

HEALTH CARE SUPPORT WORKER – RESOURCE PACK (for employees & employers)



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The HCSW resource pack for employers and employees is a working document. It will be updated when new material becomes available.

Version history

Version 1 was published on August 2020

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Introduction

With the introduction of the new GMS contract in 2018 and the [Transforming Nursing Roles: Developing the general practice nursing role in integrated community nursing team's](#) (paper 6) document. The need for suitable learning opportunities for Health Care Support Workers became an area that required attention. Therefore the Health Care Support Worker Strategic group meeting reconvened, with the first meeting taking place on the 14th of January 2019. Part of the remit for this group is to:

- Enable service redesign that will lead to improved HCSW education / support
- Ensure that current education and service provision is analysed identifying gaps, overlaps
- To develop guidance, education and best practice to support the refreshed role of the HCSW within general practice

In response to this remit various new opportunities have been developed and promoted through email and Clinical Knowledge Publisher (IT system). These include modules added to the core HCSW course, online learning from BHF, RESPe, CHSS etc, plus study days from CRUK. Whilst developing these learning opportunities. The HCSW strategic group highlighted the need for accompanying guidance/information to be developed parallel to these opportunities. Including how these skills could be utilised in practice.

The aim of this booklet is to bring all this information together and includes:

- Information of available courses/study days/elearning
- Information on where to access support
- Information on how the knowledge/skills learned can be utilised in practice
- Guidance/protocol frameworks for clinical tasks (see appendix 2)
- Information on ensuring patient safety i.e. use of competency sign off etc (see appendix 3).

We hope you find this document useful. If you have any comments regarding it please contact:

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Induction for new HCSW

Right at the start of a HCSWs career there are useful resources that will support them and their employers to meet their learning needs, promote patient safety and develop the role within practice. The below are some links and resources that we hope you will find useful (please note that some of this guidance states 'Mandatory,' as it is mandatory for NHS staff):

[NES HCSW central](#) –Information, guidance and documentation such as:

- Induction standards workbook
- HCSW framework

[NHSScotland HCSW code of conduct](#)

[Community learnpro](#) – It is recommended that HCSWs complete the below modules:

- Health and Safety – an introduction
- Standard infection control precautions
- Reducing risk of violence and aggression
- Equality, diversity and human rights
- Public protection (adult & child)
- Safe information handling
- COLD chain

If you wish for your HCSW to complete these, modules but they don't have a community learnpro account, please contact Ian.Mackie@ggc.scot.nhs.uk who will be able to help you.

[RCN First steps](#) – The HCSW strategic group would recommended that the clinical elements in this resource are used in conjunction with the HCSW core course

Governance

It is recognised by the HCSW strategic group that it is pivotal that day one of the core course covers governance topics, which may be new to the HCSW ([Core Course information](#)). It promotes the individual to reflect on what their new role is/may look like in practice and their accountability and limitations within that role.

The college uses documents produced by NHSScotland and NHSGGC to support the individuals learning.

The course will provide the HCSW with a strong foundation of knowledge and skills required for various clinical situations. Ensuring that they are able to carry out safe, evidence based practice. There is an expectation that knowledge gained in the core course i.e. good practice, person centred care, patient safety etc, are developed and embedded in an individual's Continual Professional Development. Therefore it is recommended that HCSWs complete this course first, before going on to complete other learning opportunities.

The learning and advice given throughout this document is for a level 2/3 HCSW as defined in the Transforming Nursing Roles document. This document states that:

- At all times the HCSW acts under the delegation and supervision of a registered practitioner
- Supervision of the HCS may be remote or direct
- The HCSW understands and is able to carry out reflective practice
- The HCSW undertakes delegated well defined routine clinical and non- clinical duties within limits of competency
- Following an initial assessment of the patient/client by the registered practitioner and under guidance and supervision, while following set protocols and procedures, the HCSW carries out routine elements of assessment to enhance the patient/client journey
- The HCSW possesses an awareness and relative understanding of what is 'normal' concerning their patients/clients wellbeing and reports that which is out with 'normal' to a registered professionals

For the complete list of areas of practice relating to level 2/3 please refer to the Transforming nursing roles document, paper 6. The HCSW group advise that this paper is used as guidance for supporting the development of the HCSW role within General Practice.

It is the responsibility of practices to ensure HCSWs are competent in the daily tasks that they carry out. The group recommends that this is completed through use of additional training, supervision and mentorship. If you have any concerns or questions about indemnity in relation to developing/broadening HCSW roles, please contact your medical defence organisation.

To support practices with the development of the HCSW role, a generic job description has been developed. Practices can use/adapt this document to fit the needs of their practice (see appendix 1).

Mentor/Supervision

Definition of mentor

‘A person who gives a younger or less experienced person help and advice over a period of time, especially at work or school’ (Cambridge English Dictionary).

Definition of Supervision

‘The act of watching a person or activity and making certain that everything is done correctly, safely, etc’ (Cambridge English Dictionary).

This document recommends that all HCSWs have allocated supervisors/mentors (see above definitions). These roles can be taken on by two different individuals, or one individual can interchange between the roles; dependant on HCSWs needs, i.e. when an individual is learning a new skill, mentorship in practice is invaluable. The HCSW group promotes the use of mentors and signing of competencies (see appendix 3 for documentation). In equal importance to this is the ongoing supervision of a HCSW (as outlined in the Transforming nursing roles document) for patient safety and quality of care. As is yearly appraisal [HCSW Appraisal document](#)



HCSW Role and supporting Learning opportunities

Glasgow Clyde College Core Course (level 2/3)

The Glasgow Clyde HCSW course was developed in 2012, to support the changing role of the HCSW in General Practice. Since this time the course has continued to develop/change to meet these needs. It has seen the inclusion of different modules including person centred care, respiratory; while other modules have ceased due to the changing environment of primary care. For example the wound management module will now be delivered as a separate module. Please see [Health Care Support Worker Core Course brochure](#) for more information.

To enrol in this course a HCSW **must** be working in General Practice and have the support of their employers and a named mentor to support clinical practice. The mentor must assess competency of the HCSWs in each individual clinical task, this must be recorded in the HCSWs competency workbook and signed off by the mentor. At this point the competency booklet must be returned to the college where the final sign off will be done and competency certificate dispatched to the HCSW.

HCSW core course - modules:

Introduction to competencies	Basic life support and anaphylaxis	Taking a temperature, blood pressure, pulse,	Person centred care Communication skills
Role and responsibility	Infection control	Taking a height, weight, BMI, specimen collection, urinalysis	Communication skills
Accountability and limitations	Flu immunisation	Chaperoning	
Principles of good practice	Vitamin B12 injection	Management of challenging behaviour	
Health and safety	Venepuncture	Vulnerable adults	

After completing this course, it is envisioned that HCSWs/practices will continue with the above principles of mentorship and competency to ensure patient safety; when an individual learns a new topic/clinical skill.

It is recommended that following this course the HCSW has a period of consolidation to develop skills, knowledge and confidence. There is no specific time frame set for this; the HCSW group recommend that this is assessed through supervision and evidence of practice/reflection.

HCSW role and learning opportunities continued

Hypertension

Module	Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p><u>HCSW Core course:</u></p> <ul style="list-style-type: none"> ●Blood Pressure ●Height ●Pulse ●Weight ●BMI ●Phlebotomy ●Infection Control ●Urinalysis 	<p>Guidance to ensure clinical skills are carried out accurately and safely. Enabling HCSW to carry out a basic BP, Pulse and BMI and to perform phlebotomy.</p>	<ul style="list-style-type: none"> ●How to calculate BMI ●How to take a manual Blood pressure ●Recognise normal/high results ●How to take a weight ●How to take a Height ●How to calculate BMI ●Anatomy of veins and artery in arm ●Clean technique ●How to perform phlebotomy – including time to practice 	<ul style="list-style-type: none"> ●HCSW will be able to take an accurate BP and recognise when the result is out with normal limits and seek assistance from GPN/GP when necessary ●Carry out a urine dipstick for protein ●Collect the following bloods tests (and inform patient of bloods tests being taken): <ol style="list-style-type: none"> 1.. U&Es and eGFR 2.. Glucose (Fasting glucose preferable) 3 Lipid profile (fasting profile preferable) ●HCSW will be able to raise the issue of healthy lifestyles including alcohol and smoking and signpost 	<ul style="list-style-type: none"> ●HCSW should have completed relevant training before carrying out a health check ●HCSW should have evidence that they have completed competencies in these areas ●The HCSW should be supervised in this role, this may be remote. However the HCSW should have a named person on shift that they can highlight concerns to. Or seek support if required ●HCSWs should have access to relevant protocols (see appendix 2)
<p>Health Behaviour change (4 hour face-face) Health behaviour change training</p>	<ul style="list-style-type: none"> ●Identify factors which influence decisions to change and consider health inequalities ●Introduction to communication skills including open questioning, 	<ul style="list-style-type: none"> ●Information on how to raise the issue of health behaviour change ●Explores opportunities to raise health behaviour change within their current role ●Discusses difficulties and barriers around raising the issue of health 		

<p>Online learning: Alcohol awareness Tobacco awareness Community learnpro</p> <p>MUST Community learnpro</p>	<p>reflecting, giving feedback and summarising</p> <ul style="list-style-type: none"> • Describe the range of services that can provide support to individuals to enable lifestyle change • Identify opportunities in your own practice to incorporate conversations about change. <p>•To provide individual with current information and guidelines.</p> <p>•To inform individuals how to raise this issue of alcohol and smoking</p> <p>Information on assessing individual malnutrition status</p>	<p>behaviour change</p> <ul style="list-style-type: none"> •Information on available services <ul style="list-style-type: none"> •What alcohol is •What a unit is •Know what the guidelines say •Available services •Describe what tobacco is •Explain the health risks of smoking and the benefits of quitting •Describe evidence based stop smoking treatments and services 	<p>patients on to relevant services where appropriate</p> <ul style="list-style-type: none"> •Document information of review accurately into practice system 	
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HCSW role and Learning opportunities continued

Basic health check

Module/Learning skills	Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p><u>HCSW Core course:</u></p> <ul style="list-style-type: none"> ●Blood Pressure ●Height ●Pulse ●Weight ●BMI <p>Health Behaviour change (4 hour face-face) Health behaviour change training</p>	<ul style="list-style-type: none"> ●To provide information and guidance to ensure clinical skills are carried out accurately and safely ●Enabling HCSW to carry out a basic BP, Pulse and BMI <ul style="list-style-type: none"> ●Identify factors which influence decisions to change and consider health inequalities ●Introduce communication skills including open questioning, reflecting, giving feedback and summarising ● Describe the range of services that can provide support to individuals, to enable lifestyle change ● Identify opportunities to 	<ul style="list-style-type: none"> ●How to take a manual Blood pressure ●Recognise normal/high results ●How to take a weight ●How to take a Height ●How to calculate BMI <ul style="list-style-type: none"> ●Information on how to raise the issue of health behaviour change ●Explores opportunities to raise health behaviour change within their current role ●Discusses difficulties and barriers around raising the issue of health behaviour change ●Information on available services 	<ul style="list-style-type: none"> ●HCSW will be able to carry out routine, basic health checks ●HCSW will be able to raise the issue of healthy lifestyles including alcohol and smoking and signpost patients on to relevant services where appropriate ●Document information of review accurately into practice system 	<ul style="list-style-type: none"> ●HCSW should have completed relevant training before carrying out a health check ●HCSW should have evidence that they have completed competencies in these areas ●The HCSW should be supervised in this role, this may be remote. However the HCSW should have a named person on shift that they can highlight concerns to. Or seek support if required

<p><u>Online learning:</u></p> <p>MUST Community learnpro</p> <p>Alcohol awareness Tobacco awareness Community learnpro</p>	<p>incorporate conversations about change</p> <ul style="list-style-type: none"> •To provide information on the MUST score and the importance of carrying out a MUST score. •To provide individual with current information and guidelines. •To inform individuals how to raise this issue of alcohol 	<ul style="list-style-type: none"> •What is MUST •What is Malnutrition •Why is it important to assess MUST <ul style="list-style-type: none"> •What alcohol is •What a unit is •Know what the guidelines say •Available services •Describe what tobacco is •Explain the health risks of smoking and the benefits of quitting •Describe evidence based stop smoking treatments and services 		<ul style="list-style-type: none"> •HCSW should have access to relevant protocols (see appendix 2)
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HCSW role and learning opportunities continued

Flu vaccination

Module	Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p>Core Course</p> <ul style="list-style-type: none"> ● Infection control ● Basic life support ● Anaphylaxis ● Injection technique <p>Online module Cold chain Community learnpro</p>	<p>To support the HCSW to safely carry out flu immunisation; this will be achieved by providing the HCSW with information:</p> <ul style="list-style-type: none"> ● about the influenza virus ● How the flu vaccine works ● How to safely deliver the flu vaccine ● Side effects <p>● Give assurance/confidence in potency of vaccine</p> <p>● Ensure maximum effectiveness/clinical benefit from immunisation</p>	<p>Administration of Vaccine</p> <ul style="list-style-type: none"> ● Patient Specific Directive ● What is influenza –types ● Flu symptoms ● Complications of flu ● Injection route ● Equipment ● Injection procedure ● Side effects of vaccine <p>● Storage</p> <ul style="list-style-type: none"> ● When to record fridge temperature ● When to investigate ● Expiry dates 	<ul style="list-style-type: none"> ● HCSW will safely carry out flu vaccinations under a Patient Specific Directive. ● HCSWs will accurately record administration of vaccination in practice system 	<ul style="list-style-type: none"> ● All patients should be seen by GP/appropriate prescriber before seeing HCSWs (in line for PSD guidance. See appendix 4) ● HCSW should have completed relevant training before carrying out procedure ● HCSW should have evidence that they have completed competencies in these areas ● The HCSW should be supervised in this role, this may be remote. However the HCSW should have a named person on shift that they can highlight concerns to. Or seek support if required.

HCSW role and learning opportunities continued

Vitamin B12 injection

Module/Learning skills	Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p>Core course</p> <ul style="list-style-type: none"> •Infection control •Basic life support •Anaphylaxis •Injection technique 	<p>To support the HCSW to safely carry out administration of Vitamin B12 injection.</p> <p>This will be achieved by providing the HCSW with information:</p> <ul style="list-style-type: none"> •about Vitamin B12 •How to safely deliver the injection •Side effects 	<ul style="list-style-type: none"> •What is Vitamin B12 deficiency •Symptoms of Vitamin B12 deficiency •Treatment •Injection procedure 	<ul style="list-style-type: none"> •HCSW will safely and in line with protocol carry out Vitamin B12 injection •HCWs will accurately record administration of vaccination in practice system 	<ul style="list-style-type: none"> •All patients should be seen by GP/appropriate prescriber before seeing HCSWs. Patient should have individual prescription GP10 •HCSW should have completed relevant training before carrying out procedure •HCSW should have evidence that they have completed competencies in these areas <p>The HCSW should be supervised in this role, this may be remote. However the HCSW should have a named person on shift that they can highlight concerns to. Or seek support if required.</p>

HCSW role and learning opportunities continued

Health Promotion (this can be carried out at any patient appointment)

Module/Learning skills	Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p>Core course Core</p> <ul style="list-style-type: none"> •Communication skills •Person centred care <p>Health Behaviour change (4 hour face-face) Health behaviour change training</p>	<ul style="list-style-type: none"> •Knowledge of communication skills •Knowledge of what person centred care means •How to implement person centred care in daily routine appointments •Identify factors which influence decisions to change and consider health inequalities •Introduce communication skills including open questioning, reflecting, giving feedback and summarising • Describe the range of services that can provide support to individuals to enable lifestyle change • Identify opportunities in own practice to incorporate 	<ul style="list-style-type: none"> •What is communication •Communication skills – definitions •OARS •What is person centred care •What does it mean for the individual and the organisation •HCSW role in person centred care 	<ul style="list-style-type: none"> •It is anticipated that the HCSW can have a role in informing the individual what will happen at their long term condition review with GPN and advise them of what health behaviour change questions may be asked (or these may be asked at this appointment). •They can provide the individual with leaflets and advise them to write down any questions they may have or wish to discuss. •The HCSW can also have a vital role in 	<ul style="list-style-type: none"> •HCSW has all relevant healthy lifestyle guidance available to them •HCSW should have completed relevant training before carrying out a health check. •All individuals should have been assessed by health care professional before appointments/clinics are delegated to HCSW •HCSW should have evidence that they have completed competencies in these areas •The HCSW should be supervised in this role, this may be remote. However the HCSW should have a named person on

<p>Health and wellbeing – including prevention and screening HCSW learning tables</p>	<p>conversations about change.</p> <ul style="list-style-type: none"> •To provide HCSW with the most up to date evidence based evidence. •Tools to carry out brief interventions •Knowledge of screening programmes •Knowledge of cancer prevention 	<p>There are various different learning opportunities in this section. The CRUK deliver two sessions that discuss:</p> <p>Prevention Screening Barriers</p> <p>Other modules build on this to enable HCSW feel confident to raise the issue of weight management, smoking, alcohol etc.</p>	<p>supporting someone to make a behaviour change following an individual’s long term condition review. This can be done by supporting/discussing what is important to the patient and the goals they have agreed in their care plan with the GPN</p>	<p>shift that they can highlight concerns to. Or seek support if required.</p>
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HCSW role and learning opportunities continued

Near Patient Testing

Module/Learning skills	Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p><u>Core course</u> Phlebotomy Infection control</p> <p>NPT module Requires development</p> <ul style="list-style-type: none"> •Information on medicine and what they are used for. Side effects for each drug •How often an individual should be monitored 	<ul style="list-style-type: none"> •HCSW is knowledgeable of the medication they are doing Near Patient Testing for. •HCSW is able to signpost/provide information on drug and side effects to individual •HCSW is able to competently perform phlebotomy •HCSW is knowledge able of questions to ask individuals 		<ul style="list-style-type: none"> •HCSW will be delegated the role of carrying out near patient testing clinical tasks. Including phlebotomy and asking specific questions regarding individual drugs (see protocols) •HCSW will document in clinical system outcome of near patient testing appointment and inform relevant prescriber of any abnormalities highlighted during appointment. 	<ul style="list-style-type: none"> •HCSW should have completed relevant training before carrying out a health check. •All individuals should have been assessed by health care professional before appointments/clinics are delegated to HCSW •HCSW should have evidence that they have completed competencies in these areas •The HCSW should be supervised in this role, this may be remote. However the HCSW should have a named person on shift that they can highlight concerns to. Or seek support if required •HCSW should have access to relevant protocols (see appendix 2)

HCSW role and learning opportunities continued

Respiratory module (to be developed)

Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p>To increase knowledge and understanding of:</p> <ul style="list-style-type: none"> •What is - Asthma and COPD •What is peak flow, how to take Peak flow and document result •How to show individuals how to take inhaler correctly •How to take oxygen saturation levels •Recognise side effects •Recognise emergencies •Awareness of educational leaflets and supporting services such as pulmonary rehab •Awareness of asthma action plans •Awareness of what is involved in an Asthma review 	<ul style="list-style-type: none"> •Function of lungs (to be added) •Asthma - what is it - effect on lungs •Peak flow - considerations technique, age, heath, gender, and other factors that could affect reading, i.e. singer • Procedure of doing •Taking a peak flow •PF value does not stand in isolation and should not on its own dictate management. •Awareness of worsening symptoms and inhaler need •Recording result •COPD – what is it – effect on lungs •Medication - Inhalers <ul style="list-style-type: none"> •Reliever inhalers •Preventer inhalers •Common errors •Side effects •How to show someone how to use 	<p>Anticipated role/skill of HCSW (after completion of course) in General Practice</p> <p>The HCSW (level 2/3) will work under direction and instruction from registered professional (Supervision may be remote or direct). To carry out repetitive, routine and familiar tasks, following set protocols and procedures to support individuals self manage their condition (post assessment of GP/PN) by:</p> <ul style="list-style-type: none"> • Identifying individuals who is unable to use inhaler correctly and refer individual back to GP/PN •Accesses help immediately, if 	<ul style="list-style-type: none"> •All level 2/3 HCSWs should work under direction and instruction from registered professional at all times; this may be remotely; however HCSW should always have a registered professional that they can speak to on shift. •All level 2/3 HCSWs should have their competency in each clinical skill assessed by a registered health professional •GP/ANP/PN should assess/identify individuals suitable to be seen by HCSW •HCSW should have access to relevant protocols (see appendix 2)

	<p>inhaler</p> <ul style="list-style-type: none"> ●Other medication used for Asthma ●Breathlessness/emergencies <p>How to take oxygen saturation level, importance of other factors ie patient norm</p> <ul style="list-style-type: none"> ●Clinical practice ●What is an action asthma plan when and how should it be used ●Awareness of what CAT and MRC scales are ●Awareness of increased risk of depression and anxiety ●Available support service 	<p>anyone is showing symptoms of breathlessness or whose clinical readings are out of range.</p> <ul style="list-style-type: none"> ●Providing follow up support for individuals who require more time to gain supported self-management skills i.e. <ul style="list-style-type: none"> ➢ Making lifestyle ➢ Inhaler technique ➢ Available support services ➢ Provide leaflets, signpost to websites: - Asthma UK, my lungs my life, CHSS, NHSinform 	
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HCSW role and learning opportunities continued

Sexual health module (to be developed)

Aim/outcomes of module	Content of the module includes:	Anticipated role/skill of HCSW (after completion of course) in General Practice	Patient safety
<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> •available contraception including benefits/disadvantages •Awareness of contraindication for combined/POP pills •Awareness of Blood Born Viruses •Knowledge of a sexual health screen •Awareness of FMG •Sexual abuse 	<ul style="list-style-type: none"> •Basic anatomy and physiology •Health risk assessment – why is it important to ask questions •Pregnancy – planning – health lifestyles •Importance of Cervical screening (covered in CRUK signpost to session if individual has not completed this) •Contraception choices •BBV Testing –when test should be done and how to carry these out •Female Genital Mutilation •Sexual abuse 	<ul style="list-style-type: none"> •To gather information re patients health status before healthcare professional prescribes combined and progesterone only pill (during face to face consultation) •Complete contraception template accurately •Chaperoning •Blood tests for HIV and Syphilis •Informing individuals how to take self swab for Chlamydia •Ensure male urine sample for Chlamydia is in correct container (abbott) and labelled correctly •Sending & documenting tests carried out •To inform individuals of different choices of contraception – if patient is considering change appointment should be made for PN •Inform/support patients who 	<ul style="list-style-type: none"> •Glasgow Clyde Core course should be completed before individual can access this module •Protocols should be available for HCSWs to carry out the task safely •Competency of clinical tasks should be observed, documented and signed off by a healthcare professional •Tasks must be delegated by healthcare professional and supervised (this can be remote) •HCSW should have a supervisor that they can go to throughout the day •Individual considering change in contraception should have an appointment made to see PN •HCSW should only see individuals who are routinely coming for repeat prescriptions. Individuals who are starting contraception have missed pills should be seen by a nurse prescriber.

		are thinking of becoming pregnant with lifestyle information/support i.e. stopping smoking, alcohol etc sign posting to services	•HCSW should have access to relevant protocols (see appendix 2)
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Job Title: General Practice Health Care Assistant		Job Ref No (Recruitment use only)
Band:	Place of Work:	Hours of Work:
Organisational chart outline: <pre> graph TD A[] --- B[] B --- C[] B --- D[] B --- E[] </pre>		
Purpose of Job: <p>Working under the supervision (indirect) of the and in accordance with practice policies and protocols. The Healthcare Support Worker will assist the practice deliver routine clinical tasks to named patients, to provide the optimum level of care to the patient population.</p>		

Main Duties and Responsibilities: (all clinical tasks should be carried out using practice protocols)

(These should be tailored by the practice to reflect the particular duties of the post)

- Basic Health Screening
- New patient health checks
- Venepuncture
- Height and Weight measurements
- Lifestyle assessment/advice i.e. smoking status, BMI
- Urinalysis
- Pulse check
- Temperature check
- Hypertension clinics
- Diabetes foot check
- Chaperone for patients as required
- Maintain/update patient records
- Monitor and record fridge temperatures
- Carry out stock checking and ordering
- Peak flow
- O2 saturations

Scope of practice

- Will work under direction and instruction from registered professionals
- Will carry out repetitive, routine and familiar tasks during their working day
- Will establish and maintain relationships with patients, relatives and staff
- Through experience and instruction, a HCA will develop an awareness of what is normal concerning their patient/clients' wellbeing and report that which is out with normal to registered professionals
- Will work on their own initiative concerning their own workload within their role remit which will consist of delegated tasks.
- Will plan and prioritise their own work tasks and activities
- Can communicate both routine and sensitive information to patients, clients, relatives and staff
- Will recognise risk in relation to care provision
- As a co-producer will work with patients/clients with varying levels of dependence. At times they may be considered a 'lone worker' and as such will carry out and undertake familiar tasks with minimum supervision
- Will be able to recognise patients/clients response to care and will recognise the basic care needs of patients/clients
- Shows awareness of patient advocacy and wider patient/client issues
- Comply with health and safety of patients and the environment
- Comply with the confidentiality of patient, staff and organisation
- Contribute with security of the premises and its contents
- Contribute to the prevention and management of accidents or incidents
- Will understand and be able to carry out reflective practice

Systems and Equipment: (please list below)

Clinical:

Blood pressure monitor
Pulse oximeter
Tympanic thermometer
Monitoring fridge temperature

IT systems:

Is able to utilise practice software and recall systems to record accurate consultations

Communications and Relationships:

- Communicates effectively with patients and carers, recognising patients' rights and Responsibilities
- Works as a member of the practice clinical team, seeking advice, guidance and support, communicating concerns to appropriate member of staff
- Is able to vary the style and level of communication with patients and carers in order to meet differing levels of understanding

EDUCATION AND DEVELOPMENT

- Will have or will work towards SCQF level ..
- Will participate in the induction of new staff and contribute to staff orientation programmes
- Through appraisal and personal development plan will identify own personal training needs
- Will undertake any necessary skills training, professional updates and mandatory training as appropriate to the post and as directed

Health and Safety at Work

It is the responsibility of all staff to be aware of their duties under the Health and Safety at Work Act and under specific local or departmental Health and Safety Policies.

In order to protect the safety of the public, patients and staff safety, all employees are responsible for:

1. Completing an Adverse Event form every time an incident or potential incident occurs
2. Reporting both clinical and non-clinical adverse incidents
3. Reporting all defects
4. Reporting all complaints
5. Communicating a dangerous situation to anyone who could be at risk
6. Attending mandatory and statutory training
7. Within their own area of competence, assessing risk and appropriate reporting to their manager

Confidentiality/Data protection

Follows practice confidentiality policy

Protocols

[HCA Protocol - Oral Contraceptive Review](#)

[HCA Protocol Progesterone Only Pill](#)

[HCA Protocol - Blood Pressure](#)

[HCA Protocol - Inhaler Technique](#)

[HCA Protocol - NPT 5-ASA Mesalazine and Olsalazine-v2.pdf](#)

[HCA Protocol - Aldosterone Antagonists Spironolactone, Eplerenone](#)

[HCA Protocol - NPT Denosumab](#)

[HCA Protocol - Leflunomide](#)

[HCA Protocol Oral or Parenteral Methotrexate](#)

[HCA Protocol - NPT Penicillamine](#)

[HCA Protocol - Sodium Aurothiomalate Myocrisin](#)

[HCA Protocol - NPT sulfasalazine](#)

[HCA Protocol - O2-Saturation](#)

[HCA Protocol -Peak Flow](#)

[HCA Protocol - Pulse](#)

[HCA Protocol - Urinalysis](#)

Rationale for Protocol

This protocol aims to assist GP practices manage the administration of vaccine, particularly seasonal influenza vaccine, by those healthcare staff **not** qualified to work under PGD.

Health Care Support Workers are **not** qualified to work under a PGD. It is essential that a Patient Specific Directive (PSD) is used when these staff are part of vaccination clinics.

Pre-Clinic activity

Ensuring that patients are safely vaccinated is everyone's responsibility. Practice managers and administrative staff are often called upon to manage the call-recall systems for vaccination clinics.

Prior to organising any vaccination clinic or activity in which administration of vaccine will be undertaken by an individual not qualified to work under a PGD e.g.

Healthcare Assistant. Staff should be aware of the legal requirements around vaccination and what constitutes a PSD.

The **practice administration** should ensure that:

- For large vaccination clinics e.g. seasonal flu they have identified a prescriber e.g. GP to assume overall responsibility for management of the vaccination clinic.
- If they are asked produce lists of patients for a clinic, ensure that the list is passed to an appropriate GP or prescriber for approval. (Even if they have been provided with search criteria by the health board).
- The individual who will be administering vaccine (vaccinator) has appropriate competencies to undertake this task e.g. CPR, anaphylaxis training, administration technique
- The vaccinator will not be working in isolation at any time.
- Administration staff, prescriber and vaccinators as appropriate have read and signed that they understand this document.
- They retain copies of the signatures on file.

A **prescriber e.g. GP** should:

- Assess those patients who will be called to the clinic, identifying the type of vaccine e.g. inactivated or live as appropriate.
- Ensure that an appropriate prescription e.g. GP10 or private prescription has been generated for supply of the vaccine to be administered.
- For large vaccination clinics e.g. seasonal flu where vaccine is supplied centrally. Sign or electronically approve a list of those patients identified as suitable for the clinic.
- Be available to discuss queries regarding patients called to the clinic. (Immediately before or after if not during the clinic itself).
- Annotate patient notes if they direct that the vaccine is used 'off licence' or the vaccinator has raised a query.