector via Edexcel online.

Approvals agreement

All centres are required to enter into an approvals agreement which is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any linked codes or regulations. Pearson will act to protect the integrity of the awarding of qualifications, if centres do not comply with the agreement. This could result in the suspension of certification or withdrawal of approval.

Quality assurance

Detailed information on Pearson's quality assurance processes is given in *Annexe A*.

What resources are required?

Each qualification is designed to support learners working in the health sector. Physical resources need to support the delivery of the qualifications and the assessment of the learning outcomes and must be of industry standard. Centres must meet any specific resource requirements outlined in *Annexe C: Assessment requirements/strategy*. Staff assessing the learner must meet the requirements within the overarching assessment strategy for the sector.

Unit content

As this is a competency based qualification unit content is not a requirement. However where unit content has been previously developed for other specifications it has been included in this specification.

Unit format

Each unit in this specification contains the following sections.

Unit title:

> This is the formal title of the unit that will appear on the learners certificate

Unit reference number:

> This is the unit owner's reference number for the specified unit.

Level:

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

Credit value:

> All units have a credit value. The minimum credit value is one, and credits can only be awarded in whole numbers. Learners will be awarded credits when they achieve the unit.

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 summary:

> This provides a summary of the purpose of the unit.

Assessment requirements/evidence requirements:

> The assessment/evidence requirements are determined by the SSC. Learners must provide evidence for each of the requirements stated in this section.

Assessment methodology:

> This provides a summary of the assessment methodology to be used for the unit.

Learning outcomes:	Assessment criteria:	Evidence type:	Portfolio reference:	Date:
			The learner should use this box to indicate where the evidence can be obtained eg portfolio page number.	The learner should give the date when the evidence has been provided.

> Learning outcomes state exactly what a learner should know, understand or be able to do as a result of completing a unit.

> The assessment criteria of a unit specify the standard a learner is expected to meet to demonstrate that a learning outcome, or a set of learning outcomes, has been achieved.

> Learners must reference the type of evidence they have and where it is available for quality assurance purposes. The learner can enter the relevant key and a reference. Alternatively, the learner and/or centre can devise their own referencing system.

Units

Unit 1: Engage in personal development in health, social care or children's and young people's settings

Unit reference number: A/601/1429

Level: 3

Credit value: 3

Guided learning hours: 10

Unit summary

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 considers personal development and reflective practice, which are both fundamental to such roles.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 Understand what is required for competence in own work role

Duties and responsibilities of own work role: contractual responsibilities eg hours, lines of reporting; specific roles and responsibilities, eg behaviour support, supporting children and young people with special educational needs, supporting bilingual children and young people; compliance with policies and procedures of setting, eg behaviour, children and young people protection, health and safety; keeping up to date with changes to   procedures; keeping up to date with changes to practice.

Expectations about own work role as expressed in relevant standards: standards relevant to own role, eg national occupational standards for Children's Care, Learning and Development (NOS CCLD), national occupational standards for Learning, Development and Support Services (NOS LDSS) in relation to own duties and responsibilities, eg role to support child or young person with special educational needs, expectations to meet standards, eg CCLD 202 Help to keep children safe, CCLD 303 Promote children's development, LDSS 320 Support the needs of children and young people with additional requirements, GCU 6 Reflect on, develop and maintain your practice

2 Be able to reflect on practice

The importance of reflective practice in continuously improving the quality of service provided: aim to continually review progress to improve or change approaches, strategies, actions; benefits to children, young people, setting and individual of improved performance, eg enables learning to take place and practice to improve, enables all relevant factors to be taken into account, provides clarity; identification of learning needs of individual undertaking reflection; Experiential Learning Cycle (Kolb)

How to reflect on practice: regular reflection; focussed; use a structured approach; appropriate way of recording, eg a reflective journal/diary, learning log, diary, critical incident journal; reflective questions, eg description (what happened, what was the context); analysis (what went well, why, what did not go well, why, how do I feel about it, why did I do what I did); theory (what needs to be done differently, why); action (what needs to be done next, how); seek alternatives; keep an open mind; view from different perspectives; think about consequences; test ideas through comparing and contrasting; ask 'what if?'; synthesise ideas; seek, identify and resolve questions

How own values, belief systems and experiences may affect working practice: self-awareness of values, beliefs, experiences affecting approach to working practices, eg motivation, conformity, cooperation, consistency, respect, fairness, creativity, previous experiences of learning; ways own values affect practice positively and negatively, eg conflict between own values, beliefs and standards

3 **Be able to evaluate own performance**

Evaluate own knowledge, performance and understanding against relevant standards: self-evaluation; consider extent to which own practice meets required national occupational standards for role in relation to roles and responsibilities; refer to reflections to appraise extent to which own knowledge and performance meets standards.

Use of feedback to evaluate own performance and inform development: use feedback to raise awareness of strengths, identify areas for improvement, actions to be taken to improve performance; actively seek feedback; sources of feedback, eg mentors, teachers, supervisor, colleagues; effective feedback develops confidence, competence, motivation

4 **Be able to agree a personal development plan**

Sources of support for planning and reviewing own development: sources of support, eg mentor, supervisor, teacher, manager, local authority, training providers, awarding organisations, further and higher education institutions, Learn Direct, Teachers Development Agency (TDA), Children's Workforce Development Council (CWDC)

Work with others to review and prioritise own learning needs, professional interests and development opportunities: others, eg mentor, teacher, manager; performance review; appraisal; reflective journal; learning needs in relation to job role, progression, children and young people's workforce needs; development opportunities, eg training, qualifications, shadowing a more experienced colleague, on-the-job project work, coaching and mentoring less experienced colleagues

Work with others to agree own personal development plan: others, eg mentor, teacher, manager, multi-agency professionals; personal development plan to manage development using reflection and structured planning on how to meet own goals; personal development plan templates

5 **Be able to use learning opportunities and reflective practice to contribute to personal development**

How learning activities affect practice: examples of learning activities eg formal lessons, training programmes/sessions, research activities, observing practice, practical activities; practice affected, eg by applying newly learnt theories, using different approaches

How reflective practice leads to improved ways of working: examples of ways continually challenging current behaviour has developed and enhanced own practice and skills; how monitoring own practice has enabled change to take place

Record progress in relation to personal development: regular review of personal development plan; use reflective journal to consider progress made; evidence of achievements, eg certificates; review goals and actions in light of progress

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand what is required for competence in own work role	1.1 Describe the duties and responsibilities of own work role 1.2 Explain expectations about own work role as expressed in relevant standards			
2 Be able to reflect on practice	2.1 Explain the importance of reflective practice in continuously improving the quality of service provided 2.2 Demonstrate the ability to reflect on practice 2.3 Describe how own values, belief systems and experiences may affect working practice			
3 Be able to evaluate own performance	3.1 Evaluate own knowledge, performance and understanding against relevant standards 3.2 Demonstrate use of feedback to evaluate own performance and inform development			
4 Be able to agree a personal development plan	4.1 Identify sources of support for planning and reviewing own development 4.2 Demonstrate how to work with others to review and prioritise own learning needs, professional interests and development opportunities 4.3 Demonstrate how to work with others to agree own personal development plan			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
5 Be able to use learning opportunities and reflective practice to contribute to personal development	5.1 Evaluate how learning activities have affected practice 5.2 Demonstrate how reflective practice has led to improved ways of working 5.3 Show how to record progress in relation to personal development			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 2: Promote communication in health, social care or children's and young people's settings

Unit reference number: J/601/1434

Level: 3

Credit value: 3

Guided learning hours: 10

Unit summary

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 explores the central importance of communication in such settings, and ways to meet individual needs and preferences in communication. It also considers issues of confidentiality.

Equivalency

This unit has equivalency with *Communication skills for working in the health sector* (L/502/3381).

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 Understand why effective communication is important in the work setting

Reasons for communication: express needs; share ideas and information; to reassure; express feelings and/or concerns; build relationships; socialise; ask questions, share experiences.

How communication affects relationships at work: communication in the work environment, eg with colleagues, people using services, children and their families; helps to build trust; aids understanding of individuals' needs; ways communication is used to negotiate; communication used to prevent or resolve conflict and prevent misunderstanding; relevant theories, eg Tuckman's stages of group interaction (forming, storming, norming, performing)

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

Needs, wishes and preferences of individuals: importance of recognising individual needs; age and stage of development of child or young person; home language; preferred method; additional learning needs; physical disabilities; alternative methods communication, eg language; British Sign Language, Makaton, Braille, the use of signs, symbols, pictures and writing; objects of reference, finger spelling, communication passports, human and technological aids to communication.

Factors to consider: Argyle's stages of the communication cycle (ideas occur, message coded, message sent, message received, message decoded, message understood); type of communication eg complex, sensitive, formal, non-formal; context of communication eg, one-to-one; group, with people using services, children or young people, with professionals/colleagues; purpose of communication; cultural factors, need to adapt communication; environment; time and resources available,

Communication methods and styles: eg non-verbal communication (eye contact, touch, gestures, body language, behaviour) verbal communication (vocabulary, linguistic tone, pitch, pace), signing, symbols, touch, music and drama, objects of reference; technological aids to communication.

Responding to reactions: verbal responses, eg tone, pitch, silence; non-verbal responses, eg body language, facial expressions, eye contact, gestures, touch; emotional state; signs that information has been understood; when and how to adjust communication method

3 **Be able to overcome barriers to communication**

Differences in use and interpretation of communication methods: ways that an individual's background can influence communication, eg age, gender, culture, socio-economic status; differences in verbal communication eg language, vocabulary, dialect, intonations; non-verbal, eg facial expressions, use of body language, eye contact, gestures.

Barriers to effective communication: language, eg dialect, use of jargon, sector-specific vocabulary; environmental, eg noise, poor lighting; emotional and behavioural, eg attitudes, anxiety, lack of confidence, aggression; sensory impairment; health problems or medical conditions; learning disabilities; effects of alcohol or drugs.

Overcoming barriers: use of technological aids, eg hearing aids, induction loop, telephone relay services; human aids, eg interpreters, signers, translators, advocates; use of age-appropriate vocabulary; staff training; improving environment; reducing distractions.

Clarifying misunderstandings: checking understanding; avoiding misinterpretation of body language; use of active listening; repeating; rephrasing; use of visual cues.

Accessing support: interpreting service; translation service; speech and language services; advocacy services; third sector organisations, eg Stroke Association, Royal National Institute for Deaf People (RNID)

4. **Be able to apply principles and practices relating to confidentiality**

Confidentiality: where one person receives personal or sensitive information from another person, this information should not be passed on to anyone else without the consent of the person from whom the personal or sensitive information was received; meaning of confidentiality as contained in principles of current legislation, eg the Data Protection Act 1998.

Maintaining confidentiality in day to day communication: confidentiality in different inter-personal situations, eg adult receives personal or sensitive information about child or young person, adult receives personal or sensitive information about another adult or colleague, child or young person receives personal or sensitive information about other child or young person, child or young person receives personal or sensitive information about an adult; following policies and procedures in own workplace setting, eg policies for sharing information, situations where unconditional confidentiality cannot be maintained, support and guidance regarding confidential information, role of manager or supervisor, referral, training; types of information, eg paper based, electronic, verbal, hearsay; confidentiality relating to the collection, recording and storage of different types of information.

Tensions caused by confidentiality: the need for consent to share information; understanding when information may be shared without consent; concept of 'need to know'; need for transparent policy and protocols for information sharing

Learning outcomes and assessment criteria

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand why effective communication is important in the work setting	1.1	Identify the different reasons people communicate			
		1.2	Explain how communication affects relationships in the work setting			
2	Be able to meet the communication and language needs, wishes and preferences of individuals	2.1	Demonstrate how to establish the communication and language needs, wishes and preferences of individuals			
		2.2	Describe the factors to consider when promoting effective communication			
		2.3	Demonstrate a range of communication methods and styles to meet individual needs			
		2.4	Demonstrate how to respond to an individual's reactions when communicating			
3	Be able to overcome barriers to communication	3.1	Explain how people from different backgrounds may use and/or interpret communication methods in different ways			
		3.2	Identify barriers to effective communication			
		3.3	Demonstrate ways to overcome barriers to communication			
		3.4	Demonstrate strategies that can be used to clarify misunderstandings			
		3.5	Explain how to access extra support or services to enable individuals to communicate effectively			

Learning outcomes	Assessment criteria		Evidence type	Portfolio reference	Date
4 Be able to apply principles and practices relating to confidentiality	4.1	Explain the meaning of the term confidentiality			
	4.2	Demonstrate ways to maintain confidentiality in day to day communication			
	4.3	Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 3: Promote equality and inclusion in health, social care or children's and young people's settings

Unit reference number: Y/601/1437

Level: 3

Credit value: 2

Guided learning hours: 8

Unit summary

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 covers the topics of equality, diversity and inclusion, and how to promote these in the work setting.

Equivalency

This unit has equivalency with *Equality and diversity in the health sector* (L/502/3400).

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 Understand the importance of diversity, equality and inclusion

Diversity:differences between individuals and groups, eg culture, nationality, ability, ethnic origin, gender, age, religion, beliefs, sexual orientation, social class.

Equality: promotion of individual rights; giving choice and opportunity; respect and fairness; services in response to individual need.

Inclusion: individuals at the centre of planning and support; valuing diversity.

Effects of discrimination: direct discrimination; indirect discrimination; institutional discrimination; individuals being treated less favourably than others; lack of opportunity; prejudice and injustice; harassment; stereotyping; labelling; delay in development; loss of self-esteem.

Promoting equality: policies and procedures in workplace setting; inclusive practices and procedures; challenging discrimination; promoting rights; empowering; removing barriers, eg to physical access, to effective communication; improving participation; promoting dignity and respect; individuals at the centre of planning and delivery of services.

Supporting diversity: valuing differences between individuals; using positive images of individuals from diverse groups; celebrate differences

2 Be able to work in an inclusive way

Legislation and codes of practice: Codes of practice of sector; policies of workplace setting; Human Rights Act 1998; Disability Discrimination Act 2005; Special Educational Needs and Disability Act 2001; Race Relations (Amendment) Act 2000; The Equality Act 2010 (due to become law in October 2010); European Convention on Human Rights.

Interactions: eg colleagues, adults using services, children and young people in child care settings; active listening; knowledge of individuals eg beliefs, cultures, values, preferences; maintaining confidentiality as appropriate; using preferred method of communication

3 Be able to promote diversity, equality and inclusion

Inclusive practice: observe the social model of disability; engage in reflective practice; encourage choice; empower individuals; encourage independence; remove barriers to access; promote equality and rights; provide opportunity and access to services according to needs; use appropriate language.

Support others to promote equality and rights: understand and share information about the needs of individuals; demonstrate ways to value differences and recognise similarities between individuals; highlight the benefits of diversity, eg cultural enrichment, the arts, food, social cohesion; model the use of appropriate language; take part in staff training activities; follow procedures of the setting; demonstrate fair practice in interactions; acknowledge rights of others; provide information on disciplinary and complaints procedures.

Challenging discrimination: identifying and challenging discriminatory behaviour; recognising stereotypes in attitudes or written materials; understanding and adapting own beliefs and attitudes; know how to report concerns; review and develop policy and procedures

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand the importance of diversity, equality and inclusion	1.1 Explain what is meant by. – diversity – equality – inclusion 1.2 Describe the potential effects of discrimination 1.3 Explain how inclusive practice promotes equality and supports diversity			
2 Be able to work in an inclusive way	2.1 Explain how legislation and codes of practice relating to equality, diversity and discrimination apply to own work role 2.2 Show interaction with individuals that respects their beliefs, culture, values and preferences			
3 Be able to promote diversity, equality and inclusion	3.1 Demonstrate actions that model inclusive practice 3.2 Demonstrate how to support others to promote equality and rights 3.3 Describe how to challenge discrimination in a way that promotes change			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 4: Promote and implement health and safety in health and social care

Unit reference number:	F/601/8138
Level:	3
Credit value:	6
Guided learning hours:	43

Unit summary

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote and implement health and safety in their work setting.

Assessment guidance

Learning outcomes 2, 4, 5, 6 and 7 must be assessed in a real work environment.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 **Understand own responsibilities and the responsibilities of others, relating to health and safety**

Legislation relating to general health and safety: relevant, up-to-date legislation from the Health and Safety Commission and Executive (HSC/E), including local, national and European requirements for health and safety in a health and social care work setting, eg Health & Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 1992, Health and Safety (First Aid) Regulations 1981, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Health and safety policies and procedures: details of agreed ways of working and approved codes of practice in health and social care settings relating to health and safety; how to deal with accidents, injuries and emergency situations, eg specific action to take, reporting procedures and completing relevant documentation; how to deal with first aid situations, eg understanding specific hygiene procedures, dealing with blood and other bodily fluids, administering basic first aid if trained to do so, reporting procedures and completing relevant documentation; policies relating to specific working conditions and the working environment, eg understanding moving and handling procedures; policies relating to the use of equipment, eg understanding how to use mechanical or electrical equipment, such as mechanical hoists; understanding healthcare procedures, eg key aspects of administering personal care, procedures for individuals with specialised needs; policies relating to food handling and preparation, eg understanding food hygiene regulations; policies relating to infection control and dealing with hazardous substances, eg situations requiring strict infection control, the use of protective clothing like gowns, masks and gloves, understanding procedures for disposing of clinical waste; policies relating to security and personal safety, eg procedures for personal security and policies relating to the safeguarding of vulnerable individuals

Own responsibilities for health and safety: analyse the responsibility to take care of own health and safety; understanding and applying relevant legislation and agreed ways of working; responsibility to undertake relevant training and updating as required; the importance of cooperating with others on health and safety; importance of the correct use of anything provided for individual health, safety or welfare, eg protective clothing, specialised equipment; understand the advantages and disadvantages of undertaking own responsibility in health and safety issues

Responsibilities of employers and others for health and safety: analyse the responsibility of employers to provide information, eg about risks to health and safety from working practices, changes that may harm or affect health and safety, how to do the job safely, what is done to protect health and safety, how to get first aid treatment, what to do in an emergency; the responsibility of employers to provide training to do the job safely; protection, eg special clothing, gloves or masks; health checks, eg vision testing; the responsibility of others including team members, other colleagues, families and carers to be mindful of health and safety issues in relation to observation, practice, reporting and recording procedures; understand the advantages and disadvantages of others taking responsibility for health and safety issues

Specific tasks: understanding that certain tasks should not be carried out without special training, eg use of equipment, first aid, administering medication, healthcare procedures, food handling and preparation

2 Be able to carry out own responsibilities for health and safety

Use health and safety policies and procedures: understanding how specific policies and procedures or agreed ways of working apply to own practice; understanding own responsibilities in relation to, eg how to deal with accidents, injuries and emergency situations, specific working conditions and the working environment, the use of equipment, procedures relating to personal care, procedures relating to security and personal safety; understanding own responsibilities in relation to observation, risk assessment, reporting and recording procedures; support others to understand and follow safe practices; importance of good communication, sharing information, attending training, keeping up to date, maintaining records of staff training and development.

Monitor and report potential health and safety risks: importance of continuous assessment of risks and regular checking (eg equipment, machinery); importance of regular review and updating (eg policies, procedures and agreed ways of working); reporting identified risks immediately; importance of reporting any changes (eg to working conditions or environment); lines of communication and verbal reporting procedures; importance of written records being clear and accurate, detailing dates, times, simple description of risks identified and action taken; electronic reporting systems.

Risk assessment: understanding and using health and safety risk assessment for the work environment or particular activities; the importance of risk assessment for protecting self and individuals from danger or harm; the need to comply with the law; identifying what could cause harm; taking precautions to prevent harm; the importance of minimising accidents, injuries and ill health; reducing the risk of individuals being injured at work; following the HSC/E 5 step recommendations for risk assessment and minimising risks and hazards:

- Identify the hazards (differentiate between a **hazard**, ie anything that may cause harm, such as chemicals or working at a height, and a **risk**, ie the chance that somebody could be harmed by the identified hazard).

- Decide who might be harmed and how (eg staff may be injured by using improper lifting procedures, family members or visitors may be harmed by faulty equipment).
- Evaluate the risks and decide on precautions in order to minimise the risk (eg deciding what is reasonably practical, eliminating the hazard, minimising or controlling the risk by using a less risky option, using protective clothing or equipment, organising work to reduce exposure to the hazard, providing facilities like first aid or hand washing facilities).
- Record your findings and implement them (eg using agreed procedures and documentation).
- Review your assessment and update if necessary on a regular basis.

Additional support or information: understanding how to access information from organizations like the HSC/E (eg information '*Health and safety law: What you should know')*, with contact details of people who can help or provide further information

3 Understand procedures for responding to accidents and sudden illness

Types of accidents and sudden illness: accidents, eg slips and trips, falls, needle stick injuries, burns and scalds, injuries from operating machinery or specialised equipment, electrocution, accidental poisoning; sudden illness, eg heart attack, diabetic coma, epileptic convulsion.

Procedures to be followed: understanding the importance of procedures to be followed if an accident or sudden illness should occur; knowing how to ensure and maintain safety for individuals concerned and others, eg clearing the area, safely moving equipment if possible; remaining calm; knowing how to send for help; knowing how to assess individuals for injuries; understanding when to administer basic first aid if necessary and if trained to do so; understanding the importance of staying with the injured/sick individual until help arrives; knowing how to observe and note any changes in an individual's condition; understanding how to provide a full verbal report to relevant medical staff or others; understanding how to complete a full written report and relevant documentation, eg accident report, incident report; understanding the policies, procedures and agreed ways of working for the work setting

4 Be able to reduce the spread of infection

Support others to follow practices that reduce the spread of infection: understand how infection can be spread, eg airborne, direct contact, indirect contact; understand measures which can minimise the spread of infection, eg hand washing, food hygiene procedures, disposal of waste; the importance of communicating these procedures to others; use of communication aids like posters and notices; importance of regular staff training and updating; encouraging and ensuring that others are familiar with policies, procedures and agreed ways of working in order to reduce the spread of infection.

Recommended method for hand washing: follow the Department of Health eight-step recommended procedure of:

- Wet hands and apply soap. Rub palms together until soap is bubbly
- Rub each palm over the back of the other hand
- Rub between your fingers on each hand
- Rub backs of fingers (interlocked)
- Rub around each of your thumbs
- Rub both palms with finger tips
- Rinse hands under clean running water
- Dry hands with a clean towel using liquid soap dispensers; using detergents intended for hands and not unsuitable detergents, eg those intended to wash dishes which may dissolve the natural oils in the skin; using air dryers ensuring hands are completely dry; washing hands after covering mouth when sneezing or coughing before carrying out procedures or food preparation.

Own health and hygiene: importance of basic personal hygiene measures in reducing the spread of infection, eg hand washing after using the toilet or before preparing food, covering the mouth when sneezing or coughing, using disposable tissues; covering any cuts or abrasions with appropriately coloured elastoplasts or suitable dressings, eg blue in a food preparation environment; importance of staying away from work when affected by illness or infection; getting prompt treatment for illness or infections

5 Be able to move and handle equipment and other objects safely

Explain legislation relating to moving and handling: understand the main points of key legislation, eg The Health and Safety at Work Act 1974; The Manual Handling Operations Regulations 1992 (as amended in 2002); regulations from the HSC/E covering manual handling risk factors and how injuries can occur.

Safe moving and handling: key principles; injury risks and ways of dealing with them; importance of risk assessment in relation to handling; awareness of musculos related disorders: avoiding hazardous manual handling; the importance of correct posture and technique; working in teams: the importance of a coordinated approach and good communication; using mechanical aids where necessary eg a hoist; changing the task or approach where necessary, the importance of following appropriate systems and agreed ways of working; making proper use of equipment provided for safe practice; taking care to ensure that activities do not put others at risk; reporting any potentially hazardous handling activities

6 **Be able to handle hazardous substances and materials**

Describe hazardous substances and materials: COSHH regulations (2002) include substances that are corrosive, eg acid, irritant, eg cleaning fluids, toxic, eg medicines, highly flammable eg solvents, dangerous to the environment, eg chemicals, clinical waste, germs that cause diseases, eg Legionnaires' disease; materials that are harmful eg used needles, potentially infectious eg used dressings, bodily fluids, eg blood, faeces, vomit.

Safe practices with hazardous substances and materials: understand the importance of training; understanding of COSHH regulations; understand and be able to follow instructions for agreed ways of working; safe storage of hazardous substances and materials: understand and be able to follow agreed ways of working, policies and procedures, eg safe storage of drugs and medicines; stored out of reach; store materials in containers recommended by the manufacturer; importance of clear labelling; containers securely sealed; storing incompatible substances separately; safe usage of hazardous substances and materials: understand and be able to follow agreed ways of working, policies and procedures; avoid exposure to hazardous substances, eg inhaling, contact with the skin or eyes, swallowing or skin puncture, understand and be able to use control measures, eg universal precautions for dealing with blood and other bodily fluids; know how and when to use protective clothing where necessary, eg latex gloves, masks, aprons; understand the importance of checking with colleagues and completing appropriate records and documentation; safe disposal of hazardous substances and materials: understand and be able to follow agreed ways of working, policies and procedures, eg use of clinical waste bags; understand the importance of protecting others, eg using a sharps box for used needles, understand the importance of protecting the environment, eg disposal of dangerous chemicals; be able to minimise the spread of infection, eg disposal of used dressings

7 **Be able to promote fire safety in the work setting**

Practices that prevent fires from starting and spreading: identifying potential fire hazards in the health and social care workplace; understanding how fires start and spread, (the fire triangle of ignition, fuel and oxygen); preventing fires from starting, eg the danger from lit cigarettes, naked flames, hot surfaces, faulty electrical equipment; the importance of regular checks on electrical equipment, eg PAT testing; the importance of staff training and vigilance in the workplace; risk assessment procedures; preventing fires from spreading through safe practices for eg storage of flammable materials (waste materials, paper, wood, furnishings, flammable liquids), keeping fire doors shut; the importance of checking smoke detectors regularly.

Measures that prevent fires from starting: importance of taking care with electrical appliances and equipment, eg not overloading power sockets, checking for worn or faulty wiring, unplugging appliances when not in use, keeping electrical equipment away from water, never put anything metal in microwaves; importance of taking care with heating devices, eg using approved covers on heaters and radiators, ensuring heaters are switched off or fully guarded at night; importance of taking care with naked flames, eg not using candles, storing matches safely, enforcing strict procedures for designated smoking areas and ensuring that cigarettes are always fully extinguished.

Emergency procedures to be followed: understanding how to raise the alarm if a fire is discovered, eg operating a fire alarm system; agreed procedures for alerting all personnel in the work setting; knowledge of basic firefighting procedures, eg use of different fire extinguishers, fire blankets or other fire safety equipment; understanding procedures for evacuation, eg using designated routes, not using lifts, closing all doors; special evacuation procedures for very young children and individuals with mobility or other difficulties, eg use of an evac-chair; knowledge of evacuation routes and assembly points; agreed procedures for checking on the presence of all personnel in the work setting; the importance of staff training and regular evacuation drills; the importance of ensuring that clear evacuation routes are maintained at all times, eg keeping fire exits and doorways clear, not storing furniture or other equipment in the way of evacuation routes, keeping stairwells or designated special evacuation areas clear at all times

8 Be able to implement security measures in the work setting

Procedures for checking identity: understanding and implementing agreed ways of working for checking the identity of anyone requesting access to work setting premises, eg checking official ID, signing in procedures, allocating visitor badges, the use of biometric security systems such as fingerprint scanners; understanding and implementing agreed ways of working for checking the identity of anyone requesting access to information in the work setting, eg checking official ID, secure password systems for electronic information; understanding the importance of confidentiality relating to information; procedures for dealing with electronic requests for information.

Protecting security: understanding and implementing agreed ways of working for protecting own security and the security of others in the work setting, eg knowledge of security systems, alarms, CCTV, gaining access to buildings; understanding special procedures for shift or night-time working; importance of procedures for lone working and ensuring that others are aware of own whereabouts, eg signing in and out, agreed procedures for communicating whereabouts, use of special codes or mobile phones; importance of staff training on security and vigilance in the workplace

9 **Know how to manage stress**

Common signs and symptoms of stress: physical signs and symptoms eg aches and pains, nausea, dizziness, chest pain, rapid heartbeat; emotional signs and symptoms, eg moodiness, irritability or short temper, agitation, inability to relax, feeling overwhelmed, sense of loneliness and isolation, depression or general unhappiness; cognitive signs and symptoms, eg memory problems, inability to concentrate, poor judgement, constant worrying; behavioural signs and symptoms, eg eating more or less, sleeping too much or too little, neglecting responsibilities, using alcohol, cigarettes, or drugs to relax, nervous habits such as nail biting.

Signs that indicate own stress: work factors, eg changes in routine, dealing with difficult situations, pressure to meet targets, interpersonal relationships with individuals and others, expectations from managers, demands of working unsocial hours, taking on special projects; personal factors, eg financial problems, relationship or family problems, major life changes, bereavement, injury or illness; understanding how these factors can trigger own stress, singly or in combination; analyse factors in own lifestyle and identify key stressors.

Strategies for managing stress: understanding theories on coping strategies, eg internally or externally focused, emotional or solution focused; relaxation techniques, eg massage, yoga, aromatherapy, listening to music; physical activity and exercise, eg going for a run, joining a gym; social strategies, eg meeting up with friends and family, volunteering or helping with community work; logical strategies eg making lists, prioritising; creative strategies, eg music, painting or other artistic pursuits; faith strategies eg religion or other beliefs; the importance of emotional wellbeing and resilience; understanding and recognising individual stressors and taking time out; compare and contrast different strategies and their effectiveness

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand own responsibilities, and the responsibilities of others, relating to health and safety	1.1 Identify legislation relating to health and safety in a health or social care work setting 1.2 Explain the main points of health and safety policies and procedures agreed with the employer 1.3 Analyse the main health and safety responsibilities of: – self – the employer or manager – others in the work setting 1.4 Identify specific tasks in the work setting that should not be carried out without special training			
2 Be able to carry out own responsibilities for health and safety	2.1 Use policies and procedures or other agreed ways of working that relate to health and safety 2.2 Support others to understand and follow safe practices 2.3 Monitor and report potential health and safety risks 2.4 Use risk assessment in relation to health and safety 2.5 Demonstrate ways to minimise potential risks and hazards 2.6 Access additional support or information relating to health and safety			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Understand procedures for responding to accidents and sudden illness	3.1 Describe different types of accidents and sudden illness that may occur in own work setting 3.2 Explain procedures to be followed if an accident or sudden illness should occur			
4 Be able to reduce the spread of infection	4.1 Explain own role in supporting others to follow practices that reduce the spread of infection 4.2 Demonstrate the recommended method for hand washing 4.3 Demonstrate ways to ensure that own health and hygiene do not pose a risk to an individual or to others at work			
5 Be able to move and handle equipment and other objects safely	5.1 Explain the main points of legislation that relates to moving and handling 5.2 Explain principles for safe moving and handling 5.3 Move and handle equipment and other objects safely			
6 Be able to handle hazardous substances and materials	6.1 Describe types of hazardous substances that may be found in the work setting 6.2 Demonstrate safe practices for: – Storing hazardous substances – Using hazardous substances – Disposing of hazardous substances and materials			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
7 Be able to promote fire safety in the work setting	7.1 Describe practices that prevent fires from: – starting – spreading 7.2 Demonstrate measures that prevent fires from starting 7.3 Explain emergency procedures to be followed in the event of a fire in the work setting 7.4 Ensure that clear evacuation routes are maintained at all times			
8 Be able to implement security measures in the work setting	8.1 Demonstrate use of agreed procedures for checking the identity of anyone requesting access to: – premises – information 8.2 Demonstrate use of measures to protect own security and the security of others in the work setting 8.3 Explain the importance of ensuring that others are aware of own whereabouts			
9 Know how to manage stress	9.1 Describe common signs and indicators of stress 9.2 Describe signs that indicate own stress 9.3 Analyse factors that tend to trigger own stress 9.4 Compare strategies for managing stress			

Learner name: _____ Date: _____

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Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Unit 5: 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

Unit summary

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.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 **Know how to recognise signs of abuse**

Types of abuse: physical abuse, eg hitting, shaking, biting, throwing, burning or scalding, suffocating, force feeding or otherwise causing physical harm to an individual; sexual abuse, eg forcing an individual to take part in sexual activities or behave in sexually inappropriate ways, penetrative acts including rape or buggery and non-penetrative acts, watching sexual activities, including viewing inappropriate sexual activity on the internet; emotional abuse, eg bullying, invoking threats or fear, devaluing individual self-esteem, verbal abuse and swearing, imposing inappropriate expectations, conveying feelings of worthlessness, exploitation; financial abuse, eg theft of money or property, misappropriation or mismanagement of individuals' finances, denying individuals access to their own finances, particularly with the elderly or individuals with learning difficulties; institutional abuse eg misuse of authority, information or power over vulnerable individuals by staff in health and social care settings, failure to maintain professional boundaries, inappropriate use of medication, physical restraint, humiliation or bullying, denying privacy; self neglect, eg individuals engaging in neglectful or self-harming behaviours including refusing to eat or drink, neglecting personal hygiene or toilet needs, causing actual bodily harm to self including cutting; neglect by others, eg not caring for the basic needs of individuals including neglectful practice in washing, toileting, feeding or personal care.

Signs and symptoms of abuse: physical abuse, eg bruising, bite marks, burn marks, changes in behaviour, can lead to death in extreme cases; sexual abuse, eg disturbed behaviour including self-harm, inappropriate sexualised behaviour, repeated urinary infections, depression, loss of self-esteem, impaired ability to form relationships; emotional abuse, eg loss of self-esteem and self-confidence, withdrawn; financial abuse, eg loss of trust, insecurity, fearful, withdrawn, conforming or submissive behaviour, disappearance of possessions, Power of Attorney obtained when individual is unable to comprehend; institutional abuse eg loss of self-esteem and confidence, submissive behaviour, loss of control; self neglect or neglect by others, eg unkempt appearance, weight loss, dehydration, signs of actual self-harm including cuts, withdrawn or submissive behaviour.

Factors contributing to vulnerability: age, eg elderly, young children; physical ability eg frail, immature development, physical disability or sensory impairment; cognitive ability, eg maturity, level of education and intellectual understanding, learning difficulties; emotional resilience, eg mental health difficulties, depression; stress, eg impact of stressful life events including bereavement, divorce, illness or injury; culture or religion, eg as a result of prejudice or discrimination, refugees and asylum seekers; socio-economic factors, eg financial situation

2 Know how to respond to suspected or alleged abuse

Actions to take regarding suspicions or allegations of abuse: including actions to take if the allegation or suspicion implicates any individual, a colleague, self or others; understanding roles and responsibilities; importance of following legislation, policies, procedures and agreed ways of working; basic information includes who the alleged victim is, who the alleged abuser is, categories of abuse which could be happening, when abuse has happened, where abuse has happened; importance of treating all allegations or suspicions seriously; lines of communication and reporting; reporting suspicions or allegations to appropriate/named person; importance of clear verbal and accurate written reports; importance of not asking leading questions with individuals concerned; importance of respectful listening; confidentiality and agreed procedures for sharing information on disclosure; importance of actual evidence and avoiding hearsay.

Ensure evidence is preserved: use of written reports including details of alleged/suspected abuse, signed, dated and witnessed; use of witness statements (signed and dated); photographic evidence, eg of physical injuries; agreed procedures for using electronic records, eg password protected systems; confidential systems for manual records, eg security systems, access to evidence records; importance of timescales to ensure reliability and validity of evidence; secure storage of any actual evidence, eg financial records

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

National policies and local systems: national policies including the scope of responsibility of the Independent Safeguarding Authority (ISA); the national Vetting and Barring Scheme (VBS); Criminal Records Bureau (CRB) checks; 'No Secrets' national framework and codes of practice for health and social care (2000); 'Safeguarding Adults' national policy review (2009); work of the Care Quality Commission; 'Working Together to Safeguard Children' (2006); 'Every Child Matters' (2003); Common Assessment Framework (CAF); local systems including the scope of responsibility of Local Safeguarding Children's Boards (LSCBs), Local Safeguarding Adults Boards (LSABs) and protection committees; Local Area Agreements (LAAs).

Role of different agencies: importance of multi-agency and interagency working; social services, eg social workers, care assistants, residential children's home workers; health services, eg GPs, nurses, occupational therapists, health visitors; voluntary services, eg MIND, NSPCC, Age UK; the police; responsibilities for allocating a named person (usually from statutory agencies in health or social care) responsibilities for overseeing the Safeguarding Assessment and its outcome; consulting the police regarding all safeguarding incidents; convening or chairing strategy meetings, including the agreement of responsibilities, (lead professional); actions and timescales; coordinating and monitoring investigations; overseeing the convening of Safeguarding Case Conferences; providing information about activities and outcomes to the safeguarding coordinator

Reports on serious failures: serious case reviews on the abuse of children, young people and vulnerable adults, including, eg the Laming report into the death of Victoria Climbie (2000); Haringey Council report on the death of Baby Peter (2007); Bedfordshire Council report into the torture and death of Michael Gilbert (Blue Lagoon murder, 2009); Birmingham Social Services review into the starvation and death of Khyra Ishaq (2010).

Sources of information and advice about own role: current and relevant sources of information from websites, leaflets, organisations, local and voluntary groups including government sources, eg DfE, DoH; voluntary organisations eg NSPCC, Barnardo's, The Ann Craft Trust; publications, eg 'Working Together to Safeguard Children' (2006), 'What to do if you suspect a child is being abused' (2003); National Council for Voluntary Youth Services '*Keeping it Safe: a young person-centred approach to safety and child protection';* information from the Independent Safeguarding Authority (ISA); Social Care Institute for Excellence; policies, procedures and agreed ways of working within the workplace setting

4   Understand ways to reduce the likelihood of abuse

Working with person-centred values: decreasing the likelihood of abuse by working in a person-centred way; the key values of privacy, dignity, independence, choice, rights and fulfillment; decreasing vulnerability by increasing confidence; importance of empowerment, independence and autonomy; involving individuals in making their own decisions and choices; respectful communication; active listening; main principles that all adults have the right to live their lives free from violence, fear and abuse, the right to be protected from harm and exploitation, the right to independence and the right to justice.

Encouraging active participation: decreasing the likelihood of abuse by encouraging active participation, eg in activities and personal care; decreasing vulnerability by improving self-confidence and self-esteem; encouraging involvement and self awareness.

Promoting choices and rights: decreasing the likelihood of abuse through promoting individual choices and decision making; decreasing vulnerability by promoting empowerment and independence; importance of informed consent.

Accessible complaints procedure: importance of an accessible complaints procedure for reducing the likelihood of abuse; transparent policies, procedures and agreed ways of working; importance of accountability; clear systems for reporting and recording complaints; robust procedures for following up on any complaints; legal requirement to have a complaints procedure in place; ways of ensuring the procedure is accessible, eg published policy, high visibility, widespread distribution

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

Unsafe practices: neglect in duty of personal care, eg in relation to inappropriate feeding, washing, bathing, dressing, toileting; inappropriate physical contact, eg in relation to moving and handling; unsafe administration of medication, eg failure to check dosage; unreliable systems for dealing with individual's money or personal property, eg failure to witness or record accurately; misuse of authority, eg using physical restraint; failure to maintain professional boundaries, eg in relationships; failure to ensure supervision, eg for lone working situations; inappropriate communication or sharing of information eg breaching confidentiality; failure to update knowledge on safeguarding issues, eg through ongoing training; unsafe recruitment practices, eg failure to CRB check workers.

Actions to take: importance of reporting unsafe practices that have been identified; reporting concerns to a manager or supervisor immediately, verbally and in writing; policies on 'whistleblowing'; if suspected abuse or unsafe practices have been reported, but no action has been taken, workers have the right to report concerns directly to social services or the police; anyone can report a suspicion or allegation of abuse; workers can be disciplined, suspended or dismissed for not reporting abuse and following the correct procedures; importance of raising genuine concerns and questioning these; reassurance of protection from possible reprisals or victimisation following reporting

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Know how to recognise signs of abuse	1.1 Define the following types of abuse: – physical abuse – sexual abuse – emotional/psychological abuse – financial abuse – institutional abuse – self neglect – neglect by others 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			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
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			
4	Understand ways to reduce the likelihood of abuse	4.1	Explain how the likelihood of abuse may be reduced by: – working with person-centred values – encouraging active participation – promoting choice and rights.			
		4.2	Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse			
5	Know how to recognise and report unsafe practices	5.1	Describe unsafe practices that may affect the wellbeing of individuals			
		5.2	Explain the actions to take if unsafe practices have been identified			
		5.3	Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 6: Promote person-centred approaches in health and social care

Unit reference number:	Y/601/8145
Level:	3
Credit value:	6
Guided learning hours:	41

Unit summary

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to implement and promote person-centred approaches.

Assessment guidance

Learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 **Understand the application of person-centred approaches in health and social care**

Person-centred values: individuality; rights; choice; privacy; independence; dignity; respect; partnership.

Application of person-centred approaches: applying person-centred planning (PCP) in all aspects of health and social care work, particularly in relation to vulnerable individuals, eg individuals with learning difficulties, physical disabilities, mental health issues, including person-centred thinking skills, total communication, essential lifestyle planning and person-centred reviews; Carl Rogers theoretical background to person-centred counselling; the four key principles of rights, independence, choice and inclusion; reflecting the unique circumstances of individuals; understanding the influence of person-centred values; the importance of individuality; appreciation of individual rights; enabling individuals to make decisions and choices; the importance of privacy; empowering individuals to maintain independence and dignity; treating individuals with respect; respect individuals diversity, culture and values; awareness of individual vulnerability, eg illness, disability, diminished capability; importance of person-centred values for all aspects of health and social care work.

Care plans: individual plans documenting preferences and requirements for care and support, eg care plan, support plan, individual plan; importance of applying a person-centred approach when using care plans; negotiation and consultation in empowering individuals to make decisions and choices in relation to care and support; importance of using plans to document an individual's needs; evaluating plans to assess effectiveness of meeting individual needs; holistic approach to meeting the needs and preferences of individuals; attention to the detail of treatment and individual provision; working with others, eg team members and colleagues, other professionals, the individual requiring care and support, families, friends, other people who are important to the individual

2 **Be able to work in a person-centred way**

Work in a person-centred way: working towards person-centred outcomes, eg satisfaction with care, involvement with care, feeling of wellbeing, creating a therapeutic culture; providing the level of support required rather than what services can manage to achieve; working with the individual's beliefs and values; providing for physical needs; having sympathetic presence; sharing decision making implementing person-centred planning; the application of person-centred values; communicate with individuals to find out their history, preferences and wishes; communicate with others, eg team members, advocates, relatives; work in ways that recognise individual beliefs and preferences; importance of working in a non-judgemental way, not discriminating against any individual; ensure equality and inclusive practice; promote the independence and autonomy of individuals; empower individuals to use their strengths and potential; adapt actions and approaches in response to an individual's changing needs or preferences, eg changes in physical condition, changes in treatment needs or in response to individual choices.

Complex or sensitive situations: situations which are distressing or traumatic, eg bereavement; threatening or frightening, eg potentially violent; likely to have serious implications or consequences of a personal nature, eg involving confidential information; involving complex communication or cognitive needs, eg individuals with communication or learning difficulties

3 **Be able to establish consent when providing care or support**

Capacity to express consent: awareness of the factors which can influence an individual's capacity to express their consent, eg mental impairment, physical illness, learning difficulties or language barriers; understanding how to work sensitively with individuals who may have an impaired capacity to express consent, eg adapting working approaches, using physical or communication aids, seeking help where necessary.

Establish consent: the process of establishing informed agreement to an action or decision with individuals; ensure individuals have access to the appropriate information; communication skills – verbal, non-verbal and written; active listening; importance of consultation and inclusive communication; respect individual's choices; listen and respond to individuals' questions and concerns; respond appropriately to any questions and concerns; work to resolve conflicts if consent cannot be established; seek extra support and advice where necessary

4 **Be able to implement and promote active participation**

Implement and promote: different ways of applying active participation to meet individual needs; working with individuals and others, eg team members, other professionals; how active participation can address the holistic needs of an individual, eg physical, emotional, spiritual; theories of motivation and changing behaviour; using incentives, eg highlighting advantages and benefits of active participation.

Active participation: empowering individuals to participate in the activities and relationships of everyday life as independently as possible; the importance of the individual as an active partner in their own care or support, rather than a passive recipient; empowering individuals to participate in their own care; the benefits for individuals of active participation, eg physical benefits, increased independence, autonomy and wellbeing; possible barriers to active participation, eg learning difficulties, physical disability or language barriers; ways to reduce barriers to active participation, eg use of physical, communication or visual aids

5 **Be able to support the individual's right to make choices**

Right to make choices: importance of individual empowerment; universal declaration of human rights; independence and autonomy of individuals; importance of impartiality, being aware of own attitudes, values and beliefs, not allowing personal views to influence an individual's decision making; awareness of relevant legislation and agreed ways of working that influence individual rights, eg equality and human rights, disability discrimination.

Support the individual: developing respectful relationships; the importance of non-judgemental communication and inclusive information; respect individual's choices; the use of agreed risk assessment processes to support individuals in making choices, eg health and lifestyle choices, decisions about treatment or care; awareness of actual or likely danger or harm arising from choices made, eg increased vulnerability, impact on treatment or recovery; empowering and supporting individuals to question or challenge decisions concerning them that are made by others; using own role and authority to support the individual's right to make choices, eg being confident and assertive, knowledge of relevant legislation and agreed ways of working, being an advocate in supporting an individual's right to choose; importance of inclusive practice and awareness of discrimination issues

6 **Be able to promote individuals' wellbeing**

Wellbeing: spiritual; emotional; cultural; religious; social; political factors.

Promoting wellbeing: the importance of individual identity and self-esteem; the links between identity, self-image and self-esteem; understanding emotional literacy; awareness of individual's feelings; the importance of privacy, maintaining dignity; providing support and encouragement for individuals; respecting the spiritual, religious and cultural beliefs of individuals.

Supporting individuals: working in partnership to set realistic and achievable goals; empowering individuals to develop confidence and feel good about themselves; creating and maintaining a positive environment to promote the wellbeing of individuals, eg attitudes, activities, surroundings; fostering positive relationships; encouraging open communication; supporting agreed ways of working that contribute to the wellbeing of individuals

7 **Understand the role of risk assessment in enabling a person-centred approach**

Risk assessment: person-centred approach in communicating risk information; empowering individuals to make informed decisions in relation to perceived risks and consequences; individuals as active participants in decision making; evaluating and appraising advantages and disadvantages, eg relating to healthy lifestyle decisions like smoking, drinking and obesity; assessing and considering the benefits and drawbacks, eg relating to specific investigations or treatment decisions; calculating risks involved, eg in relation to surgical procedures, invasive tests or life threatening situations; judging decisions, eg relating to care and support, end of life decisions; reviewing and monitoring progress, eg effectiveness of individual care plans; the impact of rights and responsibilities in risk taking; the importance of accountability; the changing nature of risk assessment, the importance of regular review in conjunction with changing individual needs

Learning outcomes and assessment criteria

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the application of person-centred approaches in health and social care	1.1	Explain how and why person-centred values must influence all aspects of health and social care work			
		1.2	Evaluate the use of care plans in applying person-centred values			
2	Be able to work in a person-centred way	2.1	Work with an individual and others to find out the individual's history, preferences, wishes and needs			
		2.2	Demonstrate ways to put person-centred values into practice in a complex or sensitive situation			
		2.3	Adapt actions and approaches in response to an individual's changing needs or preferences			
3	Be able to establish consent when providing care or support	3.1	Analyse factors that influence the capacity of an individual to express consent			
		3.2	Establish consent for an activity or action			
		3.3	Explain what steps to take if consent cannot be readily established			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
4	Be able to implement and promote active participation	4.1	Describe different ways of applying active participation to meet individual needs			
		4.2	Work with an individual and others to agree how active participation will be implemented			
		4.3	Demonstrate how active participation can address the holistic needs of an individual			
		4.4	Demonstrate ways to promote understanding and use of active participation			
5	Be able to support the individual's right to make choices	5.1	Support an individual to make informed choices			
		5.2	Use own role and authority to support the individual's right to make choices			
		5.3	Manage risk in a way that maintains the individual's right to make choices			
		5.4	Describe how to support an individual to question or challenge decisions concerning them that are made by others			
6	Be able to promote individuals wellbeing	6.1	Explain the links between identity, self-image and self-esteem			
		6.2	Analyse factors that contribute to the wellbeing of individuals			
		6.3	Support an individual in a way that promotes their sense of identity, self-image and self-esteem			
		6.4	Demonstrate ways to contribute to an environment that promotes wellbeing			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
7 Understand the role of risk assessment in enabling a person-centred approach	7.1 Compare different uses of risk assessment in health and social care 7.2 Explain how risk-taking and risk assessment relate to rights and responsibilities 7.3 Explain why risk assessments need to be regularly revised			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 7: The role of the health and social care worker

Unit reference number:	J/601/8576
Level:	2
Credit value:	2
Guided learning hours:	14

Unit summary

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.

Assessment requirements

Learning outcomes 2 and 3 must be assessed in a real work environment.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 Understand working relationships in health and social care

Working relationship: a relationship with a work colleague; the nature of a professional relationship; concept of team working; working within agreed guidelines; working towards common goals with a shared purpose; a business relationship.

Personal relationship: a relationship with a friend, family member or within a social group; interpersonal relationship; romantic relationship; based on love, liking, family bond or social commitment.

Different working relationships in health and social care settings: relationships between co-workers, eg colleagues; between worker and manager eg supervisory; relationships within teams, eg care planning team; between different health and social care workers, eg nurse and care assistant; relationships between different professionals, eg health and social care worker and legal advocate; professional relationships with others, eg families of individuals

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

Adhere to the scope of the job role: job description as part of a contract of employment; legal responsibility; defined roles and responsibilities; professional commitment; understanding expectations of the job; understanding professional boundaries and working within professional limitations; accountability; used as a means of assessing performance within the job, eg for appraisal purposes.

Agreed ways of working: access full and up-to-date policies and procedures that relate to the responsibilities of the specific job role, eg health and safety, safeguarding, equal opportunities and inclusive working, security; implement agreed ways of working, eg in relation to infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling

3 Be able to work in partnership with others

Partnership working: importance of professional relationships with team members, colleagues, other professionals, individuals and their families; importance of communication; agreed ways of sharing information; concept of power sharing and empowerment; nature of professional respect; understanding different roles and responsibilities; different professional expectations; multi-agency and integrated working; improving partnership working through effective communication and information sharing; collaboration and team working; multi-agency team meetings and conferences; main principles of 'No Secrets' (2000) for multi-agency working in health and social care.

Resolving conflicts: skills and approaches needed for resolving conflicts, eg managing stress, remaining calm, being aware of both verbal and non-verbal communication, controlling emotions and behaviour, avoid threatening others, paying attention to the feelings being expressed as well as the spoken words of others, being aware of and respectful of differences, developing a readiness to forgive and forget, having the ability to seek compromise, seeking resolution, being specific with communication, trying not to exaggerate or over-generalise, avoiding accusations, importance of active listening.

Access support and advice: knowing how and when to access support and advice about partnership working, eg in relation to sharing information, issues about confidentiality, confusion about roles and responsibilities, professional limitations or expectations, understanding professional boundaries; understanding agreed ways of working for seeking out support; knowing how to access support, eg through manager or supervisor, professional organisation, independent advisory organisations; knowing how and when to access support and advice about resolving conflicts, eg in relation to professional disagreements, issues with individuals or their families, conflict with colleagues or managers; knowing how to access support, eg through mentoring support, employment counselling, independent advisory organisations, trade unions

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
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:
	   – partnership working
	   – resolving conflicts.			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 8: Promote good practice in handling information in health and social care settings

Unit reference number:	J/601/9470
Level:	3
Credit value:	2
Guided learning hours:	16

Unit summary

This unit is aimed at those working in a wide range of settings. It covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and accessing information.

Assessment requirements

Learning outcomes 2 and 3 must be assessed in a real work environment.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 **Understand requirements for handling information in health and social care settings**

Requirements for handling information: relevant legislation relating to the handling of information in health and social care eg Data Protection Act (1988), Freedom of Information Act (2000), Disability Discrimination Act (2005), and other relevant legislation relating to the duty of confidentiality, human rights and safeguarding children and vulnerable adults; relevant codes of practice relating to the handling of information, eg relating to the accuracy, retention, availability and disposal of information; the importance of having secure information systems, ensuring necessary safeguards and appropriate uses of personal information.

Legal requirements and codes of practice: issues relating to the legal requirements for secure recording of information, eg the common law duty of confidence, the legal requirements for accuracy of information and for information to kept up to date, obtaining personal data only for specific, lawful purposes and for personal data to be relevant and not excessive for its purpose; issues relating to the legal requirements for the secure storage of information, eg the legal requirements that personal data should not be kept for longer than is necessary for its purpose, security measures to protect against the accidental loss, destruction or damage to personal data, legal requirements for the storage of electronic and manual data and access to secure information; issues relating to the legal requirements for sharing information, eg freedom of information, principles of confidentiality, agreed ways of inter-agency and multi-agency/integrated working

2 **Be able to implement good practice in handling information**

Good practice in handling information: understanding the features of both manual and electronic information storage systems to ensure security, eg encryption, secure passwords, electronic audit trails, secured IT networks, identity checks, security passes; understand how to ensure security when storing and accessing information, eg following information governance procedures, ensuring confidential information is not disclosed without consent, preventing accidental disclosure of information, practicing strict security measures, like shredding paper-based information, logging out of electronic data systems and operating effective incident reporting processes; ensure the security of access to records and reports according to legal and organisational procedures, ethical codes or professional standards; the importance of keeping legible, accurate, complete and up-to-date records, eg signed and dated, specifying individual needs and preferences, indicating any changes in condition or care needs

3   **Be able to support others to handle information**

Support others to handle information: ensure that others understand the need for secure handling of information; ensure that others access relevant, compulsory training, eg in information governance; support others to put in to practice the guidance and procedures from information governance; ensure that others understand the importance of secure record keeping; support and enable others to contribute to manual and electronic records, eg reporting accurate and sufficient information to the appropriate people, sharing relevant information relating to any changes in an individual's personal details, condition or care needs; ensure that others are familiar with procedures for reporting incidents relating to any breach of information security such as missing, lost, damaged or stolen information or records; the importance of thorough and reliable communication systems

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand requirements for handling information in health and social care settings	1.1 Identify legislation and codes of practice that relate to handling information in health and social care			
	1.2 Summarise the main points of legal requirements and codes of practice for handling information in health and social care			
2 Be able to implement good practice in handling information	2.1 Describe features of manual and electronic information storage systems that help ensure security			
	2.2 Demonstrate practices that ensure security when storing and accessing information			
	2.3 Maintain records that are up to date, complete, accurate and legible			
3 Be able to support others to handle information	3.1 Support others to understand the need for secure handling of information			
	3.2 Support others to understand and contribute to records			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Unit 9:   The principles of infection prevention and control

Unit reference number: L/501/6737

Level: 2

Credit value: 3

Guided learning hours: 30

Unit summary

To introduce the learner to national and local policies in relation to infection control; to explain employer and employee responsibilities in this area; to 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 PPE correctly and the importance of good personal hygiene.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

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

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 10: Causes and spread of infection

Unit reference number: H/501/7103

Level: 2

Credit value: 2

Guided learning hours: 20

Unit summary

This unit is to enable the learner to understand the causes of infection and common illnesses that may result as a consequence. To understand the difference between both 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 infection enter the body and key factors that may lead to infection occurring.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
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			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 11: Cleaning, decontamination and waste management

Unit reference number:	R/501/6738
Level:	2
Credit value:	2
Guided learning hours:	20

Unit summary

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.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
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 minimises 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			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
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			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Unit 12:

Principles for implementing duty of care in health, social care or children's and young people's settings

Unit reference number: R/601/1436

Level: 3

Credit value: 1

Guided learning hours: 5

Unit summary

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 considers how duty of care contributes to safe practice, and how to address dilemmas or complaints that may arise where there is a duty of care.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Content

1 **Understand how duty of care contributes to safe practice**

Duty of care in own work role: accountability for, eg exercising authority, managing risk, working safely, safeguarding children and young people, monitoring own behaviour and conduct, maintaining confidentiality, storing personal information appropriately, reporting concerns and allegations, making professional judgements, maintaining professional boundaries, avoiding favouritism, maintaining high standards of conduct outside the professional role.

Contribution of duty of care to safeguarding and protection of individuals: safeguarding children and young people, eg protection from sexual, physical or emotional harm, preserving respect and dignity, engendering trust; protecting children and young people, eg safety in the environment, safe use of resources and equipment, prevention from intimidation or humiliation; protecting self, eg ensuring against risk of allegation of misconduct or abuse, avoiding risk of accusations of malpractice

2 **Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care**

Potential conflicts or dilemmas and individual's rights: conflicts/dilemmas, eg attitudes, unsafe behaviour such as drug/alcohol abuse, truanting, staying out without permission, aggression and violence, bullying and intimidation, vandalism; individual's rights eg respect for views and actions, safety and security, love and belonging, education, equality.

Managing risks: eg implement policies and codes of practice, act in individual's best interests, foster culture of openness and support, be consistent, maintain professional boundaries, follow systems for raising concerns.

Support and advice about conflicts and dilemmas: eg line management, training and professional development, health professionals, school/college services, counselling services, mediation and advocacy services

3 **Know how to respond to complaints**

Responding to complaints: eg listen to complainant, refer complainant to policy, suggest that complaint is made in writing, report complaint to line manager.

Main points of agreed procedures for handling complaints: eg acknowledgement of complaint, stages within procedure, report and recommendations, review and appeals

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how duty of care contributes to safe practice	1.1 Explain what it means to have a duty of care in own work role			
	1.2 Explain how duty of care contributes to the safeguarding or protection of individuals			
2 Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care	2.1 Describe potential conflicts or dilemmas that may arise between the duty of care and an individual's rights			
	2.2 Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care			
	2.3 Explain where to get additional support and advice about conflicts and dilemmas			
3 Know how to respond to complaints	3.1 Describe how to respond to complaints			
	3.2 Explain the main points of agreed procedures for handling complaints			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 13: Transport, transfer and position individuals and equipment within the perioperative environment

Unit reference number: L/602/4489

Level: 3

Credit value: 5

Guided learning hours: 32

Unit summary

This unit is aimed at those who work in a perioperative environment to transfer, transport and position individuals. Learners will have the opportunity to develop knowledge, understanding and skills needed to avoid musculo-skeletal injury to staff and tissue damage to the individual.

Additional information

Appropriate person may include registered practitioners or other colleagues.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand the importance of health and safety measures when transporting, transferring and positioning individuals and equipment in the perioperative care environment	1.1 Explain the standard health and safety precautions used when moving, handling and transporting individuals and equipment and the potential consequences if these are not applied 1.2 Explain the safe techniques and procedures used for moving and positioning individuals and equipment in the perioperative environment, according to local and organisational policies and procedures 1.3 Explain the importance of using personal protective equipment 1.4 Identify situations when additional protective equipment may be required			
2 Understand the requirements for pressure area care in the perioperative environment	2.1 Explain how to contribute to the maintenance of individuals' skin integrity in the perioperative environment 2.2 Explain how to use risk assessment documents for pressure area care during transfers and positioning 2.3 Explain the importance of using appropriate equipment to minimise the risk of tissue damage 2.4 Explain the importance of recording and reporting using the appropriate documents in line with local policies and protocols			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Be able to prepare to transport individuals within the perioperative care environment	3.1 Identify the nature of the task required in discussion with the **appropriate person**/registered practitioner 3.2 Apply **standard precautions** for infection control 3.3 Implement health and safety measures relevant to transporting individuals within the perioperative care environment 3.4 Check that the transport equipment is clean, safe and functioning in line with local policies and protocols 3.5 Report any potential hazards to the appropriate team member 3.6 Identify the individual who needs to be moved 3.7 Inform the individual of the nature and purpose of the transfer and the role of people involved 3.8 Confirm that any required documents are available to accompany the individual			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
4 Be able to assist in the transfer and positioning of individuals within the perioperative environment	4.1 Use safe moving and handling techniques which minimise risk to all involved, including pain, friction and discomfort for those being moved			
	4.2 Transfer and position individuals according to instructions, confirming they are positioned safely, comfortably and in accordance with guidelines			
	4.3 Maintain the privacy, dignity, safety, security and comfort of individuals while using equipment for transfer and positioning			
	4.4 Identify the effects of premedication and anaesthesia on the ability of individuals to move independently			
	4.5 Use verbal and non-verbal skills to support individuals, closely observing and reporting any changes in condition to the appropriate team member			
	4.6 Transfer the individual and their associated documentation over to the appropriate member of staff in the perioperative environment			
	4.7 Return equipment to the correct location in good working order			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature:_____   Date: _____
(*if sampled*)

Unit 14:

Contribute to the safe use of medical devices in the perioperative environment

Unit reference number: F/602/3923

Level: 2

Credit value: 4

Guided learning hours: 29

Unit summary

This unit is aimed at those whose responsibility it is to ensure medical devices in the perioperative environment are safe for use. Learners will have the opportunity to consolidate safe working practices which are underpinned by an understanding of sterile practices and fields within the perioperative environment.

Additional information

Traceability systems

Include those designed to provide:

a) evidence of the sterility of sterile surgical instruments

b) a tracing system through the cleaning, packing and sterilisation processes

c) information regarding which patient the equipment was used for

The **sterile field** is a specified area that is considered free of viable microorganisms. This is often an area immediately around a patient that has been prepared for a surgical procedure. The sterile field includes the scrubbed team members, and all furniture and fixtures in the area.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Medical devices includes medical products, equipment and packs

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand the importance of following health and safety requirements when using **medical devices** in the perioperative environment	1.1 Outline how **sterile fields** are maintained in the perioperative environment			
	1.2 Describe the sterilisation processes used for **medical devices**			
	1.3 Explain the role of **traceability systems** and recording mechanisms in health and safety			
	1.4 Explain the importance of compliance with specific organisational health and safety policies and procedures for **medical devices** and the implications of non-compliance			
	1.5 Outline how to sort and dispose of equipment, instruments, soft packs and waste materials in line with local policies and protocols			
	1.6 Identify different types of waste and spillage and how to dispose of them			
2 Be able to check and handle **medical devices** in the perioperative environment, according to health and safety procedures	2.1 Apply **standard precautions** for infection control			
	2.2 Implement health and safety measures relevant to handling **medical devices**			
	2.3 Check equipment, instruments and soft pack items for signs of damage, returning those unsuitable for use to the appropriate location and completing the appropriate documentation			
	2.4 Use packs in strict rotation and store them in the agreed location			
	2.5 Report shortages of supplies to the appropriate member of the team and record these actions			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Be able to check the integrity of instrument trays	3.1 Check instrument trays before and after use to confirm they contain the specified items, recording and reporting any missing items to the appropriate team member			
	3.2 Locate and replace any missing items and record and report to the appropriate team member			
	3.3 Identify, report and record any faulty equipment, instruments or soft pack items to the appropriate team member			
4 Be able to dispose of used items and equipment safely	4.1 Dispose of single use equipment in line with local policies and protocols			
	4.2 Collect, sort and store items for decontamination and sterilisation, in accordance with local policies and protocols			
	4.3 Collect empty pack containers, trays and used **medical devices** and place in the appropriate location for collection			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 15: Assist in the delivery of perioperative care and support to individuals

Unit reference number:	Y/602/3930
Level:	3
Credit value:	4
Guided learning hours:	31

Unit summary

This unit is aimed at those who support and monitor individuals in a perioperative environment, according to their care plan. The learner will develop their understanding of how the perioperative environment and procedures affect individuals' responses to clinical interventions.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand the potential effects of the perioperative environment and procedures on individuals undergoing perioperative care	1.1 Explain the effects of pre-medication and sedation on the individual and how these affect support and monitoring requirements 1.2 Explain the importance of ensuring the environment is suitable for the conscious/unconscious individual 1.3 Identify factors in the perioperative environment and procedures which could cause stress and distress to the individual 1.4 Describe the signs of distress which may be exhibited by the individual in the perioperative environment and how these affect support requirements			
2 Be able to support individuals in a perioperative environment according to their care plan	2.1 Use verbal and non-verbal communication to support the individual's comfort, privacy, dignity, emotional and physical care needs according to their care plan 2.2 Communicate information in a way that is sensitive to the personal beliefs and preferences of the individual 2.3 Respond to the individual's questions, referring on those outside own sphere of competence in accordance with local policy and protocol 2.4 Provide support and care to the patient to promote their comfort in the perioperative environment			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Be able to monitor individuals in a perioperative environment according to the requirements of their care plans	3.1 Explain the importance of closely monitoring the individual in the perioperative environment			
	3.2 Identify any changes in and concerns about the individual's condition			
	3.3 Seek advice about changes in and concerns about the individual's condition in line with local policy and protocol			
	3.4 Record outcomes of monitoring activities in line with local policy and protocol			
	3.5 Obtain and pass on relevant information on the individual's care requirements to other team members in line with local policy and protocol			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 16: Measure and record individuals' body fluid balance in a perioperative environment

Unit reference number:	M/602/3934
Level:	3
Credit value:	4
Guided learning hours:	23

Unit summary

This unit is aimed at those who work within the perioperative environment to measure, record and review individual's fluid balance. This unit provides an opportunity to develop understanding of the procedures which underpin measuring individuals' fluid balance, and the importance of doing so.

Additional information

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand safe procedures relating to measuring and recording individuals' fluid balance in a perioperative environment	1.1 Describe the purposes of measuring an individual's fluid balance and wound drainage 1.2 Describe the factors that affect fluid input, output and wound drainage 1.3 Explain the potential hazards associated with measuring an individual's body fluids and wound drainage 1.4 Describe adverse circumstances related to measuring and recording an individual's fluid balance that would require immediate reporting 1.5 Describe organisational policies and procedures on correct disposal of single use equipment and other hazardous waste 1.6 Explain the organisational policies and procedures for reporting and recording faulty equipment 1.7 Explain why it is important to work within own sphere of competence			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
2 Be able to measure, record and review individuals' body fluid balance in a perioperative environment	2.1 Confirm the individual's identity and gain valid consent 2.2 Apply **standard precautions** for infection control 2.3 Implement health and safety measures relevant to recording an individual's body fluid balance when carrying out this task 2.4 Measure the individual's fluid input, output and wound drainage using equipment in line with local policy and protocol 2.5 Record the individual's body fluid balance in line with local policy and protocol 2.6 Identify the difference between body fluid and other fluids 2.7 Review fluid balance measurements in line with local policy and protocol 2.8 Explain why it is necessary to report any problems in measuring or recording the individual's fluid balance in line with local policy and protocol 2.9 Report results in line with local policy and protocol			
3 Be able to manage equipment after measuring individuals' body fluid balance	3.1 Clean reusable equipment after use using the correct materials in line with local policy and protocols 3.2 Return equipment to the storage or collection location			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Unit 17: Assist in receiving, handling and dispatching clinical specimens

Unit reference number:	L/602/3942
Level:	2
Credit value:	2
Guided learning hours:	17

Unit summary

This unit is aimed at those who assist others to receive, handle and dispatch clinical specimens. Learners will have the opportunity to develop knowledge, understanding and skills related to using appropriate containers and transport methods whilst ensuring precautions related to infection control are upheld.

Additional information

The **sterile field** is a specified area that is considered free of viable micro-organisms. This is often an area immediately around a patient that has been prepared for a surgical procedure. The sterile field includes the scrubbed team members, and all furniture and fixtures in the area.

An **appropriate person** may include registered practitioners or other colleagues.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how health and safety measures are implemented when receiving, handling and dispatching clinical specimens	1.1 Explain how the standard precautions for infection control apply when receiving, handling and dispatching specimens 1.2 Describe how to avoid compromising the **sterile field** 1.3 Outline the actions to take when there is a breakdown in the sterile field			
2 Understand the reasons for different containers and transport media for different clinical specimens	2.1 Identify different types and uses of containers and transport media used in the perioperative environment 2.2 Explain the differences between the types of specimens and how these are received, handled and dispatched 2.3 Explain the potential consequences of failing to follow procedure when handling, labelling and dispatching clinical specimens			

Learning outcomes	Assessment criteria		Evidence type	Portfolio reference	Date
3 Be able to assist others to receive, handle, label and dispatch clinical specimens	3.1	Apply **standard precautions** for infection control			
	3.2	Implement health and safety measures relevant to handling clinical specimens			
	3.3	Use the correct container and transport medium for the type of specimen as directed by the **appropriate person**			
	3.4	Receive, handle, label, dispatch and record information on specimens in line with local policies and protocols as directed by the appropriate person			
	3.5	Notify the appropriate person of any queries relating to clinical specimens which are beyond own competence			
	3.6	Update records in line with local policies and protocols			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Unit 18: Provide support to the surgical team when preparing individuals for operative and invasive procedures

Unit reference number: F/602/3954

Level: 3

Credit value: 4

Guided learning hours: 32

Unit summary

This unit is aimed at those who support the surgical team when preparing individuals for operative procedures. Learners will have the opportunity to develop knowledge, understanding and skills related to preparing individuals and selecting, handling and disposing of surgical instruments and supplementary items.

Additional Information

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

An **appropriate person** could include someone in a senior position who has overall responsibility for overseeing and/or directing the preparation of a pre-operative patient.

The **sterile field** is a specified area that is considered free of viable microorganisms. This is often an area immediately around a patient that has been prepared for a surgical procedure. The sterile field includes the scrubbed team members, and all furniture and fixtures in the area.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to prepare individuals for operative and invasive procedures in line with national guidelines, policies, protocols and good practice	1.1 Explain how to apply **standard precautions** to the preparation of individuals for operative and invasive procedures 1.2 Explain the importance of applying **standard precautions** to the health and safety of individuals 1.3 Identify potential sources of contamination when preparing individuals for operative and invasive procedures 1.4 Explain the dangers of reusing single use equipment			
2 Understand the factors to be considered in the choice of surgical instruments and supplementary items during operative procedures	2.1 Identify the types, purpose and functions of surgical instruments and supplementary items used in the surgical environment 2.2 Describe potential hazards of using surgical instruments and ways to minimise the risk of harm 2.3 Explain the factors affecting the choice of surgical instruments and supplementary items 2.4 Identify the factors which inform the choice of sites for attachment of surgical instruments 2.5 Explain how different types of skin preparation agents and surgical drapes are used in the surgical environment to provide barriers to cross infection			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Be able to support others to prepare individuals for operative and invasive procedures	3.1 Confirm the individual's identity and gain valid consent 3.2 Apply standard precautions for infection control 3.3 Implement health and safety measures relevant to the procedure and environment 3.4 Identify the individual's operative site, clarifying any queries with the **appropriate person** 3.5 Support others to prepare the individual for an operative or invasive procedure, maximising their dignity, comfort and safety			
4 Be able to select, handle and dispose of surgical instruments and supplementary items for operative and invasive procedures	4.1 Select and handle surgical instruments and supplementary items safely and in line with the manufacturers' instructions 4.2 Select an appropriate site in the **sterile field** for attaching surgical instruments and supplementary items 4.3 Account for and record all items and swabs used in the preparation of the operative site in line with local policies and protocols 4.4 Dispose of waste generated during surgical preparation in line with local policies and protocols			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 19: Perform the non-scrubbed circulating role for perioperative procedures

Unit reference number:	A/602/3970
Level:	2
Credit value:	3
Guided learning hours:	23

Unit summary

This unit is aimed at those who work in a non-scrubbed role to support perioperative teams during perioperative procedures. Learners will have the opportunity to develop knowledge, understanding and skills to maintain the sterile field and work safely with medical devices and equipment underpins practice.

Additional Information

The **circulating role** is someone in a clinical role assisting the practitioner during perioperative procedures.

The **sterile field** is a specified area that is considered free of viable micro-organisms. This is often an area immediately around a patient that has been prepared for a surgical procedure. The sterile field includes the scrubbed team members, and all furniture and fixtures in the area.

An **appropriate person** is the designated member of the team responsible for counting the surgical instruments.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to perform the non-scrubbed **circulating role** for perioperative procedures in line with policies, protocols and good practice	1.1 Explain the standard precautions used for the provision and monitoring of medical equipment, devices and items, and the potential consequences of not following these 1.2 Explain local policies regarding the correct handling of contaminated items 1.3 Describe how to avoid compromising the **sterile field** 1.4 Explain the procedures required when there is a breakdown in the sterile field 1.5 Explain how to dispose of contaminated or potentially hazardous waste in line with local and national policies and protocols			
2 Know how medical devices are used for surgical interventions	2.1 Outline the purpose and function of medical devices used for surgical interventions 2.2 Identify the potential hazards of medical devices 2.3 Outline the suitability of different types of surgical instrumentation for different procedures 2.4 Outline the action to take if problems are identified with medical devices 2.5 Identify the equipment to be used for weighing swabs and counting instruments			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Be able to work with medical devices and equipment for clinical procedures in accordance with requirements	3.1 Apply **standard precautions** for infection control 3.2 Implement health and safety measures relevant to the procedure and environment 3.3 Obtain, prepare and position medical devices and equipment in line with local policies and protocols 3.4 Use, care for and store medical devices and equipment in line with manufacturer's instructions and local policies and protocols 3.5 Monitor and count surgical instruments, swabs and sharps with the **appropriate person** in line with national and local policies and protocols 3.6 Maintain tracking and traceability requirements for sterile items 3.7 Dispose of clinical and hazardous waste safely, according to local policies and protocols 3.8 Explain the actions to be taken when there is a problem with an item and the potential consequences of not following procedures			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Unit 20: Prepare anaesthetic environment and provide support for pre- and post-operative anaesthesia and recovery

Unit reference number:	D/602/3976
Level:	3
Credit value:	5
Guided learning hours:	38

Unit summary

This unit equips learners within this anaesthetic/recovery environment with knowledge about H&S measures and the parameters for clinical readings, as well as competence in the preparation of equipment and the care of these individuals. This involves a degree of autonomy and responsibility.

Additional information

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand health and safety measures specific to carrying out activities in the anaesthetic/recovery environment	1.1 Explain the standard precautions required for preparing the anaesthetic/recovery environment and the potential consequences of poor practice 1.2 Explain the importance of wearing personal protective equipment in the anaesthetic/recovery environment 1.3 Explain the importance of using equipment in line with manufacturer's instructions and local policy and protocol 1.4 Explain how to recognise clinical emergencies, and how to provide support to the registered practitioner in these emergencies			
2 Understand the parameters for clinical readings taken in the anaesthetic/recovery environment	2.1 Identify the normal parameters for temperature, pulse, blood pressure, respiration, oxygen levels and urinary output 2.2 Explain how to measure an individual's temperature, blood pressure, respiration, oxygen levels and urinary output 2.3 Explain how anaesthesia may affect an individual's temperature, pulse, blood pressure, respiration, oxygen levels and urinary output 2.4 Explain the common adverse reactions an individual may experience related to anaesthetic and recovery care 2.5 Explain the importance of reporting any issues beyond own competence in accordance with local policy and protocol			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to prepare and maintain anaesthetic/recovery equipment for the reception of individuals	3.1	Implement health and safety measures relevant to anaesthetic/recovery equipment			
		3.2	Apply **standard precautions** for infection control			
		3.3	Make equipment and documentation available for the registered practitioner			
		3.4	Document and report any equipment that is unfit for use according to local policy and protocol			
		3.5	Clean reusable equipment in line with local policy and protocol			
		3.6	Dispose of single use equipment and waste according to local policy and protocol			
		3.7	Explain the importance of maintaining the stock of disposables/fluids/linen			
4	Be able to assist the registered practitioner in caring for individuals in the anaesthetic/recovery environment	4.1	Confirm the individual's identity and gain valid consent			
		4.2	Maintain the individual's privacy, dignity and comfort when the individual is transferred and received into the anaesthetic/recovery environment			
		4.3	Work within own sphere of competence, recognising when to refer on issues			
		4.4	Use verbal and non-verbal skills to support individuals, prior to and after anaesthesia/sedation, overcoming any possible communication difficulties			
		4.5	Support the registered practitioner in the assessment, management and reassurance of the individual in the anaesthetic/recovery environment			

Learning outcomes	Assessment criteria		Evidence type	Portfolio reference	Date
	4.6	Explain the importance of monitoring the individual as delegated by the registered practitioner in accordance with the care plan			
	4.7	Measure and record clinical observations, reporting any deviation from normal parameters to the registered practitioner			
	4.8	Record information in line with local policy and protocol			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature:_____   Date: _____
(*if sampled*)

Unit 21: Maintaining quality standards in the health sector

Unit reference number:	F/502/3412
Level:	3
Credit value:	2
Guided learning hours:	13

Unit summary

To develop an understanding of the importance of maintaining the quality of own work and that of others through monitoring competences to meet quality standards. Learners will learn the importance of prioritising workload, using and maintaining resources and the benefits of working with others. The unit will help the learner understand how legislation, policies and procedures determine quality standards.

Forbidden combination

This unit must not be taken with Unit 22: Service improvement in the health sector (J/502/3413).

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to provide a quality service within legislation, policies and procedures	1.1 Explain the importance of meeting quality standards as determined by legislation, policies and procedures 1.2 Explain how others could be encouraged to meet quality standards 1.3 Explain the benefits of maintaining quality standards			
2 Understand the importance of working with others to provide a quality service	2.1 Explain personal responsibilities for working with others 2.2 Explain accountability when working with others 2.3 Explain the importance of working effectively with others to provide a quality service			
3 Know how to monitor quality standards	3.1 Describe methods of monitoring quality standards 3.2 State how to inform other staff of quality issues 3.3 Describe how resources can be monitored and maintained 3.4 Outline the benefits of monitoring quality to maintain and improve standards			
4 Understand the importance of prioritising own workload to reduce risks to quality	4.1 Review factors that can affect own workload 4.2 Evaluate how prioritising work will ensure the maintenance and improvement of a quality service			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 22: Service improvement in the health sector

Unit reference number:	J/502/3413
Level:	3
Credit value:	3
Guided learning hours:	20

Unit summary

To develop the ability to contribute to service improvement in the health sector. The unit looks at how to identify, discuss and implement service improvements. Learners will consider how to implement change and how to support others in making changes.

Forbidden Combination

This unit must not be taken with Unit 21: Service improvement in the health sector (F/502/3412).

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to evaluate own work and that of others to identify potential improvements	1.1 Illustrate how to benchmark own work and that of others 1.2 Explain how feedback can be obtained and used to identify potential service improvements 1.3 Review the policies and strategies for service improvements			
2 Understand how to make constructive suggestions about how services can be improved	2.1 Explain key issues related to potential improvements 2.2 Explain why service improvements are required 2.3 Discuss how service improvements could be implemented			
3 Understand how to discuss and agree improvements with others	3.1 Explain the importance of agreeing changes with others 3.2 Illustrate how working with others can support service improvements			
4 Understand how to make agreed improvements to own work and how to support others to make changes	4.1 Evaluate strategies for making changes effective within own work role 4.2 Explain how to support others in implementing changes			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 23: Prepare and dress for scrubbed clinical roles

Unit reference number:	K/602/3947
Level:	2
Credit value:	4
Guided learning hours:	28

Unit summary

This unit is aimed at those who work under direction from the perioperative team. Learners will have the opportunity to develop underpinning knowledge of the requirements involved in preparing and dressing for the scrubbed clinical role and be able to apply these to practice.

Additional information

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

The **sterile field** is a specified area that is considered free of viable micro-organisms. This is often an area immediately around a patient that has been prepared for a surgical procedure. The sterile field includes the scrubbed team members, and all furniture and fixtures in the area.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to follow safe procedures when preparing and dressing for scrubbed clinical roles	1.1 Explain how national guidelines and local policies and protocols inform the selection and preparation of personal protective equipment			
	1.2 Explain what is meant by an aseptic environment and the **sterile field**			
	1.3 Explain the importance of reporting any potential contamination in line with local policies and procedures			
2 Know how to work within own sphere of competence	2.1 Outline the importance of understanding and working within the limits of own competence			
	2.2 Identify the action to take on issues outside own sphere of competence			
3 Understand how to dress for scrubbed clinical roles	3.1 Explain how to follow infection control procedures in preparation for the scrubbed clinical role			
	3.2 Describe the factors which affect the choice of personal protective clothing for different procedures			
	3.3 Explain the importance of wearing personal protective clothing for the scrubbed clinical role			
	3.4 Explain why it is necessary to change personal protective equipment which has become unsuitable			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
4 Be able to work within scrubbed clinical roles	4.1 Apply **standard precautions** for infection control 4.2 Implement health and safety measures relevant to scrubbed clinical roles 4.3 Select and wear personal protective equipment in line with local policies and protocols 4.4 Identify and maintain the sterile field by following theatre etiquette and protocols 4.5 Dispose of used personal protective equipment appropriately 4.6 Report any potential contamination in line with local policies and protocols			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 24: Prepare and provide surgical instrumentation and supplementary items for the surgical team

Unit reference number: K/602/3950

Level: 3

Credit value: 6

Guided learning hours: 43

Unit summary

This unit is aimed at those who are responsible for preparing surgical instrumentation and supplementary items and making them available to the surgical team in a perioperative environment.

Additional information

The **appropriate person** will be another member of the surgical team.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to prepare and provide surgical instrumentation and items for the surgical team in line with health and safety procedures and protocols	1.1 Explain how the sterile field contributes to infection control in the operative setting			
	1.2 Explain how to maintain the sterile field during surgical procedures and the actions to take if it is compromised			
	1.3 Explain the types, purposes and functions of commonly used surgical instruments and the potential hazards associated with their use			
	1.4 Describe common supplementary items and their use during surgery			
	1.5 Explain the procedures for identifying and reporting problems with instruments and items during preparation and throughout the procedure			
	1.6 Explain the principles and techniques for counting instruments, sharps, swabs and supplementary items and the importance of these			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Be able to prepare surgical instruments and supplementary items for the surgical team	2.1	Apply standard precautions for infection control			
		2.2	Maintain compliance with health and safety guidance at all times			
		2.3	Check surgical instruments and supplementary items before preparation and confirm as being within expiry date, safe and fit for purpose			
		2.4	Select and prepare required surgical instruments and supplementary items for the procedure			
		2.5	Set up surgical instruments and supplementary items to meet the needs of the operative procedure and the patients plan of care			
		2.6	Count and record instruments, sharps, swabs and supplementary items prior to commencing the procedure in line with local policies and protocols			
3	Be able to provide surgical instruments and supplementary items for the surgical team	3.1	Handle instruments and supplementary items in line with local policies and protocols while maintaining the integrity of the sterile field			
		3.2	Anticipate the needs of the surgical team by monitoring their activities and the placement of items within the surgical field			
		3.3	Clarify any uncertainty over the requirements of the surgical team with the **appropriate person**			
		3.4	Provide instrumentation and supplementary items to meet the needs of the surgical team and the individual's plan of care			

Learning outcomes	Assessment criteria		Evidence type	Portfolio reference	Date
	3.5	Count and record instruments, sharps, swabs and supplementary items during the process and prior to close and completion in line with national and local policies and protocols			
	3.6	Inform the surgical team of instrument and supplementary item counts during the procedure in line with local policies and protocols			
4 Be able to dispose of waste from the sterile field	4.1	Dispose of and transfer used instruments and supplementary items to the non sterile area for accounting, tracking and traceability in line with local policies and protocols			
	4.2	Update records in line with national guidelines			
	4.3	Remove and dispose of drapes in line with local policies and protocols			
	4.4	Maintain the dignity of the individual throughout the procedure in line with local policy and protocol			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature:_____   Date: _____
(*if sampled*)

Unit 25: Receive and handle clinical specimens within the sterile field

Unit reference number:	D/602/3959
Level:	3
Credit value:	4
Guided learning hours:	30

Unit summary

This unit is aimed at those who work in a scrubbed role to receive and handle clinical specimens. Learners will have the opportunity to develop the ability to receive and handle clinical specimens within the sterile field.

Additional information

Valid consent must be in line with agreed UK country definition.

An **appropriate person** is possibly someone senior who has responsibility for receiving and processing specimens.

The **sterile field** is a specified area that is considered free of viable micro-organisms. This is often an area immediately around a patient that has been prepared for a surgical procedure. The sterile field includes the scrubbed team members, and all furniture and fixtures in the area.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand how to receive and handle clinical specimens within the **sterile field** in line with health and safety guidance	1.1 Identify the different types of specimens received and handled within the perioperative environment 1.2 Identify the requirements for handling and transporting both frozen and non-frozen clinical specimens to ensure their condition is maintained 1.3 Identify different types and uses of container and transport media in the perioperative environment 1.4 Explain the potential consequences of poor practice related to handling, labelling and transporting clinical specimens 1.5 Explain how to deal with hazards associated with receiving and handling clinical specimens 1.6 Explain the pathogenic causes of wound infections 1.7 Explain the consequences of the contamination of clinical specimens			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
2 Be able to receive and handle clinical specimens within the **sterile field**	2.1 Apply **standard precautions** for infection control 2.2 Implement health and safety measures relevant to handling clinical specimens 2.3 Obtain **valid consent** to collect clinical specimens 2.4 Obtain the correct container and transport medium for the type of clinical specimen being collected 2.5 Receive the specimen in line with policies and protocols and place in the appropriate container/transport medium for the type of clinical specimen 2.6 Pass specimens in a safe manner to the **appropriate person** while maintaining the sterile field 2.7 Confirm that specimens are labelled and documentation has been completed in line with local policies and protocols 2.8 Confirm dispatch of clinical specimens 2.9 Update records in line with local policies and protocols			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature:_____   Date: _____
(*if sampled*)

Unit 26: Prepare and apply dressings and drains to individuals in the perioperative environment

Unit reference number:	M/602/3965
Level:	2
Credit value:	2
Guided learning hours:	18

Unit summary

This unit is aimed at those in a scrubbed role who assist with the preparation and application of dressings, wound supports and drains.

Additional information

Valid consent must be in line with agreed UK country definition.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand the health and safety measures related to preventing wound contamination and cross infection when preparing and applying dressings and drains	1.1 Explain the principles of asepsis, antisepsis and cross infection 1.2 Identify potential sources of contamination when preparing surgical fields and how to prevent this 1.3 Identify the types of pathogens commonly causing wound infection and the consequences of wound contamination 1.4 Explain the principles of wound healing and wound care 1.5 Identify the correct dressings and drains to suit the type and size of wound			
2 Understand how medical devices are used in the application of dressings, wound supports and drains in the learner environment	2.1 Explain the purpose and function of medical devices used in the application of dressings and drains 2.2 Describe potential hazards associated with the use of medical devices to apply dressings and drains 2.3 Explain the factors which inform the choice of medical devices for the application of dressings and drains to individuals 2.4 Explain the factors which inform the choice of sites for attaching medical devices			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to select and prepare dressings and drains according to individual requirements	3.1	Confirm the individual's identity and gain **valid consent**			
		3.2	Give the individual information and reassure them when preparing to administer a dressing or drain			
		3.3	Apply **standard precautions** for infection control			
		3.4	Implement health and safety measures relevant to preparing dressings and drains			
		3.5	Identify, through discussion with the individual, any allergies they may have which will affect the types of dressing used			
		3.6	Select and prepare dressings to suit the size and type of wound and promote healing			
		3.7	Prepare drains according to local policies and protocols			
4	Be able to apply dressings and attach drains according to individual requirements	4.1	Apply the dressing or attach drain to the individual in accordance with local policies and protocols			
		4.2	Check that the dressing has been applied correctly, in particular that: – the pressure is consistent with the type of wound – drains are secure – vacuum seals on the drains are intact – the position of the drain prevents syphonage and/or harm to the individual			
		4.3	Report any issues outside your own sphere of competence in line with local policy and protocol			
		4.4	Update records in line with local policy and protocol			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 27: Prepare equipment for intraoperative cell salvage blood collection

Unit reference number: T/602/3952

Level: 2

Credit value: 2

Guided learning hours: 17

Unit summary

The unit aims to develop the learner's ability to prepare equipment necessary for intraoperative cell salvage blood collection. Understanding of the role and purpose of equipment is central to work practice as is the requirement to follow recommended procedures and protocols.

Additional information

An **appropriate person** is the person accountable for the outcome of the procedure. This may be a responsible clinician (surgeon/anaesthetist), a cell salvage operator (eg nurse, ODP, midwife, perfusionist etc) or a scrub nurse if they are waiting for the cell saver to set up to hand out the line.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand current legislation, national guidelines, policies, protocols and good practice related to the preparation of equipment for intraoperative cell salvage blood collection	1.1 Summarise the current legislation, national guidelines, policies, protocols and good practice guidelines which inform own practice in the preparation of equipment for intraoperative cell salvage blood collection 1.2 Explain the importance of informing all members of the theatre team that intraoperative cell salvage blood collection is planned			
2 Understand transfusion issues related to intraoperative cell salvage	2.1 Explain the rationale for using autologous blood transfusion 2.2 Explain the applications of intraoperative cell salvage blood collection with regard to those who refuse allogeneic blood on religious or other grounds			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Understand the role and function of equipment used in intraoperative cell salvage blood collection	3.1	Describe the role and function of suction and collection set equipment used in intraoperative cell salvage blood collection			
		3.2	Explain the rationale for setting up collection equipment			
		3.3	Explain the rationale for setting the expiry time on set up equipment			
		3.4	Explain the importance of setting a suitable vacuum level			
		3.5	Explain the importance of using an appropriate anti-coagulant			
		3.6	Explain how to prepare the anticoagulant			
		3.7	Outline the dangers of re-using single use equipment			
		3.8	Describe the potential hazards and malfunctions of equipment and how to deal with them			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
4 Be able to prepare equipment for intraoperative cell salvage blood collection	4.1 Apply **standard precautions** for infection control when preparing equipment			
	4.2 Implement health and safety measures in accordance with national and local policies and protocols			
	4.3 Select and set up collection equipment in accordance with manufacturer's instructions applying aseptic techniques			
	4.4 Prepare the anticoagulant in line with national/local guidelines and policy			
	4.5 Inform the **appropriate person** that the collection equipment is fully prepared			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 28: Operate equipment for intraoperative cell salvage blood collection

Unit reference number:	R/602/3926
Level:	3
Credit value:	5
Guided learning hours:	40

Unit summary

This unit aims to develop the learner's ability to operate equipment for intraoperative cell salvage blood collection. Understanding of the rationale for the activity is required as well as knowledge of the role and function of the equipment used.

Additional information

An appropriate person is the person accountable for the outcome of the procedure. This may be a responsible clinician (surgeon/anaesthetist), a cell salvage operator (eg nurse, ODP, midwife, perfusionist etc) or a scrub nurse if they are waiting for the cell saver to set up to hand out the line.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand current legislation, national guidelines, policies, protocols and good practice related to the operation of equipment for intraoperative cell salvage blood collection	1.1	Summarise the current legislation, national guidelines, policies, protocols and good practice guidelines which inform own practice in the operation of equipment for intraoperative cell salvage blood collection			
2	Understand blood physiology related to intraoperative cell salvage	2.1	Outline the components of whole blood			
		2.2	Describe the functions of red blood cells in oxygen delivery			
		2.3	Explain the differences between salvaged red cells and whole blood			
3	Understand the rationale for intraoperative cell salvage blood collection	3.1	Explain the rationale for using autologous blood transfusion			
		3.2	Outline the indications and contraindications for the use of intraoperative cell salvage blood collection			
		3.3	Explain the applications of intraoperative cell salvage blood collection with regard to those who refuse allogeneic blood on religious or other grounds			
		3.4	Explain when and for which individuals intraoperative cell salvage blood collection could be started			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
4	Understand the role and function of equipment used in intraoperative cell salvage blood collection	4.1	Explain the importance of labelling collection equipment with a unique individual identification			
		4.2	Explain the role of suction equipment in intraoperative cell salvage blood collection			
		4.3	Explain the rationale for setting a suitable vacuum level			
		4.4	Outline the effects of anticoagulant on salvaged blood			
		4.5	Explain the rationale for priming the collection equipment with anticoagulant			
		4.6	Describe the potential hazards and malfunctions of equipment and how to deal with them			
		4.7	Explain the dangers of reusing single use equipment			
5	Understand the process and rationale of swab washing for intraoperative cell salvage blood collection	5.1	Outline the benefits and risks of swab washing			
		5.2	Explain the rationale for weighing all swabs during intraoperative cell salvage blood collection			
		5.3	Describe the process of salvaging blood from swabs			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
6 Be able to prepare to operate equipment for intraoperative cell salvage blood collection	6.1 Apply **standard precautions** for infection control 6.2 Implement health and safety measures in accordance with national and local policies and protocols 6.3 Confirm the decision to collect blood with the **appropriate person** 6.4 Label the collection reservoir with the individual's unique identification details in line with local policy and protocols 6.5 Prime the collection equipment with anticoagulant solution according to the manufacturer's instructions			
7 Be able to collect intraoperative cell salvage blood	7.1 Use equipment to collect intraoperative cell salvage blood 7.2 Monitor the volume of cell salvage blood, immediately reporting any problems to an **appropriate person** 7.3 Regulate the required volume of anticoagulant in relation to blood loss 7.4 Explain the importance of reporting problems/sudden increases in the rate of blood loss to the **appropriate person** 7.5 Explain how to estimate blood loss during intraoperative cell salvage blood collection 7.6 Report the estimated volume of cell salvage blood collected to the appropriate person 7.7 Outline the possible contents of the collection reservoir during surgery			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
	7.8 Outline the reasons for an expiry time for cell salvaged blood and how this is calculated			
	7.9 Record the outcome of this activity in line with national/local policies and protocols			
	7.10 Dispose of waste in line with national/local policies and protocols			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 29: Prepare equipment for intraoperative cell salvage blood processing

Unit reference number:	L/602/3939
Level:	2
Credit value:	4
Guided learning hours:	26

Unit summary

This unit aims to develop the learner's ability to set up equipment to process salvaged blood. Understanding of the functions and recommended uses of processing equipment is required. The learner works closely with the appropriate member of the team.

Additional information

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

An **appropriate person** is the person accountable for the outcome of the procedure. This may be a responsible clinician (surgeon/anaesthetist), a cell salvage operator (eg nurse, ODP, midwife, perfusionist etc) or a scrub nurse if they are waiting for the cell saver to set up to hand out the line.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand current legislation, national guidelines, policies, protocols and good practice related to which inform the preparation of equipment for intraoperative cell salvage blood processing	1.1 Summarise the current legislation, national guidelines, policies, protocols and good practice guidelines which inform own practice in the preparation of equipment for intraoperative cell salvage blood processing			
2 Understand blood transfusion issues in relation to intraoperative cell salvage	2.1 Explain the rationale for using autologous blood transfusion 2.2 Explain the applications of intraoperative cell salvage with regard to those who refuse allogeneic blood on religious or other grounds			
3 Understand the rationale for the use of intraoperative cell salvage	3.1 Outline the indications and contraindications for the use of intraoperative cell salvage			
4 Understand how the decision to proceed with intraoperative cell salvage blood processing is made	4.1 Outline how to estimate blood loss during intraoperative cell salvage 4.2 Outline the reasons for an expiry time for intraoperative cell salvaged blood and define how this is calculated 4.3 Outline the possible contents of the collection reservoir during surgery relevant to the decision to set up to process intraoperative cell salvaged blood			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
5 Understand the rationale for swab washing in relation to intraoperative cell salvage blood	5.1 Outline the benefits and risks of swab washing			
6 Understand the role and function of equipment used for intraoperative cell salvage blood processing	6.1 Outline the types and functions of intraoperative cell salvage machines used in own work practice to salvage blood 6.2 Explain the rationale for expiry time on the set up equipment 6.3 Outline the factors which inform the decision to set up processing equipment 6.4 Explain the rationale for selecting the machine programme 6.5 Explain the dangers of reusing single use equipment 6.6 Describe the potential hazards and malfunctions of equipment and how to deal with them			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
7 Be able to prepare equipment for intraoperative cell salvage blood processing	7.1 Apply **standard precautions** for infection control			
	7.2 Implement health and safety measures relevant to preparing equipment for intraoperative cell salvage blood processing			
	7.3 Confirm with the **appropriate person** the suitability of the intraoperative cell salvage blood for processing			
	7.4 Confirm that the processing equipment is fit for purpose			
	7.5 Load the processing equipment and connect to the collection equipment in accordance with manufacturer's guidelines			
	7.6 Confirm the wash fluid is intra-venous normal saline 0.9%			
	7.7 Prime the system and set the machine programme ready for use in accordance with guidance			
	7.8 Inform the appropriate person that the processing equipment is ready for use			

Learner name: _____   Date: _____

Learner signature: _____   Date: _____

Assessor signature: _____   Date: _____

Internal verifier signature: _____   Date: _____
(*if sampled*)

Unit 30: Operate equipment for intraoperative cell salvage blood processing and complete intraoperative cell salvage blood process

Unit reference number:	T/602/3949
Level:	3
Credit value:	5
Guided learning hours:	39

Unit summary

This unit aims to develop the learner's ability to operate equipment for intraoperative cell salvage blood processing and to complete the intraoperative cell salvage blood process. Knowledge and understanding of blood physiology, roles and functions of equipment and the rationale for intraoperative cell salvage underpins work practice.

Additional information

An **appropriate person** is the person accountable for the outcome of the procedure. This may be a responsible clinician (surgeon/anaesthetist), a cell salvage operator (eg nurse, ODP, midwife, perfusionist etc) or a scrub nurse if they are waiting for the cell saver to set up to hand out the line.

Standard precautions are the precautions considered sufficient to reduce the risk of harm or injury by transmission of pathogens.

Assessment methodology

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Strategy (see Annexe C at the back of the Specification). Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Learning outcomes and assessment criteria

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
1 Understand current legislation, national guidelines, policies, protocols and good practice related to operating equipment for intraoperative cell salvage blood processing and completing the intraoperative cell salvage blood process	1.1 Summarise the current legislation, national guidelines, policies, protocols and good practice guidelines which inform own practice in the operation of equipment for processing and completing the intraoperative cell salvage blood process			
2 Understand blood physiology in relation to processing intraoperative cell salvaged blood	2.1 Outline the components of whole blood 2.2 Describe the functions of red blood cells in oxygen delivery 2.3 Outline the effects of citrate or heparin anticoagulant on salvaged blood 2.4 Explain the differences between salvaged red cells and whole blood 2.5 Outline the basis of centrifugal separation			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
3 Understand the rationale for using intraoperative cell salvage	3.1 Outline the indications and contraindications for the use of intraoperative cell salvage 3.2 Explain the rationale for using autologous blood transfusion 3.3 Explain the applications of intraoperative cell salvage with regard to those who refuse allogeneic blood on religious or other grounds			
4 Understand the process and rationale for swab washing in relation to intraoperative cell salvage	4.1 Outline the benefits and risks of swab washing during intraoperative cell salvage 4.2 Explain the rationale for weighing all swabs during intraoperative cell salvage 4.3 Outline how blood is salvaged from swabs			
5 Understand the role and function of equipment used in intraoperative cell salvage	5.1 Outline the types and functions of intraoperative cell salvage machines used in own work practice 5.2 Explain the rationale informing the choice of machine programmes for intraoperative cell salvage machines used in own work practice 5.3 Explain the purpose of the collection and processing set equipment 5.4 Describe the potential hazards and malfunctions of equipment and how to deal with them 5.5 Outline the dangers of reusing single use equipment 5.6 Explain the limits of their own role in operating and monitoring equipment for processing salvaged blood			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
6	Understand the reinfusion process	6.1	Describe how reinfusion bags should be labelled			
		6.2	Outline the potential contents of the reinfusion bag			
		6.3	Outline the types of filters used to reinfuse intraoperative cell salvage blood and their limitations			
7	Be able to prepare to operate equipment intraoperative cell salvage blood processing	7.1	Implement health and safety measures relevant to preparing to operate equipment intraoperative cell salvage blood processing			
		7.2	Apply **standard precautions** for infection control			
		7.3	Outline the factors which inform the decision to process the reservoir contents			
		7.4	Confirm the decision to process intraoperative cell salvage blood with the **appropriate person**			
		7.5	Use normal intravenous saline 0.9% wash fluid and explain the factors which inform the choice of wash fluid			
		7.6	Explain the importance of using the required wash volume			

Learning outcomes	Assessment criteria	Evidence type	Portfolio reference	Date
8 Be able to operate equipment for processing intraoperative cell salvage blood and complete intraoperative cell salvage blood process	8.1 Monitor the progress of intraoperative cell salvage blood processing, reporting any problems to the appropriate person in line with local policy and protocol			
	8.2 Record the volume of processed intraoperative cell salvage blood for reinfusion			
	8.3 Report completion of the process to the appropriate person			
	8.4 Outline how to estimate blood loss during intraoperative cell salvage			
	8.5 Outline the reasons for an expiry time for intraoperative cell salvaged blood and define how this is calculated			
	8.6 Label salvaged blood reinfusion bags in line with national/local policy			
	8.7 Keep the intraoperative cell salvaged blood reinfusion bags with the patient at all times			
	8.8 Dispose of waste in line with national/local policy and protocol			
	8.9 Explain the principles of waste disposal in relation to equipment			
	8.10 Explain the importance of documenting the amount of anticoagulant used			
	8.11 Complete required documentation in line with national/local policy and protocol			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal verifier signature: _____ Date: _____
(*if sampled*)

Further information and useful publications

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
- books, software and online resources for UK schools and colleges: 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

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 BS20JP

Telephone: 0117 922 1155
Fax: 0117 925 1800
Email: office@skillsforhealth.org.uk

Skills For Care and Development
2nd Floor, City Exchange
11 Albion Street
Leeds LS15ES

Telephone: 0113 390 7666
Fax: 0113 246 8066
Email: sscinfo@skillsforcareanddevelopment.org.uk

Professional development and training

Pearson supports UK and international customers with training related to NVQ and BTEC 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 effective and efficient quality assurance systems.

The national programme of training we offer can be viewed on our website (qualifications.pearson.com). You can request customised training through the website or by contacting one of our advisers in the training from the Pearson team via customer services to discuss your training needs.

The training we provide:

- is active
- is designed to be supportive and thought provoking
- builds on best practice
- may be suitable for those seeking evidence for their continuing professional development.

Annexe A: Quality assurance

Key principles of quality assurance

- A centre delivering Pearson qualifications must be an Pearson-recognised centre and must have approval its for 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.

Annexe B: Centre certification and registration

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.

What are the access arrangements and special considerations for the qualifications in this specification?

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 Edexcel NVQ Qualifications* for further details. qualifications.pearson.com.

Annexe C: Assessment principles

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 (e.g. 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 qualifications 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.

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 and Credit 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 (e.g. 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 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 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.