

# Competency Framework for Band 2 & Band 3 Health Care Support Workers in Adult Critical Care

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<b>Learner Name</b>	<b>Signature</b>
<b>Lead Assessor /Mentor Name</b>	<b>Signature</b>

### FOREWORD

The Health Care Support Worker (HCSW) Critical Care core competencies have been designed to provide you with the core generic skills required to assist in the care of the critically ill patient safely and professionally in a general critical care unit, under the supervision of a registered nurse. You will be supported to achieve these competencies by your Line Manager or Practice Educator. This will provide the foundations for your individual commitment to learning, your assessor's commitment to the supervision and support you will require and your manager's commitment to providing designated time and opportunities to learn.

These competencies have been adapted from the CC3N competency framework for Health Care Support Workers (HCSW) in Critical Care and existing HCSW competency packages from Blackpool Teaching Hospitals and East Lancashire Hospitals. They have been developed and agreed through collaboration from the Lancashire & South Cumbria Critical Care Operational Delivery Network (LSCCODN) and Practice Educators from all Lancashire & South Cumbria (L&SC) critical care units. This framework will ensure training and competency across the L&SC critical care system is standardised for our HCSW. In addition to this core competency framework, it is recognised that additional competencies may be tailored and provided to meet local need and will be delivered within local policy and standard operating procedure requirements.

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

It is recommended that all HCSWs new to Critical Care should receive a supernumerary period as per Trust policy along with an education program to support knowledge acquisition alongside work-based learning.

The competencies identified within this framework should be completed in addition to the requirements of any mandatory training that is identified by your organisation.

**It is recommended that the learner retain their fully completed competency framework package and a record of attainment entered onto their training file in line with local policy. It is envisaged that ultimately this record will eventually form part of the individual staff passport.**

## MANDATORY TRAINING

Please refer to local policy for completion and relevance.

Course	Date Completed	Lead Assessor/Mentor Signature	Learner Signature
Trust induction			
Moving and Handling			
Infection control			
Aseptic Non-Touch Technique (ANTT)			
PPE/Mask fitting			
Basic Life Support (BLS)			
Fire			
Information Governance			
Equality and Diversity and Human Rights			
Health, Safety and Welfare			
Preventing Radicalisation – Basic Prevent Awareness			
Safeguarding- Adults			
Safeguarding -Children			
Conflict Resolution			
Blood glucose monitoring Ketone monitoring			
VTE assessment			
Moisture lesion e-learning			
Pressure ulcer e-learning			

## Proficiency is defined throughout this document as:

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

## INTRODUCTION

### The Assessor

The assessor is the person responsible for making the decision on whether the HCSW has met the standards set out in the HCSW Critical Care core competencies. The assessor must be occupationally competent in the standards they are assessing. All Registered Nurses (RNs) can support the assessment process.

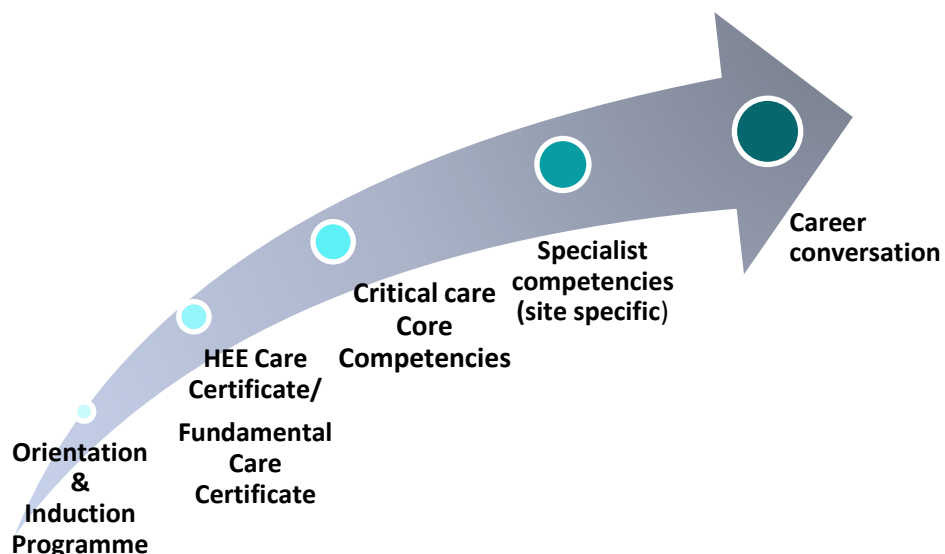
### Signing a Proficiency

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

### How the proficiency framework fits together

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

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



### How will I be assessed?

HCSWs aiming to achieve competence will be supported in the clinical area by the Critical Care Practice Educator(s)/Lead Assessor (or equivalent) and suitably experienced & competent colleagues and mentors. The Lead Assessor should work with the mentee to ensure local policy and standard operating procedure requirements are also met during any training and HCSW practice. You will be allocated a Lead Assessor who will oversee your ongoing development; colleagues and mentors will assist you in achieving competence in practice. The use of the Assessment and Development Plans will enable you, your mentors, Lead Assessor(s), and Practice Educators (or equivalent) to monitor your developmental needs and overall competence progression. Adequate time and supervision will be given as you progress through the competencies.

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

- Discussion & probing questions
- Simulation
- Reflective practice
- Record of achievements

### **Resolving proficiency issues:**

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

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

### **Learning Contract**

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

It will provide the foundations for:

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

### **Learners Responsibilities**

As a learner I intend to:

- Take responsibility for my own development
- Form a productive working relationship with assessors, colleagues & mentors
- Deliver effective communication skills and processes
- Listen to the advice of colleagues, mentors and assessors and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Agree regular meetings and frequency with my Lead Assessor to ensure progress of learning and development
- Adopt learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise

- Complete the shaded and italicised elements as the initial priority, and within the allocated supernumerary period or period identified as per Trust timeframe.
- Complete all HCSW Critical Care competencies in the agreed timeframe
- Use this proficiency development programme to inform my annual appraisal and development needs
- Identify their own support needs and escalate any request for support

Learner Name (Print) .....

Signature .....

Date: .....

### Lead Assessor Responsibilities

As a Lead Assessor I intend to:

- Meet the standards of Regulatory body- NMC Code 2018
- Demonstrate on-going professional development/competence within Critical Care
- Promotes a positive learning environment
- Support the learner to expand their knowledge and understanding
- Confirm and communicate timescales of regular progress meetings with learner
- Agree with learner how to request/gain support in periods between meetings
- Highlight learning opportunities
- Set realistic and achievable goals, objectives, or action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the Education Lead and/or Line/Unit Manager any concerns related to the individual HCSW's learning and development progress
- Plan learning experiences to meet the individuals defined learning needs
- Prioritise work to include the support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice
- Ensure all training is provided within local trust policy scope and requirements

Lead Assessor Name (Print) .....

Signature .....

Date: .....

### Critical Care Lead Nurse/Unit Or Line Manager

As a Critical Care service provider, I intend to:

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

Lead Nurse/Manager Name (Print) .....

Signature .....

Date: .....

## HCSW: SUMMARY TRACKER SHEET

The following table allows the tracking of Step 1 Competencies and should be completed by Lead Assessors/Mentors and/or Practice Educators (or equivalent) as the individual achieves each proficiency statement. This provides an easy and clear system to review and/or audit progress. **Where the competency is specific to Band 3 only, this is identified as grey shaded areas in the tables below.**

Proficiency	Proposed Band 2 & 3	Date Achieved	Assessors Signature
Promoting psychosocial wellbeing	Band 2 & 3		
<b>Respiratory System</b>			
Basic Anatomy & Physiology	Band 2 & 3		
Assessment, Monitoring & Observation	Band 3		
Tracheostomy Care	Band 3		
<b>Cardiovascular System</b>			
Basic Anatomy & Physiology	Band 2 & 3		
Assessment, Monitoring & Observation	Band 2 & 3		
Arterial Access awareness	Band 3		
BLS	Band 2 & 3		
<b>Renal System</b>			
Basic Anatomy & Physiology	Band 2		
Assessment, Monitoring & Observation	Band 2 & 3		
Supporting intake and output	Band 2 & 3		
<b>Gastrointestinal System</b>			
Assessment and Management of Patients with GI conditions	Band 2 & 3		
Nutrition in Critical Illness	Band 3		
<b>Neurological System</b>			
Sedation & Delirium Assessment and Management	Band 2 & 3		
Pain Control	Band 2 & 3		
<b>Fundamental Care Required by a Critically Ill Patient</b>			
Skin Integrity	Band 2 & 3		
Mouth and Eye and Personal care	Band 2 & 3		
<b>Rehabilitation</b>			
Rehabilitation Initial Assessment and Referral	Band 3		
Joint Positioning & Range of Movement	Band 3		
VTE Assessment	Band 3		
<b>Admission &amp; Discharge</b>			
Admission to critical care	Band 2 & 3		
Discharge from critical care	Band 2 & 3		
<b>End of Life Care</b>			
End of Life Requirements	Band 2 & 3		

Assisting with Intra & Inter Hospital Transfer			
Assisting in the preparation and transfer of the critically ill	Band 2 & 3		
Communication & Teamwork	Band 2 & 3		
Infection Prevention & Control	Band 2 & 3		
Evidenced Based Practice	Band 2 & 3		
Defensible Documentation	Band 2 & 3		
Mental Capacity	Band 2 & 3		
Leadership and Followership	Band 2 & 3		
ICU Procedures- Preparation	Band 2 & 3		
Extended Roles	Band 3		

## PROFICIENCY STATEMENTS

### Promoting Psychosocial Wellbeing

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

***Learners should demonstrate competence through discussion and application to practice (where appropriate) for all the following relevant proficiencies.***

Proficiency Statement	Date Achieved	Assessors Signature
<b>Promoting Psychosocial Wellbeing</b>		
Demonstrates how to treat the patient as a 'whole', taking into consideration their physical, physiological, social, cultural, spiritual, and family needs		
Having an awareness of some of the feelings experienced by critically ill patients such as loss of control, loss of perception of time etc... Discuss your findings		
Demonstrates the ability to adopt a trusting relationship with patients by helping them to communicate their needs.		
Promotes physical wellbeing by always being kind and compassionate, orientating patients to time and place, reducing sensory overload and maintaining a quiet soothing environment, helping the patient to get quality sleep, encouraging the patient to wear own clothes where possible, and have familiar items such as photographs close by etc...		
Understands the importance of visitors and how to help facilitate this safely including an awareness of your own local visiting policy.		
<ul style="list-style-type: none"> <li>• Understands the importance of giving patients and families clear explanations about care activities (i.e., personal care, rehabilitation, care, and interventions)</li> <li>• Always seeks consent before approaching patients to undertake tasks for this, and all the subsequent competencies.</li> <li>• Escalates any concerns about patient consent for care interventions to the registered professional (Nurse in Charge/Unit Manager/Matron)</li> </ul>		

## Respiratory System



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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Respiratory System</b>		
Has a basic understanding of the Anatomy & Physiology of the respiratory system		
Has a basic understanding of the function of the respiratory system		
Able to demonstrate Respiratory Assessment, Monitoring and Observation		
Proficiency Statement	Date Achieved	Assessors Signature
<b>Respiratory System (continued) (Band 3)</b>		
Recognises when a patient is having trouble breathing. Can apply oxygen via a mask / nasal specs and goes to get a registered health care professional immediately.		
Understands the importance of checking the bed spaces, looking for full oxygen cylinders and suction / ambu bag / Waters Circuit.		
Assembles, under supervision, relevant equipment required to administer first line oxygen therapy via: <ul style="list-style-type: none"> <li>➤ Nasal cannula</li> <li>➤ A simple face mask with &amp; without humidification</li> <li>➤ A Venturi valve</li> <li>➤ A non-rebreath mask</li> <li>➤ High flow oxygen</li> </ul>		
<b>Airway and Tracheostomy Care (Band 3)</b>		
Demonstrates an understanding of the anatomical position of a tracheostomy.		
<ul style="list-style-type: none"> <li>• Understands the rationale for standardised tracheostomy safety equipment at the bedside.</li> <li>• Able to identify and assemble, under supervision of an RN, the tracheostomy specific bedside equipment for normal tracheostomy care ( usually "TRACHI-CASE")</li> <li>• Able to perform a safety check of the bedside tracheostomy equipment and escalates and concerns or missing equipment to the registered nurses.</li> <li>• Able to locate and display the correct bedside signage for the tracheostomy</li> <li>• Is able to demonstrate different methods of communication for a patient with a tracheostomy</li> <li>• Understand individual patient requirements for eating and drinking when a tracheostomy is insitu</li> <li>• Understand your role in assisting a registered professional to change a stoma dressing or tracheostomy ties.</li> </ul>		

## Cardiovascular System

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Assessment, Monitoring &amp; Observation</b>		

Demonstrates an awareness of the types for haemodynamic monitoring in relation to the critically ill adult: <ul style="list-style-type: none"> <li>➤ Invasive</li> <li>➤ Non-Invasive</li> </ul>		
Ability to assist the registered nurse to and monitor the patient requiring cardiovascular support		
Demonstrates the ability to accurately recognise, perform and correctly document as per Trust policy: <ul style="list-style-type: none"> <li>➤ Temperature (tympanic and axilla)</li> <li>➤ Urine output</li> <li>➤ Heart rate</li> <li>➤ A non-invasive blood pressure</li> <li>➤ Recognises abnormal findings and escalates to the registered nurse</li> <li>➤ Calculate NEWS 2 score</li> </ul>		
<b>Proficiency Statement</b>	<b>Date Achieved</b>	<b>Assessors Signature</b>
<b>ECG (if applicable to local policy) (Band 3)</b>		
<ul style="list-style-type: none"> <li>• Demonstrates an ability to explain the procedure to the patient and obtain consent from the patient</li> <li>• Demonstrate skin preparation</li> <li>• Demonstrate correct electrode placement</li> </ul>		
<ul style="list-style-type: none"> <li>• Maintain patient dignity throughout the procedure</li> </ul>		
Ensure the ECG recording is reviewed by an identified person competent in ECG interpretation.		
<b>Arterial Access (as per local policy) (Band 3)</b>		
<ul style="list-style-type: none"> <li>• Recognises abnormal findings and escalates variation to the registered nurse.</li> <li>• Assist the registered nurse with dressing changes for arterial lines.</li> <li>• Able to use ABG machine and pass results on to trained nurse</li> </ul>		
<b>Basic Life Support (BLS) sits in Core Skills Training</b>		
<ul style="list-style-type: none"> <li>• Can identify the location of 'emergency' equipment including defibrillator and/or "crash trolley" &amp; "airway trolley"</li> </ul>		

## Renal System

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

<b>Proficiency Statement</b>	<b>Date Achieved</b>	<b>Assessors Signature</b>
<b>Anatomy &amp; Physiology</b>		
<ul style="list-style-type: none"> <li>• Demonstrate a basic understanding of renal impairment.</li> <li>• Demonstrate a basic understanding of the risk factors in critical ill patients</li> </ul>		
<b>Assessment, Monitoring &amp; Observation</b>		
<ul style="list-style-type: none"> <li>• Accurately monitors and records Urine output</li> <li>• Raises any concerns about the patient's urinary output or quality of the urine</li> <li>• Dates and monitors duration of urometer and changes this using ANTT</li> <li>• Prepares equipment for catheterization and assists with insertion</li> <li>• Able to perform monitoring post catheter removal, if applicable</li> </ul>		
<b>Managing Fluid Replacement</b>		
<ul style="list-style-type: none"> <li>• Is aware of fluid restrictions for individual patients</li> <li>• Can provide comfort measures for patients not able to drink i.e., ice / sponges / mouthcare</li> </ul>		

• Accurately records oral fluid intake		
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## Gastrointestinal System

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Assessment and Management of patient with GI Conditions</b>		
Assists with recording and documenting of patient's weight (where appropriate), and in line with local policy		
Demonstrates the ability to recognise different bowel movements with reference to the Bristol stool scale		
Can change faecal management system bags Records and documents output via a faecal management system		
Be able to empty an ileostomy/colostomy bag and record findings		
Be able to empty Naso-gastric tube bag; report and record findings and escalate concerns to the RN		
<b>Nutrition in Critical Illness</b>		
Understands normal blood sugar levels & when to escalate changes/abnormalities.		
<ul style="list-style-type: none"> <li>• Demonstrates awareness of dietary restrictions for individual patients</li> <li>• Clarifies with the RN whether the patient(s) can eat and if they will need assistance</li> <li>• Provides patients with assistance to eat</li> <li>• Documents on the relevant food chart what has been eaten</li> <li>• Can provide comfort measures for patients not able to eat or drink i.e., ice / sponges, regular mouth care</li> </ul>		
<ul style="list-style-type: none"> <li>• Has been assessed as competent and allocated a Bar Code to use their local blood glucose monitor including QC checking process</li> <li>• Be aware of the Hypoglycaemia protocol and the location of the 'Hypo box'.</li> </ul>		

## Neurological System

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Sedation &amp; Delirium Assessment and Management</b>		
Can explain how issues of Consent and Mental Capacity may impact on care delivered to patients in Critical Care		

Understands the concept of Critical Care Delirium. Can discuss how they can contribute to reducing delirium in patients: <ul style="list-style-type: none"> <li>➤ Noise levels</li> <li>➤ Deaf or hard of hearing patients</li> <li>➤ Blind or patients with impaired vision</li> <li>➤ Relative visiting times</li> </ul>		
<ul style="list-style-type: none"> <li>• Explains why a Critical Care patient might be confused and agitated</li> <li>• Explains the importance of minimising noise levels</li> <li>• Can describe interventions to assist, such as re-orientation and music, talking about familiar/favourite topics/activities</li> <li>• Can engage in sustained communication with the patient(s), demonstrating kindness and empathy</li> <li>•</li> </ul>		
Can carry out CAM ICU /AVPU assessment ( <b>Band 3</b> )		
<b>Proficiency Statement</b>	<b>Date Achieved</b>	<b>Assessors Signature</b>
<b>Pain Control</b>		
<ul style="list-style-type: none"> <li>• Understand methods of pain assessment and non-verbal signs of pain.</li> <li>• Escalates concerns to about pain management to the registered professional</li> </ul>		
Is aware of the importance of excluding causes of agitation such as: <ul style="list-style-type: none"> <li>➤ Constipation</li> <li>➤ Full bladder and/or blocked urinary catheter</li> <li>➤ Poor positioning</li> <li>➤ Incontinence e</li> <li>➤ Medication/nicotine withdrawal</li> </ul>		
I am aware of non-pharmacological strategies for pain control: <ul style="list-style-type: none"> <li>➤ Deep breathing exercises</li> <li>➤ Reassurance and control of environmental stimulus</li> <li>➤ Positioning for comfort</li> </ul>		

## Fundamental Care Required by a Critically Ill Patient

The following proficiency statements are about maintaining skin integrity and positioning of patients and basic care such as mouth and eye care for patients in the critical care environment.

Proficiency Statement	Date Achieved	Assessors Signature
<b>Skin Integrity</b>		
Able to identify healthy skin and variance from this		
Demonstrates an understanding how to risk assess a patient under supervision.		
<ul style="list-style-type: none"> <li>• Is able to demonstrate an awareness of the high-risk areas of the body for pressure damage</li> <li>• Is able to demonstrate an awareness of the risks posed by medical devices for pressure damage and how this may be prevented in the critically ill patient</li> </ul>		
Is familiar with local guidance and standards for pressure ulcer prevention, tissue viability and manual handling		
Recognises the differences between: <ul style="list-style-type: none"> <li>➤ Pressure damage</li> <li>➤ Moisture – associated skin damage</li> </ul>		
<ul style="list-style-type: none"> <li>• Completes Moisture lesion e-learning module</li> <li>• Completes Pressure ulcer e-learning module</li> </ul>		

Proficiency Statement	Date Achieved	Assessors Signature
<b>Mouth Care, Eye Care and Personal Care</b>		
Describes local oral assessment tools and mouth care guidelines		
Differentiates between care requirements of ventilated and self-ventilating patients is aware of the risks of oral care in patients		
Identifies local mouth care products and when to use them		
Describes local eye care guidelines and when to use products available		
Performs (and documents) mouth care as per local guidance on: <ul style="list-style-type: none"> <li>➤ A Self-ventilating patient</li> <li>➤ A Ventilated patient (under supervision)</li> </ul>		
<ul style="list-style-type: none"> <li>• Has awareness of chaperone policy</li> <li>• Where possible ascertains patients' usual preferences with regards to shaving, hair styling and personal care activities.</li> <li>• Encourages patients to communicate any concerns about his/her continence</li> <li>• Monitors patient when attending to care needs and reporting any concerns about patients comfort or condition to the RN.</li> <li>• Promptly empties catheter bags using Aseptic Non Touch Technique (<b>ANTT</b>)</li> <li>• Is aware of the risk associated with shaving, including for patients with artificial airways.</li> <li>• Performs hair washing, shaving and meets hygiene needs promoting independence where possible.</li> <li>• Stops and reports any change in patient's condition during the activity to the registered professional.</li> <li>• Documents care provided</li> </ul>		
<ul style="list-style-type: none"> <li>• Works under supervision of the registered professional to assess the patients' skin using local tools. (SKINN bundle)</li> <li>• Accurately completes body mapping for patients.</li> <li>• Assists the registered professional to carry out regular visual check of risk areas and escalate any concerns.</li> <li>• Encourages the patient to change their position or be repositioned</li> <li>• Demonstrates ability to minimise shear and /or friction damage with the correct use of manual handling devices.</li> <li>• Demonstrates ability to cleanse the skin at the time of soiling and use topical agents that act as moisture barriers in line with local guidance</li> <li>• Offer toileting opportunities based on identified individual need</li> </ul>		
<ul style="list-style-type: none"> <li>• Able to provide basic dressing to pressure ulcer under supervision of a registered profession</li> </ul>		

## Rehabilitation

The following proficiency statements are about the rehabilitation of patients in the critical care environment.

Proficiency Statement	Date Achieved	Assessors Signature
<b>Rehabilitation Initial Assessment and Referral</b>		
The importance of a Rehabilitation Prescription and/or plans		
Other equipment and resources that may benefit critical care patients with rehabilitation needs (including but not limited to):		

<ul style="list-style-type: none"> <li>➤ Patient diaries</li> <li>➤ Mobility aids to promote independence</li> <li>➤ Communication aids</li> <li>➤ Family presence</li> <li>➤ Music therapy</li> <li>➤ Aromatherapy</li> <li>➤ Massage</li> <li>➤ Sleep therapy</li> </ul>		
<ul style="list-style-type: none"> <li>• Provide emotional reassurance and support</li> <li>• Follow any planned therapy prescribed or recommended by the MDT.</li> <li>• Reduce (where possible) the critical care environmental effects on the patient</li> <li>• Proactively involve the patient and significant others in the rehabilitation process as appropriate and able</li> <li>• Proactively involve the patient in setting their rehabilitation plan as appropriate</li> </ul>		
<b>Proficiency Statement</b>	<b>Date Achieved</b>	<b>Assessors Signature</b>
<b>Repositioning, Joint Positioning &amp; Range of Movement (Band 3)</b>		
Assist with performing a full range of passive exercises for the patient specified by the MDT therapy team		
Position patients' limbs to reduce the risk of contractures and prevent excessive joint strain as specified by the MDT therapy team		
Apply any appropriate ankle/foot splint for patients at high risk of foot drop under the supervision of the RN		

## Admission & Discharge

The following proficiency statements are about the admission and discharge of patients to and from adult critical care.

Proficiency Statement	Date Achieved	Assessors Signature
<b>Admission to Critical Care</b>		
Checks patient property and reports any discrepancies with nurse		
Awareness of the patients' personal items or requirements with the family: (including but not exclusive to): <ul style="list-style-type: none"> <li>➤ Hearing aids</li> <li>➤ Dentures</li> <li>➤ Glasses</li> <li>➤ Mobility aids/equipment</li> </ul>		
Importance of obtaining infection control status and performing relevant infection control screens as directed by local guidance or the registered professional		
Checks patients ID badge and demonstrates knowledge of positive patient identification policy.		
Preparation of supportive equipment (inclusive of but not limited to) including checking the integrity of equipment and expiry dates <ul style="list-style-type: none"> <li>➤ Bed/mattress</li> <li>➤ Monitors</li> <li>➤ Oxygen, suction, re-breathing circuit, ventilator</li> <li>➤ Volumetric pumps</li> <li>➤ Syringe drivers</li> <li>➤ Disposables and PPE</li> <li>➤ Safety equipment</li> </ul>		
<b>Discharge from Critical Care</b>		

HCSWs role in preparing the bed space after discharge		
Acts as a witness checking patient property		
Collects medications for discharge (excluding Controlled Drugs (CDs)- (this may vary according to Trust policy)		
Assist with transfer to the ward		
Clean and empty the bed space ensuring- disposable or single patient use items are disposed of in line with Trust waste policy.		

## End of Life Care

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>End of Life Requirements</b>		
Has an awareness of current local policies, protocols, and guidelines in relation to End of Life care and can demonstrate implementation of the same.		

## Assisting with Intra & Inter Hospital Transfer

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

Proficiency Statement	Date Achieved	Supervisor/Assessors Signature
<b>Assisting in the preparation and transfer of the critically ill adult</b>		
Demonstrates awareness of HCSW role in assisting the registered professional in the intra & inter hospital transfer of a critically ill patient e.g., has awareness for need of transfer bag		
Assist in the preparation of equipment and resources.		

## Communication & Teamwork

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Communicating with Critical Care Patients</b>		
Awareness of the difficulties that can arise with communication in the critical care environment: <ul style="list-style-type: none"> <li>➤ Unconscious patient</li> <li>➤ Artificial airways</li> <li>➤ Disorientation</li> </ul>		

<ul style="list-style-type: none"> <li>➤ Confusion</li> <li>➤ Delirium</li> <li>➤ Withdrawal from communication</li> <li>➤ Addictions</li> <li>➤ Hallucinations</li> <li>➤ Sleep deprived patients</li> <li>➤ Personal Protective Equipment and use of face masks and visors for those who lip read</li> </ul>		
Able to demonstrate methods and ways of communicating that allow for communication difficulties to be overcome.		
Able to discuss and demonstrate how you would support equality and diversity for patients in critical care		
<p>Able to recognise the difficulties that may be experienced in recognising and interpreting the patient's nonverbal communication and actions to take within scope of role:</p> <ul style="list-style-type: none"> <li>➤ Signs of distress</li> <li>➤ Deterioration in patient understanding</li> <li>➤ Changes in mental capacity</li> </ul>		
<b>Proficiency Statement</b>	<b>Date Achieved</b>	<b>Assessors Signature</b>
<b>Communicating and Team Working</b>		
<p>Awareness and able to discuss the importance of effective team working in critical care, both locally and across the L&amp;SC critical care system:</p> <ul style="list-style-type: none"> <li>➤ Efficient and timely completion of workload</li> <li>➤ Working collaboratively</li> <li>➤ Achieving common goals</li> <li>➤ Team satisfaction</li> <li>➤ Supporting and valuing each other</li> <li>➤ Members of the extended MDT and the main roles.</li> <li>➤ Principles of confidentiality, security and sharing of information about critical care patients</li> </ul>		
<p>Awareness and able to demonstrate the ability to communicate via the following systems and identify which system to use in a variety of circumstances.</p> <ul style="list-style-type: none"> <li>➤ Emergency call</li> <li>➤ Verbal referral</li> <li>➤ Written referral</li> <li>➤ Appropriate documentation</li> <li>➤ Communicates information about your critical care patient in a logical and systematic manner</li> <li>➤ Maintain confidentiality</li> </ul>		
<b>Communicating in Difficult Situations</b>		
<p>Awareness of the importance of clear and direct communication and able to discuss the following:</p> <ul style="list-style-type: none"> <li>➤ Importance of the individual's choice</li> <li>➤ Importance of establishing rapport</li> <li>➤ How to ask questions, listen carefully and summarise back</li> <li>➤ Importance of encouraging individuals and families to ask questions</li> <li>➤ How to manage own feelings and behaviour's when communicating with patients and families</li> <li>➤ Importance of working within your own sphere of competence and seeking advice when faced with situations outside this</li> </ul>		
Able to demonstrate Providing emotional reassurance and support to a patient in the critical care environment		



Able to demonstrate and maintain a professional approach and attitude		
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## Infection Prevention & Control

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Infection Prevention &amp; Control</b>		
Ability to Don and Doff different levels of PPE and understand the principles of this Correctly mask fitted		
Awareness and ability to discuss and identify the importance of maintaining high standards of personal patient hygiene: <ul style="list-style-type: none"> <li>➤ Discuss the principles of ANTT</li> <li>➤ Source and protective isolation and when this are required</li> <li>➤ Priorities in relation to infection prevention and control</li> <li>➤ Local policies and how to access them</li> </ul>		
<ul style="list-style-type: none"> <li>• Demonstrate best practice in: <ul style="list-style-type: none"> <li>➤ environmental tidiness &amp; cleanliness.</li> <li>➤ Cleaning and disinfection of items that come into contact with the patient and/or their environment that are not invasive (e.g., beds, commodes, hoists)</li> </ul> </li> </ul>		
• Demonstrates safe disposal of waste (including sharps and linen)		
• Demonstrates safe storage of food		
• Demonstrates awareness of separate fridge storage for food and medication		
• Ability to carry out bedside damp dusting regime		
• Demonstrates best practice in decontamination of reusable medical devices, following manufacturer guidance and local policy.		
• Demonstrates best practice in obtaining, packaging, handling, labelling and transport of biological samples, with reference to local pathology guidance		
• Takes appropriate actions to escalate concerns to the registered nurse when safety and quality are compromised		
• Able to discuss safe practice in the event of occupational exposure		
<b>Band 3</b> Able to collect specimens of bodily fluids for laboratory testing as registered by the registered nurse or in line with local guidance and policy including: <ul style="list-style-type: none"> <li>➤ Covid-19 samples</li> <li>➤ Urine samples from the catheter (needleless system)</li> </ul>		

<ul style="list-style-type: none"> <li>➤ Sputum samples (for non-intubated patients)</li> <li>➤ Faecal samples.</li> <li>➤ MRSA and CPE swabs</li> </ul>		
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### Evidenced Based Practice

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Evidenced Based Practice</b>		
Demonstrates the ability to access SOP's/ local guidance/Trust policies and apply to a care activity.		

### Defensible Documentation

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Defensible Documentation</b>		
Able to describe principles behind confidentiality and information governance		

### Mental Capacity

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Mental Capacity &amp; Safeguarding Adults</b>		
<ul style="list-style-type: none"> <li>• Understands the concept of Mental Capacity and how this may impact on the care delivered to patients.</li> <li>• Is aware of Local guidelines/policies related to Health, Safety &amp; Security, and deprivation of liberty risk assessment such as for mittens, bed rails</li> </ul>		
Demonstrates the ability to escalate any concerns to the registered nurse as a patient advocate		
Demonstrate practices that ensure safety for self, patient, and colleagues		
Demonstrates the ability to minimise potential sources of harm to the vulnerable individual		

### Leadership, Personal Awareness & Professional Development

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

Proficiency Statement	Date Achieved	Assessors Signature
<b>Demonstrating Personal Qualities</b>		
Understanding of the scope and boundaries of the HCSW role		
Self-awareness		

Continuing professional development		
Acting with integrity		
Prioritising tasks		
Identify and reflect on your own behaviour		
Carry out care and tasks and escalate any concerns of challenges to the registered nurse		
Manage time constructively		
Use feedback to improve performance		
Make effective use of learning opportunities		
Use reflection to learn from previous experiences		

### ICU Preparation for Procedures

This proficiency statement is about demonstrating the ability to prepare and set up equipment for specific patient interventions

Proficiency Statement	Date Achieved	Assessors Signature
<b>ICU Preparation for Procedures</b>		
Has read the patient and relative ICU information leaflets and ICU Steps information leaflets.		
Demonstrate preparation of trolley for the following as per Trust policy:		
➤ Urinary catheterisation		
➤ Central line insertion		
➤ Chest drain insertion		
➤ Tracheostomy procedure		
➤ Bronchoscopy		
➤ Arterial line insertion		
➤ The taking of a blood sample from an arterial line (specialised training and competency) – <b>Optional Minimum Band 3</b>		
➤ Demonstrates cleaning the bronchoscope		
➤ Demonstrates unpacking pharmacy and discusses drug security issues		

### *Completion of trust training for extended roles in line with local policy and role scope*

Proficiency Statement	Date Achieved	Supervisor/Assessors Signature
<b>Task</b>		
Peripheral cannulation		
Venepuncture		
Female catheterisation		

12 lead ECG		
Open suction from tracheostomy		
Closed suction from tracheostomy/ET tube		