edexcel

Pearson Edexcel Level 3 Diploma for Health Screeners

Specification

NVQ/Competence-based qualifications

First registration April 2016

Pearson

Edexcel, BTEC and LCCI qualifications

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All information in this specification is correct at time of publication.

ISBN 978 1 446 93304 6

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1 Introducing Edexcel NVQ/Competence-based qualifications

What are NVQ/Competence-based qualifications?

National Vocational Qualifications (NVQs)/Competence-based qualifications 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/Competence-based qualifications are based on recognised occupational standards for the appropriate sector. Occupational standards define what employees, or potential employees, must be able to do and know, and how well they should undertake work tasks and work roles. These standards are written in broad terms to enable employers and providers to apply them to a wide range of related occupational areas.

NVQs/Competence-based qualifications are outcomes-based with no fixed learning programme, therefore allowing flexible delivery to meet the individual learner's needs. At Level 2 and above, these qualifications are recognised as approved training and development courses for employees that have been in the workplace for some time or as a way of inducting, training and developing new entrants into the workplace. Qualifications at Level 1 can be used in Traineeships, which enables progression to entry level employment or to Apprenticeship programmes.

Learners will work towards their qualification in the workplace or in settings that replicate the working environment as specified in the assessment requirements. Colleges, training centres and/or employers can offer these qualifications as long as they have access to appropriate physical and human resources and have the necessary quality assurance systems in place.

Sizes of NVQ/Competence-based qualifications

All qualifications have a Total Qualification Time (TQT) value that indicates the size of the qualification.

TQT is defined as '*the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification*'.[1]

TQT consists of:

(a) the number of hours assigned for guided learning (GL)

(b) an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by, but not under the immediate guidance or supervision of a teacher, tutor, assessor or other appropriate provider of education or training.

[1] *Total Qualification Time Criteria, For All Qualifications* (Ofqual/15/5775)

Some qualifications may also have a credit value, which is equal to one tenth of the TQT, rounded to the nearest whole number.

Pearson consults with users of these qualifications in assigning TQT and credit values.

Edexcel NVQs/Competence 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).

2 Qualification summary and key information

Qualification title	Pearson Edexcel Level 3 Diploma for Health Screeners
Qualification Number (QN)	601/8682/3
Regulation start date	31/03/2016
Operational start date	01/04/2016
Approved age ranges	16 – 18 19+ Please note that sector-specific requirements or regulations may prevent learners of a particular age from embarking on this qualification. Please refer to the assessment requirements in *Section 8 Assessment*.
Total Qualification Time (TQT)	507 hours
Guided learning (GL)	301 hours
Credit value	50
Assessment	Portfolio of evidence (internal assessment)
Grading information	The qualification and units are graded pass/fail.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification. However, centres must follow the Pearson Access and Recruitment policy (see *Section 7 Access and recruitment*).
Funding	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.

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. The qualification title, unit titles and QN will appear on each learner's final certificate. Centres should tell learners this when recruiting them and registering them with Pearson. There is more information about certification in our *UK Information Manual,* available on our website, qualifications.pearson.com

3 Qualification purpose

Qualification objectives

The Pearson Edexcel Level 3 Diploma for Health Screeners is for learners who work in, or want to work in the health care sector.

The qualification gives learners the opportunity to:

- develop the technical skills, role-related knowledge and understanding and behaviours required to work in job roles such as abdominal aortic aneurysm screener, diabetic eye screener, diabetic eye Grader, diabetic eye screener grader and newborn hearing screener.
- demonstrate competence in the relevant job roles
- have existing skills recognised
- achieve a nationally-recognised Level 3 qualification
- develop their own personal growth and engagement in learning.

Relationship with previous qualifications

This is a new qualification and therefore does not replace any previous qualifications.

Progression opportunities

Learners who achieve the Pearson Edexcel Level 3 Diploma for Health Screeners can progress to roles such as screeners for abdominal aortic aneurysm, diabetic eye and newborn hearing. Learners could also progress to other qualifications in the healthcare suite.

Industry support and recognition

This qualification is supported by Skills for Health, the Sector Skills Council for Health in the UK.

4 Qualification structure

Pearson Edexcel Level 3 Diploma for Health Screeners (Abdominal Aortic Aneurysm Screener)

The learner will need to meet the requirements outlined in the table below before the qualification can be awarded.

Number of mandatory credits that must be achieved	50
Minimum number of credits that must be achieved at Level 3 or above	38

Unit number	Mandatory units	Level	Credit	Guided learning
1	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	3	3	10
2	Promote Communication in Health, Social Care or Children's and Young People's Settings	3	3	10
3	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	3	2	8
4	Promote and Implement Health and Safety in Health and Social Care	3	6	43
5	Principles of Safeguarding and Protection in Health and Social Care	2	3	26
6	Promote Person-centred Approaches in Health and Social Care	3	6	41
7	The Role of the Health and Social Care Worker	2	2	14
8	Promote Good Practice in Handling Information in Health and Social Care Settings	3	2	16
9	The Principles of Infection Prevention and Control	2	3	30
10	Causes and Spread of Infection	2	2	20
11	Cleaning, Decontamination and Waste Management	2	2	20
12	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	3	1	5

Unit number	Mandatory units	Level	Credit	Guided learning
13	Health Screening Principles	3	2	10
14	Principles of Abdominal Aortic Aneurysm Screening and Treatment	3	3	10
15	Principles of Ultrasound for Abdominal Aortic Aneurysm Screening	3	4	21
16	Undertake Abdominal Aortic Aneurysm Screening	3	6	17

Pearson Edexcel Level 3 Diploma for Health Screeners (Diabetic Eye Screener)

The learner will need to meet the requirements outlined in the table below before the qualification can be awarded.

Number of mandatory credits that must be achieved	59
Minimum number of credits that must be achieved at Level 3 or above	47

Unit number	Mandatory units	Level	Credit	Guided learning
1	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	3	3	10
2	Promote Communication in Health, Social Care or Children's and Young People's Settings	3	3	10
3	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	3	2	8
4	Promote and Implement Health and Safety in Health and Social Care	3	6	43
5	Principles of Safeguarding and Protection in Health and Social Care	2	3	26
6	Promote Person-centred Approaches in Health and Social Care	3	6	41
7	The Role of the Health and Social Care Worker	2	2	14
8	Promote Good Practice in Handling Information in Health and Social Care Settings	3	2	16
9	The Principles of Infection Prevention and Control	2	3	30
10	Causes and Spread of Infection	2	2	20
11	Cleaning, Decontamination and Waste Management	2	2	20
12	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	3	1	5
13	Health Screening Principles	3	2	10
17	Anatomy, Physiology and Pathology of the Eye	3	6	29

Unit number	Mandatory units	Level	Credit	Guided learning
18	Understand Diabetes and Diabetic Retinopathy	3	4	13
19	Prepare for Diabetic Retinopathy Screening	3	4	26
20	Undertake Diabetic Retinopathy Imaging	3	5	35
26	Understand how to Safeguard the Wellbeing of Children and Young People	3	3	25

Pearson Edexcel Level 3 Diploma for Health Screeners (Diabetic Eye Grader)

The learner will need to meet the requirements outlined in the table below before the qualification can be awarded.

Number of mandatory credits that must be achieved	58
Minimum number of credits that must be achieved at Level 3 or above	46

Unit number	Mandatory units	Level	Credit	Guided learning
1	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	3	3	10
2	Promote Communication in Health, Social Care or Children's and Young People's Settings	3	3	10
3	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	3	2	8
4	Promote and Implement Health and Safety in Health and Social Care	3	6	43
5	Principles of Safeguarding and Protection in Health and Social Care	2	3	26
6	Promote Person-centred Approaches in Health and Social Care	3	6	41
7	The Role of the Health and Social Care Worker	2	2	14
8	Promote Good Practice in Handling Information in Health and Social Care Settings	3	2	16
9	The Principles of Infection Prevention and Control	2	3	30
10	Causes and Spread of Infection	2	2	20
11	Cleaning, Decontamination and Waste Management	2	2	20
12	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	3	1	5
13	Health Screening Principles	3	2	10
17	Anatomy, Physiology and Pathology of the Eye	3	6	29

Unit number	Mandatory units	Level	Credit	Guided learning
18	Understand Diabetes and Diabetic Retinopathy	3	4	13
21	Detect Retinal Disease and Classify Diabetic Retinopathy	4	8	25
26	Understand how to Safeguard the Wellbeing of Children and Young People	3	3	25

Centres should be aware that in the Level 3 qualification structure above, learners will be required to meet the demands of a unit at Level 4. Centres are advised to consider the support, guidance and opportunities they give to learners to meet the demands of the higher-level unit(s) during delivery and assessment of the qualification.

Pearson Edexcel Level 3 Diploma for Health Screeners (Diabetic Eye Screener Grader)

The learner will need to meet the requirements outlined in the table below before the qualification can be awarded.

Number of mandatory credits that must be achieved	67
Minimum number of credits that must be achieved at Level 3 or above	55

Unit number	Mandatory units	Level	Credit	Guided learning
1	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	3	3	10
2	Promote Communication in Health, Social Care or Children's and Young People's Settings	3	3	10
3	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	3	2	8
4	Promote and Implement Health and Safety in Health and Social Care	3	6	43
5	Principles of Safeguarding and Protection in Health and Social Care	2	3	26
6	Promote Person-centred Approaches in Health and Social Care	3	6	41
7	The Role of the Health and Social Care Worker	2	2	14
8	Promote Good Practice in Handling Information in Health and Social Care Settings	3	2	16
9	The Principles of Infection Prevention and Control	2	3	30
10	Causes and Spread of Infection	2	2	20
11	Cleaning, Decontamination and Waste Management	2	2	20
12	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	3	1	5
13	Health Screening Principles	3	2	10
17	Anatomy, Physiology and Pathology of the Eye	3	6	29

Unit number	Mandatory units	Level	Credit	Guided learning
18	Understand Diabetes and Diabetic Retinopathy	3	4	13
19	Prepare for Diabetic Retinopathy Screening	3	4	26
20	Undertake Diabetic Retinopathy Imaging	3	5	35
21	Detect Retinal Disease and Classify Diabetic Retinopathy	4	8	25
26	Understand how to Safeguard the Wellbeing of Children and Young People	3	3	25

Centres should be aware that in the Level 3 qualification structure above, learners will be required to meet the demands of a unit at Level 4. Centres are advised to consider the support, guidance and opportunities they give to learners to meet the demands of the higher-level unit(s) during delivery and assessment of the qualification.

Pearson Edexcel Level 3 Diploma for Health Screeners (Newborn Hearing Screener)

The learner will need to meet the requirements outlined in the table below before the qualification can be awarded.

Number of mandatory credits that must be achieved	56
Minimum number of credits that must be achieved at Level 3 or above	44

Unit number	Mandatory units	Level	Credit	Guided learning
1	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	3	3	10
2	Promote Communication in Health, Social Care or Children's and Young People's Settings	3	3	10
3	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	3	2	8
4	Promote and Implement Health and Safety in Health and Social Care	3	6	43
5	Principles of Safeguarding and Protection in Health and Social Care	2	3	26
6	Promote Person-centred Approaches in Health and Social Care	3	6	41
7	The Role of the Health and Social Care Worker	2	2	14
8	Promote Good Practice in Handling Information in Health and Social Care Settings	3	2	16
9	The Principles of Infection Prevention and Control	2	3	30
10	Causes and Spread of Infection	2	2	20
11	Cleaning, Decontamination and Waste Management	2	2	20
12	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	3	1	5
13	Health Screening Principles	3	2	10
22	The Ear and Hearing	3	2	7
23	Prepare to Undertake a Newborn Hearing Screen	3	5	44

Unit number	Mandatory units	Level	Credit	Guided learning
24	Undertake an Automated Auditory Brainstem Response (AABR) Newborn Hearing Screen	3	4	23
25	Undertake an Automated Oto-acoustic Emissions (AOAE) Newborn Hearing Screen	3	5	28
26	Understand how to Safeguard the Wellbeing of Children and Young People	3	3	25

5 Programme delivery

Centres are free to offer these qualifications using any mode of delivery (for example full-time, part-time, evening only, distance learning) that meets learners' needs. Learners must be in employment or working with a training provider on a programme so that they can develop and demonstrate the occupational competence required.

Whichever mode of delivery is used, centres must make sure that learners have access to specified resources and to the sector specialists delivering and assessing the units. Centres must adhere to the Pearson policies that apply to the different modes of delivery. Our policy on *Collaborative arrangements for the delivery of vocational qualifications* is available on our website.

There are various approaches to delivering a successful competence-based qualification. The section below outlines elements of good practice that centres can adopt in relation to learner recruitment, preparation and support, training and assessment delivery, and employer engagement.

Elements of good practice

Learner recruitment, preparation and support

Good practice in relation to learner recruitment, preparation and support includes:

- providing initial advice and guidance, including work tasters, to potential learners to give them an insight into the relevant industry and the learning programme
- using a range of appropriate and rigorous selection methods to ensure that learners are matched to the programme best suited to their needs
- carrying out a thorough induction for learners to ensure that they completely understand the programme and what is expected of them. The induction should include, for example, the requirements of the programme, an initial assessment of current competency levels, assessment of individual learning styles, identification of training needs, an individual learning plan, details of training delivery and the assessment process. It is good practice to involve employers in the induction process. This helps them to understand what will be taking place during the programme and enables them to start building a relationship with the centre to support the effective delivery of the programme
- keeping in regular contact with the learner to keep them engaged and motivated, and ensuring that there are open lines of communication between the learner, the assessor, the employer and teaching staff.

Training and assessment delivery

Good practice in relation to training and assessment delivery includes:

- offering flexible delivery and assessment to meet the needs of the employer and learner, through the use of a range of approaches, for example virtual learning environments (VLEs), online lectures, video, printable online resources, virtual visits, webcams for distance training, e-portfolios
- planning opportunities for the development and practising of skills on the job. On-the-job training presents an excellent opportunity to develop the learner's routine expertise, resourcefulness, craftspersonship and business-like attitude. It is therefore important that there is intentional structuring of practice and guidance to supplement the learning and development provided through engagement in everyday work activities. Learners need to have structured time to learn and practise their skills separate from their everyday work activities. Teaching and learning methods, such as coaching, mentoring, shadowing, reflective practice, collaboration and consultation, could be used in this structured on-the-job learning
- developing an holistic approach to assessment by matching evidence to different assessment criteria, learning outcomes and units as appropriate, thereby reducing the assessment burden on learners and assessors. It is good practice to draw up an assessment plan that aligns the units with the learning process and the acquisition of knowledge and skills, and which indicates how and when the units will be assessed
- discussing and agreeing with the learner and employer suitable times, dates and work areas where assessment will take place. Learners and employers should be given regular and relevant feedback on performance and progress.

Employer engagement

Good practice in relation to employer engagement includes:

- communicating with employers at the start of the programme to understand their business context and requirements so that the programme can be tailored to meet their needs
- working with employers to ensure that learners are allocated a mentor in the workplace to assist them in the day-to-day working environment and to act as a contact for the assessor/tutor
- helping employers to better understand their role in the delivery of the programme. It is important that employers understand that sufficient and relevant work must be given to learners in order to provide a culture of learning and to ensure that they are given every opportunity to participate in aspects of continuous professional development (CPD).

6 Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

- Centres must have the appropriate physical resources to support delivery and assessment of the qualification. For example, a workplace in line with industry standards, or a Realistic Working Environment (RWE), where permitted, as specified in the assessment principles for the sector, equipment, IT, learning materials, teaching rooms.
- Where RWE is permitted, it must offer the same conditions as the normal, day-to-day working environment, with a similar range of demands, pressures and requirements for cost-effective working.
- Centres must meet any specific human and physical resource requirements outlined in the assessment principles in *Annexe A*. Staff assessing learners must meet the occupational competence requirements within the overarching assessment principles for the sector.
- There must be systems in place to ensure continuing professional development for staff delivering the qualification.
- Centres must have appropriate health and safety policies, procedures and practices in place for the delivery and assessment of the qualification.
- Centres must have in place robust internal verification systems and procedures to ensure the quality and authenticity of learners' work as well as the accuracy and consistency of assessment decisions between assessors operating at the centre. For information on the requirements for implementing assessment processes in centres, please refer to the *NVQ Quality Assurance Centre Handbook* and the *Pearson Edexcel NVQs, SVQs and competence-based qualifications – Delivery Requirements and Quality Assurance Guidance* on our website.
- Centres must deliver the qualification in accordance with current equality legislation. For further details on Pearson's commitment to the Equality Act 2010, please see *Section 7 Access and recruitment*. For full details on the Equality Act 2010, visit www.legislation.gov.uk

7 Access and recruitment

Our policy on access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from barriers that restrict access and progression
- there should be equal opportunities for all wishing to access the qualifications.

Centres must ensure that their learner recruitment process is conducted with integrity. This includes ensuring that applicants have appropriate information and advice about the qualification to ensure that it will meet their needs.

Centres should review applicants' prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

Prior knowledge, skills and understanding

No prior knowledge, understanding, skills or qualifications are required for learners to register for this qualification.

Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's *Equality Policy* requires all learners to have equal opportunity to access our qualifications and assessments and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

For learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification. Please see the information regarding reasonable adjustments and special consideration in *Section 8 Assessment*.

8 Assessment

To achieve a pass for this qualification, the learner must achieve all the units required in the stated qualification structure.

Language of assessment

Assessments for the units in this qualification are in English only.

A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications*. The document is available on our website.

Internal assessment

The units in this qualification are assessed through an internally and externally quality assured Portfolio of Evidence made up of evidence gathered during the course of the learner's work.

Each unit has specified learning outcomes and assessment criteria. To pass each unit the learner must:

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

The learner must have an assessment record that identifies the assessment criteria that have been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

It is important that the evidence provided to meet the assessment criteria for the unit and learning outcomes 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.

Learners can provide evidence of occupational competence 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 programme. The evidence provided must meet the assessment requirements for the qualification
- the **Recognition of Prior Learning (RPL)** – where a learner can demonstrate that they can meet a unit's assessment criteria through knowledge, understanding or skills they already possess without undertaking a course of development. They must submit sufficient, reliable, authentic and valid evidence for assessment. Evidence submitted that is based on RPL should give the centre confidence that the same level of skill, understanding and knowledge exists at the time of claim as existed at the time the evidence was produced. RPL is acceptable for accrediting a unit, several units, or a whole qualification.
- Further guidance is available in our policy document *Recognition of Prior Learning Policy and Process*, available on our website.
- a combination of these.

Assessment requirements

The assessment principles for the qualification are included in *Annexe A*. It sets out the overarching assessment principles and the framework for assessing the units to ensure that the qualification remain valid and reliable. It has been developed by Skills for Health in partnership with employers, training providers, awarding organisations and the regulatory authorities.

Types of evidence

To achieve a unit, the learner must gather evidence that shows that they have met the required standard specified in the assessment criteria, Pearson's quality assurance arrangements (please see *Section 10 Quality assurance of centres*) and the requirements of the assessment strategy given in *Annexe A*.

In line with the assessment strategy, evidence for internally-assessed units can take a variety of forms as indicated below:

- 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 (S)
- professional discussion (PD)
- authentic statements/witness testimony (WT)
- expert witness testimony (EWT)
- evidence of Recognition of Prior Learning (RPL).

Learners can use the abbreviations in their portfolios for cross-referencing purposes.

Learners can also use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. It is not necessary for learners to have each assessment criterion assessed separately. They should be encouraged to reference evidence to the relevant assessment criteria. However, the evidence provided for each unit must clearly reference the unit being assessed. Evidence must be available to the Assessor, the Internal Verifier and the Pearson Standards Verifier.

Any specific evidence requirements for a unit are given in the *Assessment* section of the unit.

Further guidance on the requirements for centre quality assurance and internal verification processes is available on our website. Please see *Section 12 Further information and useful publications* for details.

Assessment of knowledge and understanding

Knowledge and understanding are key components of competent performance, but it is unlikely that performance evidence alone will provide sufficient evidence for knowledge-based learning outcomes and assessment criteria. Where the learner's knowledge and understanding is not apparent from performance evidence, it must be assessed through other valid methods and be supported by suitable evidence. The evidence provided to meet these learning outcomes and assessment criteria must be in line with the Skills for Health Assessment Principles. Any specific assessment requirements are stated in the *Unit assessment requirements* section of each unit in *Section 11 Unit format*.

Appeals

Centres must have a policy for dealing with appeals from learners. Appeals may relate to incorrect assessment decisions or unfairly conducted assessment. The first step in such a policy is a consideration of the evidence by a Lead Internal Verifier or other member of the programme team. The assessment plan should allow time for potential appeals after learners have been given assessment decisions.

Centres must document all learners' appeals and their resolutions. Further information on the appeals process can be found in our *Enquiries and Appeals about Pearson vocational qualifications policy,* available on our website.

Dealing with malpractice

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications and/or may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details on malpractice and advice on preventing malpractice by learners, please see *Pearson's Centre Guidance: Dealing with Malpractice*, available on our website.

Internal assessment

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with Mal*practice document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives more information and examples, and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during Pearson examinations. We ask centres to complete JCQ Form M1 (www.jcq.org.uk/malpractice) and email it with any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc) to the Investigations Team at pqsmalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations Team by submitting a JCQ M2(a) form (downloadable from www.jcq.org.uk/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff, anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist.

Incidents of maladministration (accidental errors in the delivery of Pearson qualifications that may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Heads of centres/principals/chief executive officers or their nominees are required to inform learners and centre staff suspected of malpractice of their responsibilities and rights, please see *Section 6.15 JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures*.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results/certificates while an investigation is in progress. Depending on the outcome of the investigation, results and/or certificates may not be released or they may be withheld.

We reserve the right to withhold certification when undertaking investigations, audits and quality assurances processes. You will be notified within a reasonable period of time if this occurs.

Sanctions and appeals

Where malpractice is proven, we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- mark reduction for affected external assessments
- disqualification from the qualification
- debarment from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures we may impose sanctions such as:

- working with you to create an improvement action plan
- requiring staff members to receive further training
- placing temporary blocks on your certificates
- placing temporary blocks on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from the head of centres (on behalf of learners and/or members or staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in our *Enquiries and Appeals policy*, on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team (via pqsmalpractice@pearson.com) who will inform you of the next steps.

Reasonable adjustments to assessment

Centres are able to make adjustments to assessments to take account of the needs of individual learners in line with the guidance given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*. In most instances, adjustments can be achieved by following the guidance; for example allowing the use of assistive technology or adjusting the format of the evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or working within the occupational area.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Both documents are on our website.

Special consideration

Centres must operate special consideration in line with the guidance given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*. Special consideration may not be applicable in instances where:

- assessment requires the demonstration of practical competence
- criteria have to be met fully
- units/qualifications confer licence to practice.

Centres cannot apply their own special consideration; applications for special consideration must be made to Pearson and can be made only on a case-by-case basis. A separate application must be made for each learner and certification claims must not be made until the outcome of the application has been received.

Further information on special consideration can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications*.

Both of the documents mentioned above are on our website.

9 Centre recognition and approval

Centre recognition

Centres that have not previously offered Pearson competence-based qualifications need to apply for and be granted centre recognition and approval as part of the process for approval to offer individual qualifications.

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver Pearson vocational qualifications is available on our website.

Approvals agreement

All centres are required to enter into an approval agreement, which is a formal commitment by the head or principal of a centre, to meet all the requirements of the specification and any associated codes, conditions 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.

10 Quality assurance of centres

Quality assurance is at the heart of vocational qualifications. Centres are required to declare their commitment to ensuring quality and to giving learners appropriate opportunities that lead to valid and accurate assessment outcomes.

Centres must follow quality assurance requirements for standardisation of assessors and internal verifiers and the monitoring and recording of assessment processes. Pearson uses external quality assurance procedures to check that all centres are working to national standards. It gives us the opportunity to identify and provide support to safeguard certification and quality standards. It also allows us to recognise and support good practice.

Centres offering competence-based qualifications will usually receive two standards verification visits per year (a total of two days per year). The exact frequency and duration of standards verifier visits will reflect the centre's performance, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers.

Where a centre is offering stand-alone NVQs/Competence-based qualifications in the same sector as a full BTEC Apprenticeship, the same Standards Verifier should be allocated. If a centre is also offering stand-alone BTEC qualifications in the same sector as a full BTEC Apprenticeship, a different quality assurance model applies.

In order for certification to be released, confirmation is required that the National Occupational Standards (NOS) for assessment and verification, and for the specific occupational sector are being met consistently.

For further details, please go to the *NVQ Quality Assurance Centre Handbook* and the *Pearson Edexcel NVQs, SVQs and competence-based qualifications – Delivery Requirements and Quality Assurance Guidance* on our website.

11 Unit format

Each unit has the following sections.

Unit number

The number is in a sequence in the specification. Where a specification has more than one qualification, numbers may not be sequential for an individual qualification.

Unit title

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

Level

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

Unit type

This says if the unit is mandatory or optional for the qualification. See information in *Section 4 Qualification structure* for full details.

Credit value

All units in this qualification have a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only.

Guided learning (GL)

The activity of a learner in being taught or instructed by – or otherwise participating in education or training under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training. The activity of 'participating in education or training' includes the activity of being assessed, if the assessment takes place under the Immediate Guidance or Supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

Pearson has consulted with users of the qualification and has assigned a number of hours to this activity for each unit.

Unit summary

This summarises the purpose of the unit and the learning the unit offers.

Unit assessment requirements

This outlines the requirements for the assessment of the unit. Learners must provide evidence according to each of the requirements stated in this section.

Learning outcomes

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

Assessment criteria

The assessment criteria specify the standard the learner is required to meet to achieve a learning outcome.

Unit amplification

This section clarifies what a learner needs to know to achieve a learning outcome. Currently amplification is only provided for units 1 – 12, and 26 within this specification.

Unit 1: Engage in Personal Development in Health, Social Care or Children's and Young People's Settings

Level:	**3**
Unit type:	**Mandatory**
Credit value:	**3**
Guided learning:	**10 hours**

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.

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 amplification

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

Duties and responsibilities of own work role: contractual responsibilities e.g. hours, lines of reporting; specific roles and responsibilities e.g. behaviour support, supporting children and young people with special educational needs, supporting bilingual children and young people; compliance with policies and procedures of setting e.g. 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 e.g. 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 e.g. role to support child or young person with special educational needs, expectations to meet standards e.g. 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 own 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 e.g. 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; focused; use a structured approach; appropriate way of recording e.g. a reflective journal/diary, learning log, diary, critical incident journal; reflective questions e.g. description (what happened, what was the context); analysis (what went well and why, what did not go well and why, how do I feel about it, why I did what I did); theory (what needs to be done differently, why); action (what needs to be done next and 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, e.g. motivation, conformity, co-operation, consistency, respect, fairness, creativity, previous experiences of learning; ways own values affect practice positively and negatively, e.g. 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 e.g. 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 e.g. 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 e.g. 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 e.g. 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, e.g. 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 e.g. formal lessons, training programmes/sessions, research activities, observing practice, practical activities; practice affected e.g. by applying newly learned theories, using different approaches

How reflective practice leads to improved ways of working: examples of ways in which 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 of reflective journal to consider progress made; evidence of achievements, e.g. certificates; review goals and actions in light of progress

Unit 2: Promote Communication in Health, Social Care or Children's and Young People's Settings

Level: 3

Unit type: Mandatory

Credit value: 3

Guided learning: 10 hours

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.

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
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			
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 amplification

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, e.g. 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, e.g. 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 of communication e.g. 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, e.g. complex, sensitive, formal, non-formal; context of communication, e.g. 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: non-verbal communication (e.g. eye contact, touch, gestures, body language, behaviour) verbal communication (e.g. vocabulary, linguistic tone, pitch, pace), signing, symbols, touch, music and drama, objects of reference; technological aids to communication

Responding to reactions: verbal responses e.g. tone, pitch, silence; non-verbal responses, e.g. 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 e.g. age, gender, culture, socio-economic status; differences in verbal communication, e.g. language, vocabulary, dialect, intonations; non-verbal, e.g. facial expressions, use of body language, eye contact, gestures

Barriers to effective communication: language, e.g. dialect, use of jargon, sector-specific vocabulary; environmental, e.g. noise, poor lighting; emotional and behavioural, e.g. 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, e.g. hearing aids, induction loop, telephone relay services; human aids, e.g. 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, e.g. 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, e.g. the Data Protection Act 1998

Maintaining confidentiality in day-to-day communication: confidentiality in different inter-personal situations e.g. 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 e.g. 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 e.g. 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

Unit 3: Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings

Level:	**3**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning:	**8 hours**

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.

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 amplification

1 **Understand the importance of diversity, equality and inclusion**

Diversity: differences between individuals and groups e.g. 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 work place setting; inclusive practices and procedures; challenging discrimination; promoting rights; empowering; removing barriers e.g. 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 work place setting; Human Rights Act 1998; Disability Discrimination Act 2005; Special Educational Needs and Disability Act 2001; Race Relations (Amendment) Act 2000; Equality Act 2010; European Convention on Human Rights

Interactions: e.g. colleagues, adults using services, children and young people in childcare settings; active listening; knowledge of individuals e.g. 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 e.g. 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

Unit 4: Promote and Implement Health and Safety in Health and Social Care

Level:	**3**
Unit type:	**Mandatory**
Credit value:	**6**
Guided learning:	**43 hours**

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.

Unit assessment requirements

Learning Outcomes 2, 4, 5, 6, 7 and 8 must be assessed in a real work environment. This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

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 e.g. Health and 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 (RIDDOR) 1995, Control of Substances Hazardous to Health Regulations (COSHH) 2002

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, e.g. specific action to take, reporting procedures and completing relevant documentation; how to deal with first aid situations, e.g. understanding specific hygiene procedures, dealing with blood and other body 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, e.g. understanding moving and handling procedures; policies relating to the use of equipment, e.g. understanding how to use mechanical or electrical equipment, such as mechanical hoists; understanding healthcare procedures, e.g. key aspects of administering personal care, procedures for individuals with specialised needs; policies relating to food handling and preparation, e.g. understanding food hygiene regulations; policies relating to infection control and dealing with hazardous substances, e.g. 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, e.g. 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 co-operating with others on health and safety; importance of the correct use of anything provided for individual health, safety or welfare, e.g. 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, e.g. 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, e.g. special clothing, gloves or masks; checks, e.g. 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, e.g. 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, e.g. 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 (e.g. equipment, machinery); importance of regular review and updating (e.g. policies, procedures and agreed ways of working); reporting identified risks immediately; importance of reporting any changes (e.g. 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 HSE five-step recommendations for risk assessment and minimising risks and hazards:

1 identify the hazards (differentiate between a hazard i.e. anything that may cause harm, such as chemicals or working at a height, and a risk i.e. the chance that somebody could be harmed by the identified hazard)

2 decide who might be harmed and how (e.g. staff may be injured by using improper lifting procedures, family members or visitors may be harmed by faulty equipment)

3 evaluate the risks and decide on precautions in order to minimise the risk (e.g. 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 such as first aid or hand washing facilities)

4 record your findings and implement them (e.g. using agreed procedures and documentation)

5 review your assessment and update if necessary on a regular basis

Additional support or information: understanding how to access information from organisations such as the HSE (e.g. information leaflet "*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 e.g. slips and trips, falls, needlestick injuries, burns and scalds, injuries from operating machinery or specialised equipment, electrocution, accidental poisoning; sudden illness e.g. 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, e.g. 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 e.g. 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, e.g. airborne, direct contact, indirect contact; understand measures which can minimise the spread of infection, e.g. 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: using liquid soap dispensers; using detergents intended for hands and not unsuitable detergents, e.g. 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

Follow the Department of Health eight-step recommended procedure of:

1 wet hands and apply soap. Rub palms together until soap is bubbly

2 rub each palm over the back of the other hand

3 rub between your fingers on each hand

4 rub backs of fingers (interlocked)

5 rub around each of your thumbs

6 rub both palms with finger tips

7 rinse hands under clean running water

8 dry hands with a clean towel

Own health and hygiene: importance of basic personal hygiene measures in reducing the spread of infection e.g. 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 plasters or suitable dressings e.g. 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 e.g. Health and Safety at Work Act 1974; Manual Handling Operations Regulations 1992 (MHOR); regulations from the HSE covering manual handling risk factors and how injuries can occur

Safe moving and handling: the key principles of avoid, e.g. the need for hazardous manual handling assess e.g. the risk of injury from any hazardous manual handling, reduce e.g. the risk of injury from hazardous manual handling; the importance of assessment, e.g. the task, load, working environment and individual capability; reducing the risk of injury e.g. musculoskeletal disorders: avoiding hazardous manual handling; the importance of correct posture and technique; working in teams - the importance of a co-ordinated approach and good communication; using mechanical aids where necessary e.g. 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: Control of Substances Hazardous to Health (COSHH) regulations 2002 include substances that are corrosive e.g. acid, irritant e.g. cleaning fluids, toxic e.g. medicines, highly flammable e.g. solvents, dangerous to the environment e.g. chemicals, clinical waste, germs that cause diseases e.g. legionnaires' disease; materials that are harmful e.g. used needles, potentially infectious e.g. used dressings, body fluids e.g. blood, faeces, vomit

Safe practices with hazardous substances and materials: understand the importance of training; understand 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 e.g. 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 e.g. inhaling, contact with the skin or eyes, swallowing or skin puncture, understand and be able to use control measures e.g. universal precautions for dealing with blood and other body fluids; know how and when to use protective clothing where necessary e.g. 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 e.g. use of clinical waste bags; understand the importance of protecting others e.g. using a sharps box for used needles, understand the importance of protecting the environment e.g. disposal of dangerous chemicals; be able to minimise the spread of infection e.g. 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 e.g. the danger from lit cigarettes, naked flames, hot surfaces, faulty electrical equipment; the importance of regular checks on electrical equipment e.g. PAT testing; the importance of staff training and vigilance in the workplace; risk assessment procedures; preventing fires from spreading through safe practices for e.g. 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 e.g. not overloading power sockets, checking for worn or faulty wiring, unplug appliances when not in use, keep electrical equipment away from water, never put anything metal in microwaves; importance of taking care with heating devices e.g. using approved covers on heaters and radiators, ensuring heaters are switched off or fully guarded at night; importance of taking care with naked flames e.g. 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, e.g. operating a fire alarm system; agreed procedures for alerting all personnel in the work setting; knowledge of basic fire fighting procedures e.g. use of different fire extinguishers, fire blankets or other fire safety equipment; understanding procedures for evacuation e.g. using designated routes, not using lifts, closing all doors; special evacuation procedures for very young children and individuals with mobility or other difficulties e.g. use of an evacuation 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 e.g. 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 e.g. checking official ID, signing in procedures, allocating visitor badges, the use of biometric security systems like fingerprint scanners; understanding and implementing agreed ways of working for checking the identity of anyone requesting access to information in the work setting e.g. 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 e.g. 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 e.g. 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 e.g. aches and pains, nausea, dizziness chest pain, rapid heartbeat; emotional signs and symptoms e.g. moodiness, irritability or short temper, agitation, inability to relax, feeling overwhelmed, sense of loneliness and isolation, depression or general unhappiness; cognitive signs and symptoms e.g. memory problems, inability to concentrate, poor judgement, constant worrying; behavioural signs and symptoms e.g. eating more or less, sleeping too much or too little, neglecting responsibilities, using alcohol, cigarettes, or drugs to relax, nervous habits like nail biting

Signs that indicate own stress: work factors e.g. 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 e.g. 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 e.g. internally or externally focused, emotional or solution focused; relaxation techniques e.g. massage, yoga, aromatherapy, listening to music; physical activity and exercise e.g. going for a run, joining a gym; social strategies e.g. meeting up with friends and family, volunteering or helping with community work; logical strategies e.g. making lists, prioritising; creative strategies e.g. music, painting or other artistic pursuits; faith strategies e.g. religion or other beliefs; the importance of emotional well being and resilience; understanding and recognising individual stressors and taking time out; compare and contrast different strategies and their effectiveness

Unit 5: Principles of Safeguarding and Protection in Health and Social Care

Level:	**2**
Unit type:	**Mandatory**
Credit value:	**3**
Guided learning:	**26 hours**

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.

Unit assessment requirements

This unit is assessed in the workplace, or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 well-being 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 amplification

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

Types of abuse: physical abuse e.g. hitting, shaking, biting, throwing, burning or scalding, suffocating, force feeding or otherwise causing physical harm to an individual; sexual abuse e.g. 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 e.g. bullying, invoking threats or fear, devaluing individual self-esteem, verbal abuse and swearing, imposing inappropriate expectations, conveying feelings of worthlessness, exploitation; financial abuse e.g. 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 e.g. 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 e.g. 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 e.g. 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 e.g. bruising, bite marks, burn marks, changes in behaviour, can lead to death in extreme cases; sexual abuse e.g. disturbed behaviour including self-harm, inappropriate sexualised behaviour, repeated urinary infections, depression, loss of self-esteem, impaired ability to form relationships; emotional abuse e.g. loss of self-esteem and self-confidence, withdrawn; financial abuse e.g. 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 e.g. loss of self-esteem and confidence, submissive behaviour, loss of control; self neglect or neglect by others e.g. unkempt appearance, weight loss, dehydration, signs of actual self-harm including cuts, withdrawn or submissive behaviour

Factors contributing to vulnerability: age e.g. elderly, young children; physical ability e.g. frail, immature development, physical disability or sensory impairment; cognitive ability e.g. maturity, level of education and intellectual understanding, learning difficulties; emotional resilience e.g. mental health difficulties, depression; stress e.g. impact of stressful life events including bereavement, divorce, illness or injury; culture or religion e.g. as a result of prejudice or discrimination, refugees and asylum seekers; socio-economic factors e.g. 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 e.g. of physical injuries; agreed procedures for using electronic records e.g. password protected systems; confidential systems for manual records e.g. security systems, access to evidence records; importance of timescales to ensure reliability and validity of evidence; secure storage of any actual evidence e.g. 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 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 e.g. social workers, care assistants, residential children's home workers; health services e.g. GPs, nurses, occupational therapists, health visitors; voluntary services e.g. 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 Co-ordinator

Reports on serious failures: serious case reviews on the abuse of children, young people and vulnerable adults, including e.g. 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 e.g. DfE, DoH; voluntary organisations e.g. NSPCC, Barnardos, The Ann Craft Trust; publications e.g. '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 fulfilment; 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 e.g. 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 e.g. published policy, high visibility, widespread distribution

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

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

Unit 6: Promote Person-Centred Approaches in Health and Social Care

Level:	**3**
Unit type:	**Mandatory**
Credit value:	**6**
Guided learning:	**41 hours**

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.

Unit assessment requirements

Learning Outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment. This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 well-being	6.1	Explain the links between identity, self image and self esteem			
		6.2	Analyse factors that contribute to the well-being 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 well-being			

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 amplification

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 e.g. 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 e.g. 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 e.g. 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 e.g. 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, e.g. 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 e.g. 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 e.g. changes in physical condition, changes in treatment needs or in response to individual choices

Complex or sensitive situations: situations which are distressing or traumatic e.g. bereavement; threatening or frightening e.g. potentially violent; likely to have serious implications or consequences of a personal nature e.g. involving confidential information; involving complex communication or cognitive needs e.g. 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 e.g. 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 e.g. 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 individuals' 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 e.g. team members, other professionals; how active participation can address the holistic needs of an individual e.g. physical, emotional, spiritual; theories of motivation and changing behaviour; using incentives e.g. 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 e.g. physical benefits, increased independence, autonomy and wellbeing; possible barriers to active participation e.g. learning difficulties, physical disability or language barriers; ways to reduce barriers to active participation e.g. 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 e.g. equality and human rights, disability discrimination

Support the individual: developing respectful relationships; the importance of non-judgemental communication and inclusive information; respect individuals' choices; the use of agreed risk assessment processes to support individuals in making choices, e.g. health and lifestyle choices, decisions about treatment or care; awareness of actual or likely danger or harm arising from choices made

e.g. 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 e.g. 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 e.g. 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 e.g. relating to healthy lifestyle decisions like smoking, drinking and obesity; assessing and considering the benefits and drawbacks e.g. relating to specific investigations or treatment decisions; calculating risks involved e.g. in relation to surgical procedures, invasive tests or life-threatening situations; judging decisions e.g. relating to care and support, end-of-life decisions; reviewing and monitoring progress e.g. 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

Unit 7: The Role of the Health and Social Care Worker

Level:	**2**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning:	**14 hours**

Unit summary

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

Unit assessment requirements

Learning Outcomes 2 and 3 must be assessed in a real work environment. This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 amplification

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, e.g. colleagues; between worker and manager, e.g. supervisory; relationships within teams, e.g. care planning team; between different health and social care workers, e.g. nurse and care assistant; relationships between different professionals, e.g. health and social care worker and legal advocate; professional relationships with others, e.g. 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, e.g. 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, e.g. health and safety, safeguarding, equal opportunities and inclusive working, security; implement agreed ways of working e.g. 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, e.g. 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 e.g. 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 e.g. through manager or supervisor, professional organisation, independent advisory organisations; knowing how and when to access support and advice about resolving conflicts e.g. in relation to professional disagreements, issues with individuals or their families, conflict with colleagues or managers; knowing how to access support e.g. through mentoring support, employment counselling, independent advisory organisations, trade unions

Unit 8: Promote Good Practice in Handling Information in Health and Social Care Settings

Level:	**3**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning:	**16 hours**

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.

Unit assessment requirements

Learning Outcomes 2 and 3 must be assessed in a real work environment. This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 amplification

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 e.g. Data Protection Act, Freedom of Information Act, Disability Discrimination Act, 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 e.g. 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 e.g. 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 e.g. 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 e.g. 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, e.g. encryption, secure passwords, electronic audit trails, secured IT networks, identity checks, security passes; understand how to ensure security when storing and accessing information, e.g. following information governance procedures, ensuring confidential information is not disclosed without consent, preventing accidental disclosure of information, practising 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, e.g. 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, e.g. 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, e.g. 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

Unit 9: The Principles of Infection Prevention and Control

Level:	**2**
Unit type:	**Mandatory**
Credit value:	**3**
Guided learning:	**30 hours**

Unit summary

This unit aims to introduce you 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. You will also gain an understanding of how to use personal protective equipment (PPE) correctly and the importance of good personal hygiene.

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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 of infection			
2	Understand legislation and policies relating to prevention and control of infections	2.1	Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection			
		2.2	Describe local and organisational policies relevant to the prevention and control of infection			
3	Understand systems and procedures relating to the prevention and control of infections	3.1	Describe procedures and systems relevant to the prevention and control of infection			
		3.2	Explain the potential impact of an outbreak of infection on the individual and the organisation			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
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			
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: _____

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

Unit amplification

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

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

Roles and responsibilities of non-care workers, e.g. gardeners, cooks, drivers, administrators: awareness of potential hazards within the setting, and reporting of hazards; awareness of general principles of cleanliness within the setting

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

Roles and responsibilities of specialist personnel, e.g. Infection Control Nurses, doctors, Environmental Health Officers, Health Protection Units: giving advice on minimising and preventing the spread of infection; working in teams to protect the community and large public organisations; investigating reports of threats to public and inpatient health; taking samples for analysis, enforcing compliance with relevant legislation; advising government, both local and national

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

Relevant sections from and general principles of: Health and Safety at Work Act (1974); Management of Health and Safety at Work (amended 2006) Regulations; Public Health (Control of Diseases) Act 1984; Food Safety Act 1990; The Public Health (Infectious Diseases) Regulations 1988; Control of Substances Hazardous to Health (COSHH) Regulations (2002), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR); The Food Safety (General Food Hygiene) Regulations (Department of Health 1995); The Environmental Protection (Duty of Care)(England) (Amendment) Regulations 2003; Health Protection Agency Bill; The Hazardous Waste (England and Wales) (Amendment) Regulations 2016; National Institute for Health and Care Excellence (NICE) Guidelines (2003)

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

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

Principles of relevant systems and procedures: isolation nursing; immunisation programmes for staff, e.g. HepB; national immunisation programmes, e.g. Dta/IPV/Hib, MMR, BCG, and new HPV for girls 12-13 years; safe practice procedures, e.g. sharps, food handling, waste management/management of spillages; procedures for the prevention of cross-contamination; organisational policies relating to admissions, discharge of individuals, following a death, reporting infectious/notifiable diseases, record keeping

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

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

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

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

Potential risks of infection within the workplace: locations, e.g. kitchens and bathrooms; poor hygiene habits of vulnerable service users; reusable equipment; care routines/clinical procedures; cracked tiles/peeling paint

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

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

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

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

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

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

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

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

Principles and procedures of hand hygiene: reasons for hand washing; products for use with hand washing, e.g. liquid soap, antibacterial wash solutions, alcohol gels; correct procedures for skin care; appropriate action for skin irritations/dermatological conditions

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

Unit 10: Causes and Spread of Infection

Level:	**2**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning:	**20 hours**

Unit summary

This unit is to enable you to understand the causes of infection and as a consequence, the common illnesses that may result from them. You will gain an understanding of the differences between both infection and colonisation, pathogenic and non-pathogenic organisms, the areas of infection and the types caused by different organisms. In addition, you will understand the methods of transmissions, the conditions needed for organisms to grow, the ways infection enters the body and key factors that may lead to infection occurring.

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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			

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(*if sampled*)

Unit amplification

1 Understand the causes of infection

Infection and colonisation: infection — cause of disease, passed from person to person, causes, signs and symptoms, e.g. may vary from mildly unwell to very serious/fatal; colonisation — how micro-organisms can establish themselves in their ideal environment but not necessarily cause disease

Microbes: aerobic; anaerobic; exogenous; endogenous; opportunists

Pathogenic organisms: cause disease; shapes, sizes and types of bacteria; virus; fungi; parasites

Non-pathogenic organisms: normal flora; helpful; protecting; symbiosis, e.g. probiotics

Systemic and localised infection: systemic infection — affecting whole systems of the body; localised infection — confined to a specific area of the body; localised can become systemic

Infections caused by pathogenic organisms: bacteria, e.g. tuberculosis, MRSA, C-difficile, tetanus, legionnaires disease, salmonella, conjunctivitis; viruses, e.g. measles, mumps, chickenpox, HIV, hepatitis B, poliomyelitis, warts, verrucae, common cold, influenza; fungal infections, e.g. thrush, ringworm, athletes foot

Parasite infestations: scabies; lice; head lice; fleas; threadworm; roundworm

Practices that may lead to infection: coughing; sneezing; poor personal hygiene; not washing hands between contact with individuals; poor use of PPE, e.g. not wearing uniform, not correctly cleaning or disposing of equipment

2 Understand the transmission of infection

Conditions required for growth: temperature; gases; nutrients; humidity; time

Key routes for infective agents: respiratory tract; urinary tract; digestive tract; skin (injured, uninjured); mucosal surfaces, e.g. mouth lining, conjunctiva of the eye, genital tract, placental route, body fluids route

Body fluids: vomit; tears; breast milk; semen; vaginal secretions; urine; blood; mouth and nose secretions; sweat; sputum

Transmission: individual; localised; epidemic; endemic; pandemic; spread; direct contact; droplet; air; flies; fingers; fomites; faeces; dust; water; food; animals; person to person; contaminated objects

Key factors that will determine the likelihood of infection occurring: prevalence; strength; immunisation or prior contact; compromised immune system; exposure; virulence; vulnerability

Chain of infection: infectious organism; reservoir; portal of exit; mode of transmission; portal of entry; susceptibility; breaking the chain of infection

Unit 11: Cleaning, Decontamination and Waste Management

Level:	**2**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning:	**20 hours**

Unit summary

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

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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			

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(*if sampled*)

Unit amplification

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

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

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

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

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

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

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

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

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

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

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

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

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

Relevant legislation: Controlled Waste Regulations 1992; Environmental Protection Act 1990; The Hazardous Waste (England and Wales) (Amendment) Regulations 2016; Public Health (Control of Disease) Act 1984; Control of Substances Hazardous to Health (COSHH) Regulations 2002

Safe practice procedures for disposing of sharps: reduction of risk of injury; definition of clean and dirty sharps; assembly of sharps containers and compliance with current standards (BS 7320: 1990, UN 3292); location of sharps containers; safe disposal of used sharps; locking sharps containers; use of gloves when handling sharps; risk assessment of work practices

Unit 12: Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings

Level: 3

Unit type: Mandatory

Credit value: 1

Guided learning: 5 hours

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.

Unit assessment requirements

This unit is assessed in the workplace or in conditions resembling the workplace as indicated in the Skills for Health Assessment Principles (see *Annexe A*). 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

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

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: _____

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Assessor signature: _____ Date: _____

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

Unit amplification

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

Duty of care in own work role: accountability e.g. for 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, e.g. protection from sexual, physical or emotional harm, preserving respect and dignity, engendering trust; protecting children and young people, e.g. safety in the environment, safe use of resources and equipment, prevention from intimidation or humiliation; protecting self, e.g. 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 e.g. attitudes, unsafe behaviour such as drug/alcohol abuse, truanting, staying out without permission, aggression and violence, bullying and intimidation, vandalism; individual's rights e.g. respect for views and actions, safety and security, love and belonging, education, equality

Managing risks: e.g. 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: e.g. 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: e.g. 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: e.g. acknowledgement of complaint, stages within procedure, report and recommendations, review and appeals

Unit 13: Health Screening Principles

Level:	**3**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning:	**10 hours**

Unit summary

The aim of this unit is to enable you to develop your knowledge and understanding of the principles of the NHS health screening programmes.

This unit will give you knowledge about the policies and procedures relating to NHS health screening programmes. You will be able to understand importance and requirements of informed choice and consent and understand the impact screening has on individuals. This unit also covers clinical governance, quality assurance standards and key performance indicators related to health screening.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Additional information

New screening programme

- Risks, benefits and limitations
- Defining target population
- Concept of "balance between benefit and harm"
- Quality assurance mechanisms.

Consent

This should include informed consent

Legal principles

- Why consent must be obtained
- When to obtain consent
- Who can obtain consent
- Who can legally give consent
- Use of interpreters

Individuals may include:

- Individual undergoing screening
- Partner/spouse
- Family
- Friends
- Carers

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the policies, procedures and principles of health screening	1.1	Define the following terms related to Health Screening: • Prevalence • Sensitivity • Specificity • False positives • False negatives			
		1.2	Describe what is meant by a screening pathway			
		1.3	List the current NHS Screening Programmes			
		1.4	Explain the conditions needed to be met before a **new screening programme** is approved to be rolled out nationally			
		1.5	Outline health screening policies and procedures within own area of work			
		1.6	Explain the difference between screening and diagnosis			
		1.7	Explain the benefits and limitations of NHS screening programmes			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Be able to follow the requirements for informed choice and **consent** in health screening	2.1	Summarise the legal requirements regarding: • Data Protection • Confidentiality			
		2.2	Explain what is meant by consent			
		2.3	Explain the **legal principles** of obtaining consent			
		2.4	Explain what is meant by informed choice			
		2.5	Explain why informed choice for individuals is important regarding screening			
		2.6	Explain how informed choice is facilitated in screening			
		2.7	Explain the issues surrounding individual consent prior to screening			
		2.8	Explain the role of the screener in facilitating informed choice and gaining consent			
		2.9	Explain the individual's right to exercise choice in screening			
		2.10	Obtain consent from the individual/carer for the screening event			
		2.11	Obtain consent from the individual / carer for the use of data			
		2.12	Describe the reasons why individuals may withdraw their consent			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Understand the impact screening may have on **individuals**	3.1	Describe the impact screening may have on individuals and their families			
		3.2	Describe the factors that could lead to individuals declining the offer of screening			
		3.3	Describe the responsibilities of health care staff in ensuring individuals are looked after along the whole screening pathway			
4	Understand the importance of quality assurance, standards and key performance indicators in health screening	4.1	Describe the internal and external quality assurance policies and procedures for own screening programme			
		4.2	Explain the importance of quality assurance and standards in health screening			
		4.3	Explain the importance of own programme's key performance indicators			
		4.4	Summarise the importance of failsafe systems within health screening			
		4.5	Explain the importance of maintaining accurate records of the screening cohort			
5	Understand the importance of clinical governance within own area	5.1	Explain what is meant by clinical governance			
		5.2	Explain the following within own role: • Practice limitations • Scope of practice			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

The screening pages of Gov.UK contain definitions for all terms related to screening along with an explanation of when they may be used and what they mean in practical terms to an individual

https://www.gov.uk/topic/population-screening-programmes

Scroll down to 'videos' on this page for more detail:

https://www.gov.uk/guidance/nhs-population-screening-explained

Assessment Criterion 1.2

In the NHS screening programmes screening is not just a 'test' it is a **pathway** whereby the individual offered screening is looked after appropriately from the invitation to be screened right through to the point of referral for treatment if he/she is found to have the condition being screened for.

The pathway has to include all the steps needed, e.g. giving the right information to help the individual decide if they wish to accept the offer of screening, having trained professionals, making the service accessible, making sure the test and follow up treatment is of high quality, safe and accessible and making sure there is support available for the individual along the whole pathway.

An NHS screening programme will only be put in place if all areas of the pathway can be covered safely. All areas of the pathway are subject to Quality Assurance also.

Assessment Criterion 1.3

All 11 NHS programmes are detailed here:

https://www.gov.uk/topic/population-screening-programmes

- NHS abdominal aortic aneurysm (AAA) programme
- NHS bowel cancer screening (BCSP) programme
- NHS breast screening (BSP) programme
- NHS cervical screening (CSP) programme
- NHS diabetic eye screening (DES) programme
- NHS fetal anomaly screening programme (FASP)
- NHS infectious diseases in pregnancy screening (IDPS) programme
- NHS newborn and infant physical examination (NIPE) screening programme
- NHS newborn blood spot (NBS) screening programme
- NHS newborn hearing screening programme (NHSP)
- NHS sickle cell and thalassaemia (SCT) screening programme

Assessment Criterion 1.4

There are clearly defined criteria for the recommendation of a screening programme. They include:

- issues regarding the reliability and accessibility and acceptability of the screening test
- availability of effective diagnostics and treatment
- the overall cost effectiveness of the programme.

A screening programme must do more good than harm at affordable cost.

The criteria are described and discussed on the Gov.UK pages here: https://www.gov.uk/guidance/evidence-and-recommendations-nhs-population-screening

https://www.gov.uk/government/publications/evidence-review-criteria-national-screening-programmes

and in the interactive screening module here:

http://www.healthknowledge.org.uk/interactive-learning/screening

Assessment Criterion 1.5

Most local screening programmes will have a handbook for screeners outlining local policies and guidance. This guidance will reflect the national service specifications which are available to see in detail under the 'commissioning' tab of each of the 11 screening programmes

https://www.gov.uk/guidance/evidence-and-recommendations-nhs-population-screening#screening-programmes

Assessment Criterion 1.6

Screening is the process of identifying healthy people who may be at increased risk of a particular disease or condition.

Screening is not diagnosis. Screening comprises a test, offered to an individual, to assess the risk of them being affected by the condition being screened for. If the screening test suggests the individual is at increased risk then they will be offered a diagnostic test to determine if they actually have the condition. There is a useful animation to explain this here:

https://www.gov.uk/guidance/nhs-population-screening-explained#illustration-of-the-screening-process

The NHS Choices pages also cover 'what screening is and is not' from a user perspective at:

http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx

Assessment Criterion 1.7

Screening is the process of identifying healthy people who may be at increased risk of a disease or condition.

The individual can then be offered information, further tests and/or treatment to reduce associated risks or complications and to improve outcome.

Limitations:

- Screening cannot detect all conditions
- Some individuals who are affected by the condition being screened for may be missed (false negatives)
- Some individuals will be picked up as at high risk when in fact they do not have the condition being screened for (false positives)

This can cause anxiety and stress. This animation explains the possible outcomes of screening (scroll down to the video section)

https://www.gov.uk/guidance/nhs-population-screening-explained

Because screening is not 100% sensitive or specific and can cause anxiety, it is important that individuals have access to up-to-date and accurate information in a format they can understand in order to reach a decision as to whether or not to accept the offer of screening.

Assessment Criterion 2.1

Everyone involved in screening will be exposed to data so it is very important that the correct procedures are followed at all times. Staff will have to undertake some form of mandatory training regarding local and national policy on data protection and confidentiality pertinent to their area of work.

The Data Protection Act (DPA) controls how personal information can be used and your rights to ask for information about yourself. You can access the DPA here:

https://www.gov.uk/data-protection

Everyone responsible for using data has to follow strict rules called 'data protection principles'. They must make sure the information is:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people's data protection rights
- kept safe and secure
- not transferred outside the European Economic Area without adequate protection

The NHS code of Practice regarding confidentiality can be accessed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

The above document clearly defines the code of confidentiality regarding patient information across the NHS: A duty of confidence arises when one person discloses information to another (e.g. patient to clinician, person to screener) in circumstances where it is reasonable to expect that the information will be held in confidence. It –

a is a legal obligation that is derived from case law;

b is a requirement established within professional codes of conduct; and

c must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures.

Assessment Criterion 2.2

NHS Choices offers a description of consent in relation to health care at

http://www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx

The following text is taken from the above link:

Consent to treatment is the principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician.

Consent is required from a patient regardless of the intervention – from a physical examination to organ donation.

The principle of consent is an important part of medical ethics and the international human rights law. It can be given:

- Verbally – for example, by saying they are happy to have an X-ray
- In writing – for example, by signing a consent form for surgery

Patients may passively allow treatment to take place – for example, by holding out an arm to show they are happy to have a blood test. However, since the capacity to consent has not been tested, and the benefits and risks have not been explained, this is not the same as consent (see below).

"Capacity" means the ability to use and understand information to make a decision, and communicate any decision made.

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. These terms are explained below:

- **Voluntary** – the decision to either consent or not to consent to treatment must be made by the person themselves, and must not be influenced by pressure from medical staff, friends or family.
- **Informed** – the person must be given all of the information in terms of what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments and what will happen if treatment does not go ahead.
- **Capacity** – the person must be capable of giving consent, which means they understand the information given to them, and they can use it to make an informed decision.

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected. This still stands even if refusing treatment would result in their death, or the death of their unborn child.

If a person does not have the capacity to make a decision about their treatment, the healthcare professionals treating them can go ahead and give treatment if they believe it is in the person's best interests. However, the clinicians must take reasonable steps to seek advice from the patient's friends or relatives before making these decisions.

Consent should be given to the healthcare professional directly responsible for the person's current treatment, such as the nurse arranging a blood test, the GP prescribing new medication or the surgeon planning an operation.

For more information see:

http://www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx

Department of Health (DH) guidance is here:

https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition

Assessment Criterion 2.3

The Department of Health (DH) guide: https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition explains the key legal principles of:

The process of seeking consent, the importance of establishing whether the person has capacity to give consent, what constitutes valid consent, the form that consent might take and the duration of that consent. It highlights the need to ensure that the consent is given voluntarily and that sufficient information has been imparted to allow valid consent to be made.

Assessment Criterion 2.4

In the above section, it clearly states that it is a legal requirement to ensure that the consent is given voluntarily and that sufficient information has been imparted to allow valid consent to be made.

Informed choice is a difficult concept to explain as it will mean different things to different people. When related to screening it can mean that individuals are able to make their minds up as to whether or not they wish to accept the offer of screening based on unbiased **information** which is up-to-date, comes at the right time in the decision making process and is in a format they can understand.

Assessment Criterion 2.6

Screening is a choice so making sure individuals understand that choice is very important and that is why the NHS screening programmes put a lot of effort and resource into providing information for people offered screening. This information needs to be supported by trained professionals who are knowledgeable about the whole screening pathway and can discuss areas with individuals in more detail.

The NHS screening programmes provide detailed written information for all 11 screening programmes

These can be downloaded from the individual programme pages at:

https://www.gov.uk/topic/population-screening-programmes

Some programmes have additional resources such as videos and decision making aids. These can be found on the NHS Choices pages here:

http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx

In addition the NHS screening programmes have a programme of education and many resources for healthcare staff to access which enable staff to facilitate informed choice. An example of this is the Resource Cards for Midwives and maternity care staff. This is a pocket sized resource detailing all facts and figures about the 6 antenatal and newborn screening programmes.

This can be used to inform discussions with women and their families: http://cpd.screening.nhs.uk/resource-cards

Assessment Criterion 2.7

The issues regarding individual capacity and consent are covered in the above sections.

In relation to screening specifically, the individual needs to be aware that screening is not diagnosis and that it will not offer 100% accuracy. The individual should be aware what will happen if they are identified as either 'at increased risk' or 'not at risk' of the condition screened for. All eventualities should be explained prior to obtaining consent for screening so the individual has the full picture of what may happen as a result of accepting the screening test.

Assessment Criterion 2.8

The screener needs to be knowledgeable about the whole screening pathway so they can offer up-to-date and accurate information to help people make their decisions re screening and to ensure they have all the information they need prior to consent. The screener should be able to determine if the individual needs information in alternative formats (e.g. translations) or further support in facilitating informed choice (e.g. an interpreter or further written information/decision making aids).

The screener also needs to make sure they are familiar with the screening programmes written information for the public and any other resources that may be available (e.g. decision making aids). They should ensure the person offered screening has received and had the opportunity to process this information.

The information screeners give needs to be unbiased and factual. The screener needs to document the decision re consent in the appropriate format as per the screening programme protocol and local procedures.

Assessment Criterion 2.9

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected.

Screening is a choice and all individuals can choose to accept or decline the offer of screening. Their decision to accept or decline needs to be documented.

Assessment Criterion 2.10

As per the NHS consent guidance if they are able to, consent is usually given by patients themselves. However, someone with parental responsibility may need to give consent for a child to have treatment (this is true for parents of newborn babies).

Read more about the rules of consent applying to children and young people here:

http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Children-under-16.aspx

Consent should be given to the healthcare professional directly responsible for the person's current treatment, in the case of screening this may be the screener carrying out the screening test (e.g. the hearing test on the new born baby, the eye examination of the child or adult with diabetes or the 65 year old man having a scan of his aorta).

Assessment Criterion 2.11

Guidance on data and consent specific to screening is detailed here:

https://www.gov.uk/government/publications/patient-confidentiality-in-nhs-population-screening-programmes

Assessment Criterion 2.12

Individuals may withdraw their consent to data sharing/storage for many reasons including:

- issues of confidentiality
- privacy
- previous experiences.

Whatever their reasons they are to be respected and actioned.

Consent can be withdrawn at any time.

Assessment Criterion 3.1

Many issues surrounding this area can be found on the NHS Choices pages here:

http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx the pages include patient stories

This e-Learning resource also discusses the possible outcomes of screening in personal terms, using screening for breast cancer as an example

http://www.healthknowledge.org.uk/interactive-learning/screening/chapter2

Screening always aims to do more good than harm but there are occasions where cases will be missed or people may be offered interventions which they don't need. Such instances can cause harm, anxiety and distress. There is also the possibility that screening may give false reassurance and individuals may ignore symptoms in the future. This is why well trained and knowledgeable staff and high quality information are so vital to the NHS screening programmes.

Assessment Criterion 3.2

The above example will help screeners to appreciate what factors may affect individual choice. Other factors could include:

- culture
- religion
- past experiences
- personal values and beliefs
- friend/relative experience
- fears and phobias.

Assessment Criterion 3.3

A screening programme supports people throughout the process, from invitation to referral (of anyone who is found to have a particular condition) for treatment and advice.

The screener needs to be aware of, and understand, the whole pathway so they can:

- facilitate the initial decision to accept or decline screening and
- be aware of 'who does what and when' so that they can refer appropriately, seek advice and communicate effectively with the whole multidisciplinary team involved.

Understanding the whole pathway and not just one small part of it will help support individuals throughout the whole screening process.

Assessment Criterion 4.1

National Quality Assurance (QA) processes are documented and explained here:

https://www.gov.uk/topic/population-screening-programmes/screening-quality-assurance

Screeners should familiarise themselves with local programme policy and procedures during their induction.

Assessment Criterion 4.2

QA in relation to screening is detailed here:

https://www.gov.uk/topic/population-screening-programmes/screening-quality-assurance

Programme standards can be accessed here:

https://www.gov.uk/government/collections/nhs-population-screening-programme-standards

Assessment Criterion 4.3

Key performance indicators (KPIs) for the NHS screening programmes measure how the screening programmes are performing. Each screening programme has KPIs attached to it which are collected locally and fed into a national reporting system every quarter. The KPIs will have been selected as areas where performance can be specifically monitored and improvements made. Screeners can find out the KPIs related to their screening programme via their supervisors.

Definitions and KPI reports can be accessed here:

https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting

Assessment Criterion 4.4

Failsafe processes minimise the risks of anything going wrong in the screening pathways used by the NHS population screening programmes.

Further details and programme specific failsafe pathways can be accessed here:

https://www.gov.uk/government/collections/nhs-population-screening-failsafe-procedures

Assessment Criterion 4.5

Accurate and appropriate record keeping is essential in the NHS as detailed in the data and confidentiality section. In screening specifically it is important that the records are accurate so that individuals can be matched to their results (and in the case of maternity that mothers results can be accurately matched to their babies) and cohorts can be tracked. In the case of a screening incident arising it may be necessary to track a whole cohort of individuals who may have been affected by a particular test for example.

Assessment Criterion 5.1

Clinical governance in the NHS is a framework through which hospitals can be accountable for improving the quality of their services continuously and maintaining high standards of care. Trusts will have their own clinical governance structure and processes.

Screeners can look up their own organisations framework and see how their role relates to some of the areas. For example South Tees NHS Trust's framework can be viewed here:

http://southtees.nhs.uk/about/trust/healthcare-governance/clinical-governance/

They specify areas such as the following:

- Ensuring that risk management systems and processes are incorporated into everyday practice.
- Building and promoting an open and fair safety culture.
- Encouraging staff, patients and stakeholders to actively participate in improving the quality of service delivery.
- Learning from mistakes, share knowledge, implement solutions and monitor success.
- Promoting methods of assessing clinical effectiveness and quality of service delivery.
- Continuously looking at innovative and effective ways of delivering the national governance agenda

Assessment Criterion 5.2

Screeners can identify their role and scope of practice/limitations by discussing their job description with their supervisor and then looking at their scope in relation to the clinical governance points above to further discuss some areas. For example, in terms of this area 'Encouraging staff, patients and stakeholders to actively participate in improving the quality of service delivery', this may not be detailed in the screeners job description specifically but it is an area they may wish to support actively by gaining user feedback and feeding it back locally and nationally to improve services.

Suggested resources

Gov.UK pages on screening

https://www.gov.uk/topic/population-screening-programmes

NHS Choices pages on screening

http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx

Interactive screening e-Module

http://www.healthknowledge.org.uk/interactive-learning/screening

Screening Education Resources

http://cpd.screening.nhs.uk/

Unit 14: Principles of Abdominal Aortic Aneurysm Screening and Treatment

Level:	**3**
Unit type:	**Optional**
Credit value:	**3**
Guided learning:	**10 hours**

Unit summary

The aim of this unit is to enable you to develop knowledge and understanding of the main principles related to abdominal aortic aneurysm screening and treatment options for abdominal aortic aneurysm.

This unit will give you a basic understanding of the circulatory system and how it relates to abdominal aortic aneurysms. You will understand the pathophysiology and formation of arterial disease and gain an understanding of the different treatment options for abdominal aortic aneurysms.

Delivery guidance

This unit should be taught by a suitably qualified professional, an e-learning resource will be available to support the learner on the Public Health England (PHE) screening CPD website. Additional learning could be covered utilising the internet, and subject related text books and journal articles.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Learners must successfully complete the PHE screening e-learning module test in order to complete this unit: http://cpd.screening.nhs.uk/cms.php?folder=5687

Assessors must ensure that evidence is collated for assessment criterion, which are not covered by the test.

Additional information

Anatomical positions:

- Distal
- Proximal
- Lateral
- Medial
- Superior
- Inferior
- Superficial
- Cranial
- Infra
- Supra
- Caudal
- Coronal
- Sagittal
- Anterior
- Posterior

Types of arterial disease

- Atherosclerotic
- Embolism
- Thrombosis
- Non-atherosclerotic lesions

Types of aneurysms (AC3.2 and AC3.4)

- Fusiform
- Saccular
- Mycotic
- Dissecting

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the circulatory system	1.1	List the components of the circulatory system			
		1.2	Compare the structure of arteries and veins			
		1.3	Compare the function of arteries and veins			
		1.4	Describe the structure of the abdominal aorta and its branches			
		1.5	Describe the function of the abdominal aorta and its branches			
2	Understand the medical terms relevant to Abdominal Aortic Aneurysm Screening	2.1	Define the medical terms relevant to Abdominal Aortic Aneurysm Screening, including: • Use of prefixes and suffixes • Anatomical planes • Terminology relating to positioning of the individual • **Anatomical positions**			
3	Understand the pathophysiology and formation of arterial disease	3.1	Explain the pathophysiology of the different **types of arterial disease**			
		3.2	Describe the different **types of aneurysms**			
		3.3	Describe the formation of Abdominal Aortic Aneurysms			
		3.4	Describe the natural history of the different **types of aneurysms**, including growth rates			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
4	Understand the treatment options for Abdominal Aortic Aneurysms	4.1	Explain the options available for managing and treating Abdominal Aortic Aneurysms			
		4.2	Explain the factors which influence an individual's choice of treatment			
		4.3	Describe the differences between an open repair and an endovascular aortic aneurysm repair (EVAR)			
		4.4	Explain the implications of Abdominal Aortic Aneurysm repair			
		4.5	Explain the implications for an individual declining treatment			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners need to be able to list the following in relation to the circulatory system

- Arteries
- Arterioles
- Capillaries
- Venules
- Veins

Assessment Criterion 1.2

Be able to compare the structure of arteries and veins to include descriptions of the three main constituent layers of arteries and veins and the differences:

- Adventitia
- Media
- Intima
- Lumen size and shape
- Vessel wall thickness
- Venous valves

Assessment Criterion 1.3

Learners should be able to compare the major functional differences between arteries and veins:

- Carries oxygenated / deoxygenated blood
- Carries blood to / away from the heart
- Venous system carries waste products away from the cells and organs

Assessment Criterion 1.4

Learners should be able to describe:

- Origin of abdominal aorta
- Distal extent, including the aortic bifurcation
- Anatomical landmarks in respect to AAA screening, including the inferior vena cava
- Major branches to include, superior mesenteric artery, coeliac axis, renal arteries and iliac arteries

Assessment Criterion 1.5

Learners need to be able to describe the function of the abdominal aorta and its branches, this should include:

- The aorta is the main artery of the body
- It distributes oxygenated blood from the heart to lower parts of the body

Assessment Criterion 2.1

Learners should define the following terms with relation to AAA screening:

Prefixes

- Haem
- Hyper
- Hypo
- basic understanding of other medical prefixes

Suffixes

- ectomy
- itis
- scopy
- ostomy
- otomy

Anatomical planes

- Sagittal plane
- Coronal plane
- Axial (transverse) plane
- Longitudinal plane

Anatomical positions

- Distal
- Proximal
- Lateral
- Medial
- Superior
- Inferior
- Superficial
- Cranial
- Infra
- Supra
- Caudal
- Coronal
- Sagittal
- Anterior
- Posterior

Assessment Criterion 3.1

Explain the basic pathophysiology associated with:

- Atherosclerotic
- Non-atherosclerotic lesions
    - Embolism
    - Thrombosis

Assessment Criterion 3.2

Learners should describe the following types of aneurysm and how they relate to AAA screening:

- Fusiform aneurysms
- Saccular aneurysms
- Mycotic aneurysms
- Dissecting aneurysms

Learners will not be expected to identify mycotic and dissecting aneurysms however an understanding of them is required

Assessment Criterion 3.3

This should include:

- Basic mechanisms of aneurysm formation
- Factors associated with an increased risk of aneurysm formation

Assessment Criterion 3.4

This should include a general understanding of:

- Prevalence of all aneurysms
- Potential complications of AAA
- Rupture
- Dissection

Assessment Criterion 4.1

Learners should explain the differences in open repair and endovascular aneurysm repair.

Learners should show an understanding of when a man is unfit for surgery and the conditions that may make a man unsuitable for surgical intervention.

Learners should describe the pathways of care for NHS AAA Screening Programme patients depending on aneurysm size.

Assessment Criterion 4.2

Learners should explain the different factors that may influence an individual's choice of treatment

- Age
- Risk factors
- Personal factors
- Surgical risk factors

Assessment Criterion 4.4

This should include:

- Risks associated with each procedure
- Preoperative assessments
- Peri-operative risks
- Post-operative complications
- Follow up for both treatments including radiological investigations and potential re-interventions
- Costs associated with each procedure and follow up
- Risks of different management and treatment strategies

Assessment Criterion 4.5

This should include:

- Reasons for declining treatment
- Risks of declining treatment e.g. death, implications for driving, travel insurance, psychological impact
- Learners understanding personal choice in treatment decisions

Suggested Resources

The NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) has produced an eLearning unit to help support this unit and it is available on the PHE screening CPD website:

http://cpd.screening.nhs.uk/

This e-learning resource provides the basic principles of the unit and learners are expected to undertake additional learning to gain a more in depth understanding of the learning outcomes.

Textbook(s)

Abrahams, Craven & Lumley (2005) *Illustrated Clinical Anatomy*; Hodder Arnold

Waugh A & Grant A (2010) *Ross & Wilson's Anatomy & Physiology in Health & Illness* (11th edition); Churchill Livingstone

Porter (2002) *The Anatomy Workbook*; Elsevier

Thrush and Hartshorne (2009) *Vascular Ultrasound: How, Why and When (3rd edition);* Churchill Livingstone, Elsevier

Unit 15: Principles of Ultrasound for Abdominal Aortic Aneurysm Screening

Level:	**3**
Unit type:	**Optional**
Credit value:	**4**
Guided learning:	**21 hours**

Unit summary

The aim of this unit is to provide you with a basic understanding of the principles of ultrasound for imaging the abdominal aorta within a screening setting.

The unit will give you an understanding of the key physical principles of ultrasound and how it relates to abdominal aortic aneurysm screening. It covers wave theory, what ultrasound is, propagation of ultrasound through the body, its interaction with tissues and how an ultrasound image is produced on the screen. The unit also encompasses an introduction to the ultrasound machine controls that you will be expected to understand and use regularly when undertaking screening.

Delivery Guidance

This unit should be taught by a suitably qualified professional, an e-learning resource will be available to support the learner on the Public Health England (PHE) screening CPD website. Additional learning could be covered utilising the internet, and subject related text books and journal articles.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Learners must successfully complete the PHE screening e-learning module test in order to complete this unit: http://cpd.screening.nhs.uk/cms.php?folder=5687

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the test.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the theory of diagnostic B-mode ultrasound	1.1	Define ultrasound			
		1.2	Explain how ultrasound is produced			
		1.3	Describe longitudinal and transverse waves			
		1.4	Explain how ultrasound propagates through tissue			
		1.5	Explain how sound is measured, to include the relationship between: • Power • Frequency • Wavelength • Speed			
		1.6	Define the following ultrasound terms: • Artefacts • Echogenic • Anechoic • Acoustic enhancement • Acoustic shadowing			
		1.7	Explain how a transducer works to produce images			
		1.8	List the main applications of ultrasound			
		1.9	Evaluate the advantages and disadvantages of ultrasound			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Understand the main functions of ultrasound equipment controls	2.1	Describe the functions of the following controls: • Frequency • Depth • Focus (position and multi focal zones) • Overall gain • Time gain compensation • Image freeze • Zoom • Callipers/measurement • Image recording and annotation • Harmonic imaging • Compound imaging • Dynamic range • Preset • Sector width			
3	Understand ultrasound safety and the potential biological effects	3.1	Explain the potential biological effects of ultrasound			
		3.2	Explain how the potential biological effects of ultrasound can be minimised			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners need to be able to define ultrasound in relation to sound. Learners should include a reference to:

- Wavelength
- Amplitude
- Frequency

Learners need to understand the frequencies required for diagnostic ultrasound. Learners must also appreciate that sound travels in waves and is the transfer of energy.

Assessment Criterion 1.2

Learners need to be able to explain how ultrasound is produced and should include:

- Piezo electric effect
- Transmitting and receiving the ultrasound
- How crystal thickness determines the frequency

Assessment Criterion 1.3

Learners need to be able to describe the differences between longitudinal and transverse waves and how they relate to ultrasound production.

They need to include:

- Differences in shape
- Compression and rarefaction
- Wavelength and frequency

Assessment Criterion 1.4

Learners need to understand and explain how ultrasound propagates through tissue. This should include:

- Transmission
- Reflection
- Scatter
- Attenuation

Assessment Criterion 1.5

Learners need to include the following:

- Power/decibels
- Frequency
- Wavelength

- Speed (learners need to know the average speed of sound in the body is 1540 m/s)

Learners must be able to understand the relationship between frequency and wavelength in relation to image resolution for AAA imaging.

Assessment Criterion 1.6

Learners need to be able to define the following in terms of scanning the abdominal aorta:

- Artefacts
- Echogenic
- Anechoic
- Acoustic enhancement
- Acoustic shadowing
- Wall edge shadowing

Assessment Criterion 1.7

Learners need a basic understanding of how the transducer and ultrasound machine works to produce the image on the screen. This should include:

- Transducer design
- Ultrasound machine design
- Ultrasound transmission via piezoelectric effect
- Echo formation in the body
- Returning echo detection
- Frame rate
- Processing of reflections in the ultrasound machine
- Intensity of reflection determines the greyscale
- Image production

Assessment Criterion 1.8

Learners must be able to list the following:

- Obstetrics
- General
- Abdominal
- Musculo-skeletal
- Cardiac
- Physiotherapy
- Vascular

Assessment Criterion 1.9

Learners should include the following:

Advantages

- Non invasive
- Non-ionising radiation (safe)
- Real time
- Well tolerated by patients
- Good reproducibility of AAA diameter measurements when performed by trained individuals

Disadvantages

- Operator dependent
- Bowel gas
- Prone to artefacts
- Body habitus dependent
- Potential risk of repetitive strain injuries to operators

Assessment Criterion 2.1

Describe the functions listed in relation to performing an aneurysm screen under as required by NHS AAA Screening Programme

https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-and-scope-of-practice

Detail should be sufficient for the assessor/expert witness to ensure that the learner fully understands the controls, and how they relate to performing AAA screening accurately to the required standard.

Assessment Criterion 3.1

Learners need to be aware that the potential biological effects in AAA screening are very low but they must be aware of the potential effects. Learners need to include the following:

- How ultrasound interacts with tissue
- Heating (within the path of the beam)
- Cavitation

Learners should be able to describe how potential biological effects are displayed on the ultrasound machine. This should include:

- Mechanical index (MI)
- Thermal index (TI)

Assessment Criterion 3.2

AAA screeners would not be expected to alter the controls to minimise Mechanical Index (MI) or Thermal Index (TI), however as ultrasound practitioners they must have an understanding of the potential bio-effects.

Suggested Resources

The NHS AAA Screening Programme (NAAASP) has produced an e-learning resource to help compliment this unit. Learners are expected to gain additional knowledge and understanding to complete the required learning hours.

The link below provides a very detailed overview of the use of ultrasound in medical diagnostics; learners could use this resource for additional learning. It has been produced by the British Medical Ultrasound Society and the British institute of radiology.

https://issuu.com/efsumb/docs/safe_use_of_ultrasound?viewMode=magazine&mode=embed

Textbook(s)

Thrush and Hartshorne (2009) *Vascular Ultrasound: How, Why and When (3rd edition);* Churchill Livingstone, Elsevier

Unit 16: Undertake Abdominal Aortic Aneurysm Screening

Level: 3

Unit type: Optional

Credit value: 6

Guided learning: 17 hours

Unit summary

The aim of this unit is to provide you with the practical skills and knowledge to undertake high quality and accurate abdominal aortic aneurysm screening under the auspices of the NHS abdominal aortic aneurysm screening programme (NAAASP).

This unit will provide the framework for you to undertake abdominal aortic aneurysm screening within NAAASP. You must be aware of the potential risk of injury to yourself and the people undergoing the screening test. This unit encompasses the safe use of ultrasound, how to prepare the patient for screening, how to undertake the scan from initial patient contact to providing the results.

Delivery Guidance

Delivery of this unit will predominantly be carried out in a clinical environment under supervision of appropriately trained individuals who have undertaken the required training from the NHS abdominal aortic aneurysm screening programme.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

To accompany this unit and as a method of assessment, learners must complete the NAAASP Trainee Screening Technician log book as provided by Public Health England (PHE).

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the log book.

Additional information

Environmental conditions:

- Space
- Lighting
- Ambient temperature
- Equipment
- Infection control

Landmarks:

- Spine
- Inferior Vena Cava
- Superior Mesenteric Artery
- Aortic bifurcation

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Be able to minimise risk of injury within the health screening setting	1.1	Explain how to minimise risk of injury to individuals, self and others during the screening episode			
		1.2	Explain the importance of using ergonomically correct scanning positions to minimise the risk of work related upper limb and musculoskeletal disorders			
		1.3	Use the correct scanning position to minimise the risk of work related upper limb and musculoskeletal disorders			
2	Be able to assess the environment and equipment for an Abdominal Aortic Aneurysm screening episode	2.1	Assess that the **environmental conditions** for optimal image capture are appropriate			
		2.2	Check the ultrasound scanner is functioning correctly prior to each screening session including: • Electrical safety • Control functions • Image appearance			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to prepare the individual for an Abdominal Aortic Aneurysm screening episode	3.1	Clarify the procedure to the individual and answer any questions they have			
		3.2	Explain the procedure needed to refer any concerns or questions to others			
		3.3	Check that consent has been obtained for the screening episode			
4	Be able to use an ultrasound transducer to acquire diagnostic images of the abdominal aorta	4.1	Apply the transducer to the abdomen, manoeuvring it to obtain images in both transverse and longitudinal planes			
		4.2	Interpret an ultrasound image to correctly identify the abdominal aorta using appropriate anatomical **landmarks**			
		4.3	Image the abdominal aorta from the proximal extent to level of the bifurcation			
		4.4	Interpret an ultrasound image to correctly identify an abdominal aortic aneurysm			
		4.5	Explain the protocols to follow if imaging is unclear or inadequate			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
5	Be able to manipulate the ultrasound equipment controls to optimise images	5.1	Manipulate the equipment controls to optimise the image whilst scanning the abdominal aorta, to include: • Depth • Gain • Focus • Dynamic range			
		5.2	Position the electronic callipers and measure maximum aortic diameter from the inner anterior wall to the inner posterior wall as per national protocols			
		5.3	Explain how incorrect calliper placement can lead to inaccurate results			
6	Be able to accurately save, record and store results of the screening event	6.1	Upload clinic worklist to ultrasound machine			
		6.2	Save the images of the screening event			
		6.3	Record and store the results of the screening event			
7	Be able to follow agreed protocols following the screening event to determine the appropriate course of action	7.1	Determine the correct pathway to follow based on the outcome of the screening event			
		7.2	Inform the individual of the results and appropriate next steps			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners must include the following:

- Patient positioning
- Screener positioning and posture
- Health and safety requirements (trip or fall hazards)
- Scan room set up
- Ultrasound machine position

Assessment Criterion 1.2

Explain the importance of using ergonomically correct scanning positions to minimise the risk of work related upper limb and musculoskeletal disorders

Assessment Criterion 1.3

Learners must demonstrate they are able to scan patients throughout their training period in correct positions to minimise the risk of work related upper limb and musculoskeletal disorders

Assessment Criterion 2.1

Learners must be able to assess the following where appropriate:

- Space
- Lighting
- Ambient temperature
- Equipment
- Infection control (including decontamination of equipment between screening episodes)

Assessment Criterion 2.2

Learners must include:

- Electrical safety
- Control functions
- Image appearance

Learners must also check ultrasound machine and transducer integrity / damage.

Assessment Criterion 3.1

Clarify the procedure to the individual and answer any questions they have following national and local guidelines where appropriate

Assessment Criterion 3.2

Learners need to be able to explain how to and when to refer any questions or concerns to the appropriate individuals/departments

Assessment Criterion 3.3

Learners must complete consent as outlined in the Standard operating procedures, this must include:

- Consent for procedure
- Consent for data transfer
- Consent for research/further study

Assessment Criterion 4.2

Learners should be able to identify:

- Spine
- Inferior Vena Cava
- Anterior branches*
    - Superior Mesenteric Artery
    - Coeliac axis
- Aortic bifurcation

(*Please note the anterior vessels may not be visible on every scan, but learners must be able to identify them when possible)

Assessment Criterion 4.5

Learner must understand the Non-visualisation policy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430927/Non_visual_aortas_guidance_screening.pdf

Assessment Criterion 5.1

Learners must manipulate the equipment controls to optimise the image whilst scanning the abdominal aorta, to include:

- Depth
- Gain and time gain compensation
- Focus
- Dynamic range

Learners must take into account Harmonic imaging, Compound imaging, frequency etc as stated in the Clinical guidance and scope of practice document.

Assessment Criterion 5.3

Learners should include:

- Over estimation of vessel diameter due to incorrect angulation/oblique angles
- Under estimation of vessel diameter due to presence of thrombus within the lumen
- Incorrect identification of the inner walls
- Incorrect identification of the aorta

Assessment Criterion 6.3

Learners should utilise the National IT software for recording and storing the results of the screening event as per national protocols

Assessment Criterion 7.1

Learners should use NAAASP standard operating procedures and resources to determine the correct pathway.

Suggested Resources

Learners should use the following resources to provide specific protocols required to undertake abdominal aortic aneurysm screening.

Standard operating procedures

https://www.gov.uk/government/publications/aaa-screening-standard-operating-procedures

Clinical guidance and scope of practice

https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-and-scope-of-practice

Non-visualisation

https://www.gov.uk/government/publications/aaa-secondary-ultrasound-screening

Unit 17: Anatomy, Physiology and Pathology of the Eye

Level:	**3**
Unit type:	**Optional**
Credit value:	**6**
Guided learning:	**29 hours**

Unit summary

The aim of this unit is to enable you to develop knowledge of the anatomy and physiology of the eye in relation to diabetic eye disease.

This unit will give you a basic understanding of the eye and in particular the retina. You will gain an understanding of the components and functions of the main structures of the eye, leading to further understanding of how diabetes affects the normal function of the eye.

Delivery guidance

This unit should be taught by a suitably qualified tutor. Additional learning could be covered using interactive resources, such as, DVDs, e-learning materials and the internet and anatomy and physiology textbooks.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

For AC 1.1, 1.2 and 1.3, learners should refer to the relevant images on the Public Health England CPD website.

For AC 3.2 learners must successfully complete the relevant Test and Training online test in order to complete this unit.

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the test.

Additional information

Fundal image findings:

- Dry Age Related Macular Degeneration
- Wet Age Related Macular Degeneration
- Choroidal Naevus
- Choroidal Melanoma
- Myelinated nerve fibres
- Myopic Degeneration
- Old Choroiditis
- Rhegmatogenous Retinal Detachment
- Asteroid Hyalosis
- Vein Occlusions
- Arterial Occlusions
- Emboli
- Retinal Macroaneurysm
- Glaucomatous optic discs
- Optic disc swelling
- Hypertension
- Retinitis Pigmentosa
- Systemic Blood Disorder

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the basic anatomy of the eye	1.1	Describe the following parts of the anterior segment of the eye: • Cornea • Iris • Lens			
		1.2	Describe the following parts of the posterior segment of the eye: • The vitreous body • The retina • The retinal vasculature • The retinal pigment epithelium • The optic nerve • Choroid			
		1.3	Define the following areas of the retina: • The macula • The fovea			
2	Understand how the physiology of the eye is affected in individuals with diabetes	2.1	Outline how diabetes may affect the structure and function of the retinal vasculature and the retina			
		2.2	Describe how diabetic retinopathy may affect vision			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Understand how to recognise all of the features of diabetic retinopathy	3.1	Describe the abnormal changes seen in the retina in diabetic retinopathy			
		3.2	Identify the following features of diabetic retinopathy from an image: • Retinal haemorrhages • Microaneurysms • Cotton wool spots • Multiple blot haemorrhages • Venous loops • Venous reduplication • Venous beading • Intraretinal microvascular anomalies • New vessels • Pre-retinal haemorrhage • Vitreous haemorrhage • Fibrovascular proliferation • Hard exudate • Iris rubeosis			
		3.3	Describe the following features of feature-based grading of diabetic retinopathy: • Pan retinal photocoagulation • Macular laser			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
		3.4	Explain the significance of the retinopathy grades			
		3.5	Explain the potential significance of changes within one disc diameter of the centre of the fovea			
		3.6	Explain the potential significance of changes in the peripheral retina			
4	Understand how diabetes may be associated with abnormal changes in the anterior eye	4.1	Explain the effects that diabetes may have on the lens including transient refractive changes and cataract			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
5	Understand how to recognise other significant diseases of the retina	5.1	Describe the following and how they present on a fundal image: • Dry Age Related Macular Degeneration • Wet Age Related Macular Degeneration • Choroidal Naevus • Choroidal Melanoma • Myelinated nerve fibres • Myopic Degeneration • Old Choroiditis • Rhegmatogenous Retinal Detachment • Asteroid Hyalosis • Vein Occlusions • Arterial Occlusions • Emboli • Retinal Macroaneurysm • Glaucomatous optic discs • Optic disc swelling • Hypertension • Retinitis Pigmentosa • Systemic Blood Disorder			
		5.2	Describe how the **fundal image findings** may impact on the individual			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
		5.3	Explain the difference between confounders and true diabetic retinopathy			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

The learner should be able to identify the following structures on a diagram of the eye and describe the function of each structure:

- Cornea
- Iris
- Lens

Assessment Criterion 1.2

The learner should be able to identify the parts the following structures on a diagram of the eye and describe the function of each structure:

- The vitreous body
- The retina
- The retinal vasculature
- The retinal pigment epithelium
- The optic nerve
- Choroid

Assessment Criterion 1.3

The learner should be able to identify the following structures on a photograph of a retina and delineate their boundaries:

- The macula
- The fovea

Assessment Criterion 2.1

The learner should be able to outline how diabetes affects the capillaries and blood flow of the retina. This should include:

- Microaneurysm formation
- Ischaemia
- Growth factors
- Proliferation
- Macular oedema

Assessment Criterion 2.2

The learner should describe the visual effects of:

- Diabetic macular oedema
- Proliferative retinopathy

The learner should understand that often the vision is not affected until the disease process is advanced.

Assessment Criterion 3.1

The learner should describe the appearance of the following features of diabetic retinopathy:

- Microaneurysm
- Retinal Haemorrhages
- IRMA
- Venous beading
- Reduplication
- Multiple blot haemorrhages
- Venous loops
- Cotton Wool Spots
- Exudate
- NVE
- NVD
- Pre retinal haemorrhages
- Vitreous haemorrhages
- Fibrovascular proliferation
- Tractional retinal detachment

Assessment Criterion 3.2

NB. intraretinal microvascular anomalies should be described as intraretinal microvascular **abnormalities**

Assessment Criterion 3.3

Learners should be able to recognise the features of laser and when laser treatment is required in diabetic retinopathy

Assessment Criterion 3.4

The learner should be able to list the retinopathy features found in each retinopathy grade:

- R0
- R1M0
- R1M1
- R2M0
- R2M1
- R3M0
- R3M1
- U

The learner should understand what the appropriate follow up is for each of the retinopathy grades in terms of:

- Routine digital screening
- Digital surveillance
- Referral to Ophthalmology
- Referral to slit lamp bio-microscopy

Assessment Criterion 3.5

The learners should be able to explain:

- The type of vision produced by the macula and the photoreceptor that achieves this
- How diabetic macular oedema affects the photoreceptors and the vision
- What the surrogate markers for Diabetic macular oedema are
- Why we need the surrogate markers in a screening program that uses 2D images

Assessment Criterion 3.6

The learners should discuss the photoreceptor found in the peripheral retina and the type of vision it produces.

Learners should explain the visual effects of diseases of the peripheral retina and give an example. Learners should know that certain changes in the peripheral retina, such as retinal detachment and previous scatter peripheral laser treatment may cause defects in a patient's field of vision and night vision.

Learners should understand that in contrast diabetic new blood vessels in the periphery often give no visual symptoms until they are advanced.

Assessment Criterion 4.1

Learners should be able to explain how patients with diabetes have a higher risk of developing cataracts, and why.

Learners should discuss the impact of fluctuations of blood glucose levels on the lens causing transient refractive changes.

Learners should explain what advice should be given to a patient who has newly diagnosed diabetes in relation to getting new glasses - patients with newly diagnosed diabetes may notice blurring of vision during the period of stabilisation of blood glucose levels and should wait until stabilisation is complete before seeing their optometrist.

Learners should be able to discuss the longer term effects of diabetes on the lens.

Learners should describe the types of cataract

- nuclear
- cortical
- posterior subcapsular cataract

Learners should describe the potential problems of cataracts in achieving retinal screening.

Assessment Criterion 5.1

The learner should be able to describe the appearance of the lesions mentioned in 5.1

Assessment Criterion 5.2

The learners should be able to identify within the protocols of their local programme which of those findings listed in 5.1 require:

- Urgent action
- Routine action
- Annual recall
- Notification to GP
- Referral to another speciality clinic

Assessment Criterion 5.3

The learner should be able to describe the common confounders for diabetic retinopathy and describe how to tell these from true diabetic retinopathy.

Suggested Resources

The appropriate images will be available on the Public Health England CPD website http://cpd.screening.nhs.uk/

Unit 18: Understanding Diabetes and Diabetic Retinopathy

Level:	**3**
Unit type:	**Optional**
Credit value:	**4**
Guided learning:	**13 hours**

Unit summary

The aim of this unit is to enable you to understand diabetes and its implications within diabetic retinopathy.

This unit will enable you to understand the different types of diabetes, how it manifests with patients and how staff working with patients with diabetes can recognise the symptoms of hypoglycaemia. It also aids you to gain an understanding of the risk factors and complications of diabetes and how these relate to diabetic retinopathy.

Delivery Guidance

This unit should be taught by a suitably qualified tutor. Learning should be covered using internet, subject related text books and appropriate local resources.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the difference between type 1 and type 2 diabetes	1.1	Outline the differences between type 1 and type 2 diabetes			
		1.2	Describe the treatment options for type 1 and type 2 diabetes			
2	Understand hypoglycaemia	2.1	Describe the signs and symptoms of hypoglycaemia			
		2.2	Explain how to respond in a situation where an individual could be hypoglycaemic			
		2.3	State situations when individuals are most at risk from hypoglycaemia			
3	Understand the long-term complications of diabetes	3.1	Describe the macrovascular and microvascular complications of diabetes in the following: • Heart disease • Stroke • Peripheral vascular disease • Nephropathy • Neuropathy • Retinopathy			
		3.2	Explain how the macrovascular and microvascular complications of diabetes may impact on screening			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
4	Understand the relevance of risk factors in development of diabetic retinopathy	4.1	Explain modifiable and non-modifiable risk factors in the development of retinopathy			
		4.2	Explain the importance of monitoring individuals regularly for risk factors in the development of retinopathy			
		4.3	Describe own role in signposting individuals to appropriate information about diabetes			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners should understand the differences between type 1 and type 2 diabetes, this should include:

Type 1

- Often diagnosed in childhood and young adults
- Not associated with excess body weight
- Treated with insulin injections or insulin pump
- Results from the pancreas not producing insulin – i.e. autoimmune disease

Type 2

- Usually diagnosed in those over 30 but does present in younger people
- Often associated with excess body weight
- Ethnic bias
- Family history
- Treated with the following :
    - Lifestyle modification
    - Oral agents / injectable therapies
    - Insulin
- Body fails to respond to insulin properly – insulin resistance

Assessment Criterion 1.2

Learners should be able to describe the different management options for diabetes and should include:

- Lifestyle
- Medications
- Bariatric Surgery

Assessment Criterion 2.1

Learners should be able to understand hypoglycaemia and should include:

- A definition of hypoglycaemia
- Determine the level of plasma blood glucose at which symptoms of hypoglycaemia may be experienced by the patient
- Describe the symptoms and signs of hypoglycaemia from a patient perspective and a those that might be observed by a health professional

Assessment Criterion 2.2

Learners should describe how they would respond. This may include:

- Hypokit or glucagon gel
- Glucose tablets
- Sugary drinks (non diet)

For hypoglycaemic patients, the learner should be aware of the local emergency procedures.

Learners should include:

- The individual should be given complex carbohydrate after to prevent further hypoglycaemic episodes

Assessment Criterion 2.3

Learners should describe:

An understanding of which patients are most at risk of becoming hypoglycaemic. This should include:

- Hypo awareness – patients who are long-term diabetic may ignore or be unaware of early hypoglycaemia

The situations that may exacerbate an episode of hypoglycaemia:

- Reduced oral intake
- Increased exercise
- Sulphonylureas
- Insulin dosage

Assessment Criterion 3.1

Learner should understand the differences in microvascular and macrovascular and use this to describe the macrovascular and microvascular complications of diabetes in the following:

- Heart disease
- Stroke
- Peripheral vascular disease
- Nephropathy
- Neuropathy
- Retinopathy

Assessment Criterion 3.2

- *Macrovascular* - coronary heart disease (myocardial infarction/heart attack), cerebrovascular accident (stroke), peripheral vascular disease;
- *Microvascular* - nephropathy, neuropathy and retinopathy.

Learners should explain how these complications affect the patient and any impact this may have on the screening episode e.g. mobility issues, pain, shortness of breath, reduced vision, dialysis, communication etc.

Assessment Criterion 4.1

This should include:

Modifiable

- Glycaemic control and glycosylated haemoglobin
- Blood pressure
- The learner may also include lifestyle issues such as tobacco, alcohol etc.

Non-modifiable

- Pregnancy
- Renal disease
- Age and duration of diabetes
- Insulin treated

Suggested Resources

Diabetes UK have produced an introductory diabetes educational tool for healthcare professionals that provides a useful foundation to this unit and can be found here:

https://www.diabetes.org.uk/Professionals/Training--competencies/Diabetes-in-Healthcare/

Please note this does not cover all the learning outcomes for this unit and requires additional learning

Unit 19: Prepare for Diabetic Retinopathy Screening

Level:	**3**
Unit type:	**Optional**
Credit value:	**4**
Guided learning:	**26 hours**

Unit summary

The aim of this unit is to enable you to develop your knowledge about how to prepare the environment and the individual for diabetic retinopathy screening.

This unit will give you an understanding of the importance of preparing the individual and the environment for the screening episode. It also covers selecting the appropriate visual acuity test and the purpose of dilatation and administering eye drops to the individual.

Delivery Guidance

This unit should be taught by a suitably qualified tutor. Learning should be covered using internet, subject related text books and appropriate local resources.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Additional information

Environmental conditions:

- Space
- Lighting
- Ambient temperature
- Equipment
- Infection control

Others:

- Colleagues
- Supervisor
- Clinical lead

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Be able to prepare the environment and individual for retinopathy screening	1.1	Confirm the individual's identity as per agreed protocol			
		1.2	Check that consent has been obtained for the screening episode			
		1.3	Explain the implications of inaccurate data input			
		1.4	Ensure the appropriate **environmental conditions** for optimal image capture			
		1.5	Ensure the optimal comfort of the individual			
		1.6	Explain the procedure to the individual and answer any questions they may have			
		1.7	Refer any concerns or questions to **others** if unable to answer			
		1.8	Explain the relevance of recording ocular and medical history in the pre- screening of an individual			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Understand the ways in which screening is affected by individual needs	2.1	Explain how the following factors may influence the examination process: • Age • Cultural • Language • Physical ability • Cognitive ability			
		2.2	Describe the importance of privacy during a retinal screen			
3	Understand the purpose of visual acuity measurement	3.1	Explain why the accurate measurement and recording of visual acuity should be used in a National screening programme for diabetic retinopathy			
4	Be able to select and carry out the most appropriate visual acuity test	4.1	Explain the strengths and limitations of the different visual acuity tests			
		4.2	Select the appropriate visual acuity test			
		4.3	Carry out the visual acuity test			
		4.4	Ensure that the individual is at the correct distance from the test chart			
		4.5	Explain the importance of the individual being at the correct distance from the test chart			
		4.6	Explain the appropriate use of an individual's spectacles and/or pinhole in testing visual acuity			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
5	Understand the purpose of dilatation of the pupils and the action and contra-indications of drops	5.1	Explain the reasons for pupil dilatation for diabetic retinopathy screening			
		5.2	Explain the action of mydriatic eye drops and contra-indications to their use			
		5.3	Identify situations in which pupil dilatation is contra-indicated			
6	Be able to store and instil eye drops	6.1	Determine which type of eye drop(s) should be used			
		6.2	Explain the correct procedures for storage of eye drops			
		6.3	Explain the infection control procedures necessary in the instillation of eye drops			
		6.4	Explain how to confirm that the eye drops are safe to use			
		6.5	Instil eye drops correctly			
		6.6	Explain how to identify and manage an adverse or critical incident			
		6.7	Inform the individual of potential adverse effects and the action to be taken			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners should be able to demonstrate they are able to confirm individual's identity according to their organisation's local protocols

Assessment Criterion 1.2

Learners should show how consent is obtained and recorded and the actions to take if the individual does not consent to screening

Assessment Criterion 1.3

Learners should understand the implications of inaccurate data input in relation to the

- Patient
- Organisation

Assessment Criterion 1.4

Environmental conditions should include:

- Space
- Lighting
- Ambient Temperature
- Equipment
- Infection Control

Assessment Criterion 1.6

Learners should be able to answer questions within their scope of practice

Assessment Criterion 1.7

Learners should be able to identify situations in which they should refer concerns to others.

Others could be:

- Colleagues
- Supervisors
- Clinical Lead

Assessment Criterion 1.8

Learners should be able to explain the relevance of accurate and up to date data in order to ensure the appropriate outcome for the grading process

Assessment Criterion 2.2

Learners should explain why privacy is important for the individual

Assessment Criterion 3.1

Learners should be able to explain the importance of accurate measurement and the implications of inaccurate measurement

Assessment Criterion 4.1

Be able to explain the strengths and limitations of visual acuity chart and when these should be used. The types of charts may include:

- Snellen
- LogMAR
- Sheridan Gardiner
- Kay pictures
- Tumbling E

Assessment Criterion 4.3

Learners should be observed undertaking at least 16 tests over more than one clinic

Assessment Criterion 4.5

Learners should explain the importance of the individual being at the correct distance from the test chart and the implications of incorrect positioning

Assessment Criterion 6.1

Learners should understand the different types of eye drops available and when these should be used according to local policies

Assessment Criterion 6.2

Learners should understand the storage procedures according to local policies

Assessment Criterion 6.3

Learners should understand the local policies for infection control

Assessment Criterion 6.4

Learners should be able to explain how to check that the eye drops are safe to use including:

- Expiry date
- Unopened vial
- Stored at correct temperature

Assessment Criterion 6.6

Learners should be aware of the different adverse reactions that may occur when using different types of eye drops and how these should be managed according to their own local protocols and within their scope of practice

Assessment Criterion 6.7

Learners should be able to inform the individual of potential adverse effects and the action to be taken according to local protocols

Unit 20: Undertake Diabetic Retinopathy Imaging

Level:	**3**
Unit type:	**Optional**
Credit value:	**5**
Guided learning:	**35 hours**

Unit summary

The aim of this unit is to provide you with the skills to undertake diabetic eye screening.

You will be able to prepare the screening equipment and obtain, save and assess images as per agreed protocols.

Delivery Guidance

This unit should be taught by a suitably qualified tutor. Learning should be covered using internet, subject related text books and appropriate local resources.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see Annexe A).

Assessment criteria 1.1, 1.2, 1.3, 2.2, 3.3, 4.3, 5.1, 6.1, 6.2 should be carried out through observation in the workplace on a minimum of 16 patients.

Additional information

Reasons:

- Ocular
- Age
- Physical
- Cognitive
- Language

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Be able to prepare the retinal camera and screening equipment for obtaining images of the eye	1.1	Verify that the screening equipment is working correctly			
		1.2	Use the appropriate imaging software package on the retinal camera's computer			
		1.3	Update the individual's record			
2	Be able to obtain images of the retina	2.1	Describe the field positions for imaging in their National screening programme			
		2.2	Obtain colour retinal images of sufficient quality and quantity and in the correct positions for both eyes			
		2.3	Explain why it might be appropriate to take additional retinal images to inform diagnosis			
3	Be able to address difficulties in obtaining retinal images of sufficient quality or quantity	3.1	Explain the **reasons** why it may be difficult to obtain retinal images of sufficient quality or quantity for assessment			
		3.2	Outline what to do if gradable fundus images are not obtainable			
		3.3	Obtain an anterior segment image of the eye			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
4	Be able to assess images for clarity, positioning and gradability	4.1	Describe how assessment of images for gradability relates to national standards for quality assurance			
		4.2	Describe the criteria for assessment of images according to national standards for: • Clarity • Field position • Gradability			
		4.3	Assess images according to national standards for: • Clarity • Field position • Gradability			
		4.4	Recognise and process pathology requiring urgent action			
		4.5	Explain why imaging may be unsuccessful			
		4.6	Explain how to take steps to overcome the obstacles to successful imaging			
5	Be able to accurately save the results of the screening episode	5.1	Save the images of the screening episode			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
6	Be able to follow agreed protocols following the screening episode to determine the appropriate course of action	6.1	Determine the correct pathway to follow based on the outcome of the screening episode			
		6.2	Inform the individual of appropriate aftercare and how they will receive their results			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners should be able to ensure that the equipment is suitable for screening.

Learners should be able to demonstrate who to approach if there are equipment malfunctions.

Assessment Criterion 1.2

Learners should be able to access the software and access patient record.

Learners should know who to contact if there are software issues which prevent screening.

Assessment Criterion 1.3

Learners should be able to access patient record and demonstrate how to maintain records so that they are accurate.

Assessment Criterion 2.1

Describe the National Standards required within the learner's programme for screening

Assessment Criterion 2.2

Learners should ensure that retinal images are obtained in line with national requirements.

Assessment Criterion 2.3

Describe the reasons why additional images may be required e.g. suspicious areas of pathology or glare within the macular region

Assessment Criterion 3.1

Learners should list all the following categories:

- Media opacities (including cataracts, corneal opacity, vitreous opacity such as asteroid hyalosis etc)
- Small pupil (giving reasons why the pupil may not be adequately dilated, naturally or with the use of mydriatic drops)

The patient's inability to comply with the procedure due to:

- Ocular
- Age
- Physical
- Cognitive problems
- Language barriers

Assessment Criterion 3.2

The learner must describe how they would provide accurate notes and triage.

Learners must be aware of local protocols in dealing with ungradable fundus images.

Assessment Criterion 4.1

Learners should explain the terms adequate and inadequate with respect to image quality. Learners should follow the national guidelines.

Assessment Criterion 4.2

Learners must describe the image quality definitions according to national guidelines.

Assessment Criterion 4.3

Learners should assess the quality of the images taken to ensure they appropriately assessed in line with national standards.

Assessment Criterion 4.4

The learner should be able to describe proliferative pathology, and explain the process required for patient referral.

Learner should be able to explain the timescale required for urgent referral.

This may be written or oral evidence.

Assessment Criterion 4.5

Unsuccessful imaging may be due to:

- Patient (age, cognitive, physical, language and ocular issues)
- Environment (hardware, software)

Assessment Criterion 4.6

Which of the factors from AC4.5 may be overcome and which are not possible to overcome

Assessment Criterion 5.1

The learner should demonstrate how to use laterality, and add notes

Assessment Criterion 6.1

The learner should be able to undertake appropriate triage.

Assessment Criterion 6.2

The learner should follow the local criteria of what to say to the patient, when the results will be sent, and who will receive the results.

Learners may also discuss, according to local criteria, what to say to patients requiring urgent referral.

Suggested Resources

National protocols are available on this website:

https://www.gov.uk/topic/population-screening-programmes/diabetic-eye

Unit 21: Detect Retinal Disease and Classify Diabetic Retinopathy

Level:	**4**
Unit type:	**Optional**
Credit value:	**8**
Guided learning:	**25 hours**

Unit summary

The aim of this unit is to enable you to develop and demonstrate competence in Grading of Retinal Photographs of diabetic retinopathy for Retinal Screening. This will include recognising all the lesions of diabetic retinopathy and understanding how they are grouped into the various grades of Diabetic Retinopathy.

You will also be able to recognise the other common retinal pathologies that are picked up during retinal screening and be aware of which need urgent action. All of this will result in you becoming a competent Diabetic Retinopathy Grader.

Delivery Guidance

This unit should be taught by a suitably qualified tutor. Additional learning could be covered using the internet and subject related text books.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Supervised grading and the Test and Training Sets should be used to assess this unit.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Be able to use grading software to record result	1.1	Navigate correctly through the grading software			
		1.2	Save grading results in the software			
		1.3	Describe the importance of accurate feature-based grading			
		1.4	Explain how to report software problems within own area of competency and authority			
2	Understand the criteria for assessment of image quality and outcome for the individual	2.1	Describe how assessment of images for gradability relates to national standards for quality assurance			
		2.2	Identify the reasons a result is classed as unassessable			
		2.3	Explain how the unassessable results are managed			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to identify and record the presence or absence of diabetic or other eye disease according to National standards	3.1	Identify the lesions of diabetic retinopathy			
		3.2	Identify images with diabetic retinopathy requiring urgent referral			
		3.3	Identify images with diabetic retinopathy requiring routine referral			
		3.4	Identify the following eye diseases from images: • Dry Age related macular degeneration • Wet age related macular degeneration • Branch and central retinal vein occlusions • Branch and central retinal artery occlusions • Arterial emboli • Retinal Macroaneurysms • Choroidal tumours including Malignant Melanoma • Retinal detachment • Glaucomatous optic discs • Optic disc swelling • Macular holes • Hypertension • Systemic blood disorder			
		3.5	Identify images without diabetic retinopathy and without other eye disease			
		3.6	Record features as per features-based grading			
		3.7	Check the correct grade of diabetic retinopathy has been recorded on the computer software programme			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
4	Understand the Grading pathway and related quality assurance	4.1	Describe the grading internal quality assurance process			
		4.2	Describe the National grading pathway			
		4.3	Describe how the results of a final assessment will affect the management of the individual			
		4.4	Assess how own role influences the ability of the screening programme to meet the National performance indicators			
5	Be able to classify the grade of diabetic retinopathy	5.1	Distinguish the clinical signs and symptoms which may act as surrogate markers for the presence of clinically significant macular oedema			
		5.2	Explain how grades of diabetic retinopathy are allocated			
		5.3	Explain why review of images from a previous screening event may help in the assessment process			
6	Understand the process for communicating grading results including the impact on individual referral and management	6.1	Analyse how the grade of retinopathy influences the management of individuals			
		6.2	Describe how the examination results are communicated			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Learners should be observed accurately navigating through the grading software.

Assessment Criterion 1.2

Learners should be observed accurately saving the results in the software.

Assessment Criterion 1.3

Learners should be able to explain what feature based grading is.

Learners should be able to explain the consequences of not providing accurate grading for:

- The patient
- The Screening Programme
- The grader

Assessment Criterion 2.1

Learners should be able to demonstrate an understanding of the criteria for images being classed as assessable.

Learners should be able to explain why standardised assessment of image quality is important within a quality controlled screening programme.

Assessment Criterion 2.2

Learners should be able to demonstrate an understanding of the reasons for unassessable images that are:

- Long term
- Those which are due to poor photographic skills

Assessment Criterion 2.3

Learners should be able to explain the possible outcomes for a patient with unassessable images in line with local policy.

Assessment Criterion 3.1

Learners should be able to identify all the lesions of diabetic retinopathy as required by the National Screening Programme.

This will include achieving a satisfactory score on a **minimum of three** online Test and Training sets.

Learners must also complete a minimum number of **200** supervised gradings and achieve satisfactory 'inter-grader agreement' level as per local protocol.

Assessment Criterion 3.2

Learners should be able to demonstrate that they can differentiate images which show levels of retinopathy which require urgent referral from images that need routine referral or annual recall. This will be evidenced by Test and Training sets and supervised grading.

Assessment Criterion 3.3

Learners should be able to demonstrate that they can differentiate images which show levels of retinopathy which require routine referral from images that need urgent referral or annual recall. This will be evidenced by Test and Training sets and supervised grading.

Assessment Criterion 3.4

Learners should be able to identify all the lesions listed in the assessment criteria of 3.4 on retinal images.

According to local protocols, learners should be able to demonstrate a knowledge of which lesions listed in 3.4 need:

- Urgent action
- Routine action
- No specific action

Assessment Criterion 3.6

Learners should be able to demonstrate the ability to accurately record the features of diabetic retinopathy seen on retinal images on the appropriate grading software. This will be evidenced by Test and Training sets and supervised grading.

Assessment Criterion 4.1

Learners should be able to describe the internal quality assurance processes which form an integral part of the National Screening Programme.

Assessment Criterion 4.2

Learners should be able to describe the current National grading pathway as defined by national requirements.

Assessment Criterion 4.3

The learner should be able to describe the appropriate management for each level of Diabetic Retinopathy detected on screening photographs.

This should include the timescales for referrals to be seen in order to comply with Pathway Standards for the NHS Diabetic Eye Screening Programme.

Assessment Criterion 4.4

The learner should demonstrate an understanding of the importance of timely grading and how this is delivered within a Screening Programme.

Learners may describe holiday / sick leave arrangements in relation to the impact on grading.

Learners should demonstrate how the QA assessment tools can be used to benchmark their grading performance. This could include Test and Training sets, 'inter-grader' reports etc.

Assessment Criterion 5.1

The learner should have an understanding of:

- What the surrogate markers are
- Why surrogate markers are needed with two dimensional retinal photography
- How effective each surrogate marker is in predicting the presence of diabetic macular oedema it terms of specificity and sensitivity

The learner should be able to:

- Classify maculopathy levels by the use of surrogate markers

Assessment Criterion 5.2

Learners should be able to describe all the disease features of diabetic retinopathy that comprise each of the grading categories according to the National Grading requirement.

Assessment Criterion 5.3

The learner should be able to explain:

- What the common confounders for diabetic retinopathy on retinal photographs are
- How previous images can help to establish whether features seen on images are diabetic retinopathy or confounders

Assessment Criterion 6.1

For each retinopathy grade learners should be able to analyse the timescales within which the actions prompted by the final grading result should occur in order to comply with the Pathway Standards for the NHS Diabetic Eye Screening Programme.

The learner should be able to describe the different treatment options depending on the grade of retinopathy. This could include:

- Patient management
- Therapies e.g. medical and non-medical
- Intravitreal injections
- Laser
- Vitrectomy

Assessment Criterion 6.2

Learners should be able to describe how retinal screening results are communicated to:

- The patient
- The GP/practice nurse
- Other health care professionals

Suggested Resources

Test and Training Sets

National Screening Programme website:

https://www.gov.uk/topic/population-screening-programmes/diabetic-eye

Unit 22: The Ear and Hearing

Level: 3

Unit type: Optional

Credit value: 2

Guided learning: 7 hours

Unit summary

The aim of this unit is to enable you to develop knowledge of the structures that make up the hearing pathway and how they function.

This unit will give you a basic understanding of the components of the ear and how the ear works. You will also gain an understanding of how sound is perceived, how hearing is measured and the consequences, for an individual, of dysfunction along the hearing pathway.

Delivery Guidance

This unit should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. audiologists; teachers of the deaf.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Additional information

Methods:

- OAE (Oto Acoustic Emissions)
- ABR (Auditory Brain Stem Response)
- Tympanometry
- Distraction
- VRA (Visual Reinforcement Audiometry)
- PTA (Pure Tone Audiometry)

Strategies:

- Communication tactics (Lip Reading, Baby Sign and British Sign Language)
- Deaf Awareness (Gaining Attention, Visual Positioning)
- Amplification (Hearing Aids, Implants)
- Assistive Devices

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the structure and function of the ear	1.1	Identify the structures of the ear			
		1.2	Explain the functions of each of the structures of the ear			
		1.3	Describe the hearing pathway			
2	Understand the types and causes of hearing loss	2.1	Explain the different types and degrees of hearing loss			
		2.2	Define what parts of the hearing pathway are affected by different hearing losses			
		2.3	Explain the causes of hearing loss			
		2.4	Describe how hearing loss at different sound frequencies impacts on an individual's ability to understand speech			
3	Know different methods for assessing hearing	3.1	Outline different **methods** for assessing hearing			
4	Know different strategies for managing hearing loss	4.1	Outline the different **strategies** for managing hearing loss			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

The ear can be divided into three sections:

- **The outer ear** which consists of
  - The pinna
  - The ear canal
- **The middle ear** which consists of
  - The eardrum (tympanic membrane)
  - 3 ossicles
  - Hammer (Malleus)
  - Anvil (Incus)
  - Stirrup (Stapes)
  - The Eustachian tube
- **The inner ear** which consists of
  - The semi-circular canals
  - The cochlea
  - The hearing nerve (auditory nerve)

Assessment Criterion 1.2

The outer ear function is to gather, concentrate and conduct sound energy to the eardrum.

- **The pinna** functions are to:
  - collect and funnel sound down the ear canal
  - help determine sound direction
- **The ear canal** functions are to:
  - to protect the ear
  - to make certain pitches of sound louder

The middle ear should be air filled and its main function is to conduct sound energy to the inner ear.

- **The eardrum** function is to vibrate when sound energy has travelled down the ear canal and transmit this energy to the ossicles
- **The 3 ossicles** function as a linked chain to transmit sound energy to the fluid filled cochlea
- The Eustachian tube functions are to:
  - to ventilate the middle ear space
  - to equalise the air pressure on both sides of the eardrum

The inner ear functions are to amplify and fine tune sound waves, convert sound energy into electrical energy and stimulate the hearing nerve.

- **The semi-circular canals** function is for balance and are not actively involved in the hearing pathway
- **The cochlea** is the sensory organ of hearing and has 2 types of hair cell:
    - Outer hair cells function is to amplify and fine tune the sound waves.
    - Inner hair cells function is stimulate the hearing nerve
- **The hearing nerve** relays the electrical energy, that has been converted from sound energy in the cochlea, to the brain

Assessment Criterion 1.3

The sound energy that has been funnelled into the ear canal by the pinna and has travelled down the ear canal, 'hits' the eardrum that is at the end of the canal.

The 3 ossicle bones are arranged in a linked chain that straddles the middle ear. The first bone, the hammer, is attached to the eardrum; when the eardrum vibrates it moves the hammer. The middle bone, the anvil, links the hammer to the last bone in the chain, the stirrup. The stirrup sits in the entrance to the fluid-filled inner ear. As all the bones in the middle ear are linked, when the hammer moves so does the anvil and the stirrup.

The Eustachian Tube connects the middle ear to the back of the nose and throat. It is normally closed but opens temporarily when we swallow, chew or yawn. By opening in this way air, from the outside, enters the middle ear space . Sound travels more easily in air, so the Eustachian tube allows the eardrum to vibrate maximally when struck by sound waves.

The cochlea is the sensory organ of hearing. It is fluid filled and the transmission of sound energy is more difficult and is converted into electrical energy. In the cochlea there are thousands of special hair cells. The outer hair cells amplify and fine tune the sound waves. The inner hair cells stimulate the hearing nerve.

The electrical energy that has been converted from sound energy in the cochlea is relayed to the brain by the hearing nerve. The area of the brain dedicated to the interpretation of these electrical signals is called the auditory cortex.

Hearing is the sense by which sound is perceived; this can then be interpreted in the auditory cortex to have meaning for the individual.

Assessment Criterion 2.1

Hearing loss can be either temporary or permanent. It is the part of the hearing pathway that is affected that determines the type of hearing loss.

Types of hearing loss:

- Conductive
- Sensory
- Neural
- Mixed

There are different levels of hearing loss dependent upon how severe the loss is.

Degrees of hearing loss:

- Mild
- Moderate
- Severe
- Profound

Assessment Criterion 2.2

Types of hearing loss:

- Conductive = outer and middle ear
- Sensory = cochlea
- Neural = hearing nerve
- Mixed = combination of outer, middle ear, cochlea and/or hearing nerve

Assessment Criterion 2.3

Causes of conductive hearing loss

The outer ear:

- The pinna: this can be malformed or absent. This will reduce the amount of sound energy that is funnelled into the ear canal.
- The ear canal: this can be completely absent, which is called atresia, or it can be very narrow, which is called stenosis. Also the ear canal can become blocked by the build up of wax. These conditions will reduce the amount of sound energy reaching the ear drum.

The middle ear:

- The Eardrum: this may have a hole in it. This is called a perforation. A perforation will reduce how effective the ear drum is in transmitting sound energy to the 3 bones of the middle ear, the ossicles.
- The Ossicles: these can be fused together, dislocated or absent. All of these will reduce the effectiveness of sound energy transmission to the cochlea.
- Middle ear space: this space should normally be filled with air. In a condition called 'Glue Ear' this space becomes filled with fluid which reduces the transmission of sound energy to the cochlea.

Glue ear causes a temporary conductive hearing loss. In young children, glue ear can lead to delayed speech development, affect their behaviour and their educational progress

Colds, allergies and passive smoking can all contribute to glue ear. Some children with genetic conditions, such as Down's Syndrome, are more susceptible to glue ear as they may have smaller Eustachian tubes.

Causes of sensory neural hearing loss include:

- Genetic – Around half of children with permanent childhood hearing impairment (PCHI) born in the UK are deaf because of a genetic reason. Deafness can be passed down in families even though there appears to be no family history of deafness
- Maternal infection e.g.
    - Rubella
    - Cytomegalo virus (CMV)
    - Toxoplasmosis
- Perinatal/Neonatal problems e.g.
    - Lack of oxygen
    - Hyperbilirubinaemia
    - Use of drugs that can be toxic to the cochlea
- Childhood infection e.g.
    - Mumps
    - Measles
    - Meningitis

Assessment Criterion 2.4

Sound is a vibration that travels in waves outward from its source. It has two main features:

Intensity or **loudness** – measured in decibel (dB)

Frequency or **pitch** – measured in Hertz (Hz or kHz)

Loudness is related to the amount of energy in the sound. The higher the number of decibels, the more energy and the louder the sound.

Examples:

- Very loud = an aeroplane taking off, approximately 120dB
- Quiet = a whisper; approximately 20dB
- Normal conversational speech = approximately 55dB, varying between 30dB and 70dB

A person is likely to experience discomfort when sounds are louder than approximately 100dB.

Pitch of a sound is measured in units called Hertz. Hertz is usually written as Hz. The higher the number of Hz higher pitch the sound.

Examples:

- High pitch = birds twittering; approx. 5000Hz
- Low pitch = diesel engine; approx. 250Hz
- Speech range = 250Hz to 6000Hz

A person with normal hearing can hear sounds between approximately 20Hz and 20,000Hz (20kHz).

High frequency tones are very important for speech understanding as most of the consonants and the quiet parts of speech (e.g. sh,s,t,p,th etc) are found in this area.

- **Vowel sounds** - a,e,i,o,u
    - lower in pitch
    - usually said louder than consonants
- **Consonants** - s,t,p,h, etc.
    - higher in pitch
    - usually said quieter than vowels

Consonants are critical for understanding speech, for example making sense of the difference between 'cat', 'hat' and 'sat'.

As we get older it is the high frequencies that become more difficult to hear. It is more difficult to follow speech in situations where there is a lot of background noise.

An individual with a severe hearing loss would be unable to hear normal conversational speech without hearing aids or other technology. They may rely on lip-reading or use sign language as a communication method.

Assessment Criterion 3.1

A hearing test is intended to find the quietest sound that an individual can hear at different frequencies, in each ear.

Methods for assessing hearing include:

- Pure tone audiometry, including Bone conduction testing
- Distraction
- Tympanometry
- Otoacoustic emissions (OAEs)
- Auditory brainstem response (ABR)
- Visual reinforcement audiometry (VRA)

Results are recorded on an audiogram, a chart that maps a hearing loss. An audiogram shows how loud and at what pitch a sound must be before a person can hear it.

The quietest sound a person can hear is known as their **hearing threshold**.

An individual is not able to hear sounds that are above their hearing threshold as these sounds are all quieter than the quietest sounds they can hear. They are able to hear sounds below the threshold line.

Pure tone audiometry: Sounds are generated at different volumes and frequencies. The sounds are played through headphones or speakers and the individual is asked to respond when they hear them by pressing a button.
By changing the level of the sound, the quietest sounds the individual can hear is determined.

Bone conduction testing: Instead of using speakers or headphones a small vibrating device placed behind the ear. This device passes sound directly to the inner ear through the bones in the head, which can help identify which part of the ear isn't working properly.

Distraction: The distraction test is a behavioural test that can be used once the baby is able to sit unsupported and has good head control; about 6-7 months of age.

It involves 2 testers:

The child sits on the carer's lap and one of the testers keeps the child's visual attention looking forward. The other tester presents various sounds either side of the baby, outside the baby's visual field, and watches to see if the child turns towards the sound.

There are many factors, other than hearing status, which can influence the result, e.g.

- the child's interest in the type of sound
- the child's vision
- experience of testers to recognise 'false' turns

Tympanometry: This test assesses how flexible the eardrum is. A soft rubber tube is placed at the entrance of the individual’s ear. Air is gently blown down the tube and a sound is played through a small speaker inside it. The tube then measures the sound that's bounced back from the ear.

OAEs: A soft earpiece is placed in the baby/child's ear and sounds are played through it; the earpiece picks up the response from the inner ear and a computer analyses the results. Unlike AOAEs the sound level can be varied.

ABR: Sensors are placed on the baby's head and neck, and soft headphones or inserts are used to play sounds. The sensors detect how the baby's hearing nerves respond to the sound. Unlike AABRs the sound level and pitch can be varied.

VRA: This is usually used to test hearing in children from approximately seven months of age up to two-and-a-half years old. During the test, the child will sits on the carer's lap or a chair while sounds are presented. The child will be taught to link the sound to a visual reward such as a toy or computer screen lighting up. Once the child is able to associate the sound and the visual reward the volume and pitch of the sound will be varied to determine the quietest sounds the child is able to hear.

Assessment Criterion 4.1

It is common for someone with a hearing loss to hear low frequencies better than they hear the higher frequencies. Also it can be common for people to have a different level of hearing loss in each ear.

The ability to communicate is important as it is how we learn about, understand and influence the world around us. It is also the key to developing personal and social skills. Deaf people can, dependent upon their hearing, use hearing aids, lip reading, sign language or a combination of these methods to communicate.

Surgery: Some conductive hearing losses can be treated by surgery e.g. Glue ear, perforated ear drum, problems with the ossicles. For example with glue ear, sometimes the fluid can persist and it may then need to be removed during an operation. Also it might be necessary to insert something called a grommet. This is a tiny plastic tube which is inserted into the ear drum to keep the middle ear aerated and prevent more fluid from building up.

Amplification (Hearing Aids, Implants)

Hearing aids: The purpose of a hearing aid is to make sounds louder (amplify). They have no effect on an individual's hearing threshold.

Audiologists will adjust the settings of the hearing aids to suit the individual's specific needs so that sounds are made loud enough for the person to hear, but not so loud that they cause discomfort or the sound is distorted.
Hearing aids can come in various shapes, colours and sizes; some are worn behind the ear or in the ear and some are worn on the body.

Bone-anchored Hearing Aids (BAHA) use a surgically implanted abutment to transmit sound by direct conduction through bone to the inner ear, bypassing the external auditory canal and middle ear. It is primarily suited for people who have a conductive hearing loss.

Cochlear implants: Where hearing aids are not successful a cochlear implant (CI) may be considered. A cochlear implant is a sophisticated hearing aid and consists of external parts (a speech processor, microphone and leads) and an internal part (consisting of an array of electrodes) which is surgically implanted in the cochlear and directly stimulates the hearing nerve. This creates a limited signal which is interpreted by the individual as speech.

Communication tactics (Lip Reading, Baby Sign and British Sign Language)

Lip reading: This is a technique of understanding speech by visually interpreting the movements of the lips, face and tongue when normal sound is not available, relying also on information provided by the context, knowledge of the language, and any residual hearing.

Sign Language: Sign language is a visual language using facial expressions, gestures of hands and the rest of the body. It is an independent language with a structure and grammar different from that of spoken and written language. British sign language (BSL) is the sign language used in the UK.

Baby sign: A baby's understanding of language and ability to make gestures develop much faster than their ability to speak e.g. waving bye-bye or asking to be picked up by raising their arms. Baby sign develops this ability and uses a range of signs that can be taught to babies to help them communicate with their carers.

Assistive Devices

The terms *assistive device* or *assistive technology* can refer to any device that helps a person with hearing loss to communicate.

Examples:

Hearing loop. Amplified sound travels through the loop and creates an electromagnetic field that is picked up directly by a miniature wireless receiver that is built into many hearing aids and cochlear implants.

FM system. This uses radio signals to transmit amplified sounds. They are often used in classrooms, where the instructor wears a small microphone connected to a transmitter and the student wears the receiver, which is tuned to a specific frequency, or channel.

Alerting devices. These use sound, light, vibrations, or a combination of these techniques to let someone know when a particular event is occurring. E.g. Wake-up alarm systems might use flashing lights, horns, or a gentle shaking. Visual signals can be used to alert the user that there is someone at the door.

Deaf Awareness

Deaf awareness is about improving communications between deaf and hearing people; to reduce the everyday barriers and also to increase positive attitudes towards deaf people.

In the UK it is estimated that deafness affects approximately 8 million people (about 1 in 7 of the population).

Approximately:

- 6.5 million are over 60 years of age
- 23,000 are aged 0 to 15 years
- 70,000 use British Sign Language
- 90% of deaf children are born to hearing parents

Even if someone is wearing a hearing aid it doesn't necessarily mean they can hear well.

Deaf or hard of hearing people need the following for good communication:

- Good lighting
- Quiet environment away from distractions
- Make sure you have the person's attention before you start speaking
- Good eye contact
- One person to speak at any one time
- Easy distance between people who are communicating
- Stick to one point at a time
- Use sentences rather than words as these are hard to lip-read
- Speak clearly but not too slowly, and don't exaggerate lip movements
- Use natural body language, facial expressions and gestures
- Take time and be patient
- Check that the person you are talking to can follow you
- Use plain language and don't waffle
- Avoid jargon and unfamiliar abbreviations
- Use paper and pen to support communication
- Keep trying
- BSL interpreters should always be used if required.

Suggested Resources

e-Learning

NHSP e-learning screener module:
http://cpd.screening.nhs.uk/elearnfront.php?folder=4168

- Unit 2: The Hearing Pathway and How it Works
- Unit 3: Hearing and Hearing Loss

Websites:

NHS Choices

- Hearing loss:
  - http://www.nhs.uk/Conditions/Hearing-impairment/Pages/Symptoms.aspx
- Hearing tests for children:
  - http://www.nhs.uk/Conditions/hearing-and-vision-tests-for-children/Pages/introduction.aspx

http://www.phonak.com/uk/b2c/en/hearing/understanding_hearingloss.html

http://www.oticon.co.uk/hearing/facts/hearing/how-hearing-works.aspx

http://www.ndcs.org.uk/

Textbook(s)

Northern J.L. and Downs M.P. (2013) *Hearing in Children* (6th edition); Plural Publishing Inc

Hayes D and Northern J.L. (1996) *Infants and Hearing*; Singular Publishing Group

Unit 23: Prepare to Undertake a Newborn Hearing Screen

Level:	**3**
Unit type:	**Optional**
Credit value:	**5**
Guided learning:	**44 hours**

Unit summary

The aim of this unit is to enable you to develop knowledge of the newborn hearing screening programme and confidently provide information to parents, professionals and others.

This unit will enable you to develop an understanding of family friendly working, potential screen outcomes and what these may mean. You will also develop knowledge of the newborn hearing screening programme protocols, quality assurance checks and optimal screening conditions.

Delivery Guidance

This unit should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. midwives; nurses; doctors.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Additional information

Clinical Area: this refers to the area where the screen is carried out. This may be in someone's home.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Be able to identify the newborn hearing population	1.1	Check the baby is eligible for a hearing screen			
		1.2	Explain action to take if baby is not eligible for a hearing screen			
		1.3	Outline the appropriate screening protocol to be followed			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Be able to offer the new parent the newborn hearing screen	2.1	Identify who has parental responsibility			
		2.2	Explain factors to consider prior to approaching parents to discuss screening			
		2.3	Check identity of parent and accuracy of recorded details			
		2.4	Check that consent has been obtained for the screening episode			
		2.5	Inform the midwifery team of any changes			
		2.6	Explain to the parent what the screening procedure involves			
		2.7	Explain to the parent the reasons for screening newborn babies' hearing			
		2.8	Explain to the parent the potential outcomes of the screen			
		2.9	Check the parent's understanding of the newborn hearing screen by the use of open questions			
		2.10	Explain the importance of warning the parent of the possibility of a 'no clear response' outcome of the newborn hearing screen			
		2.11	Explain the process to follow if a parent declines the offer of screening or withdraws consent			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to identify newborn hearing programme risk factors	3.1	Describe the different types of newborn hearing programme risk factors			
		3.2	Obtain a family history of any permanent childhood hearing loss			
		3.3	Explain how the presence of risk factors, other than family history, are established			
		3.4	Record the identified newborn hearing programme risk factors			
4	Be able to provide a family-centred service	4.1	Describe a family-centred hearing service			
		4.2	Establish a rapport with the parent			
		4.3	Handle the baby in a safe and confident manner			
		4.4	Explain how to respect the parents' privacy and dignity			
		4.5	Explain how to respect the baby's privacy and dignity			
5	Be able to check and prepare newborn hearing screening equipment	5.1	Carry out routine equipment quality assurance checks			
		5.2	Explain the action to take if the equipment does not meet quality assurance checks			
		5.3	Explain the consequences of using unchecked equipment			
		5.4	Record equipment quality assurance checks			
		5.5	Ensure all equipment and consumables necessary to undertake the screen are available			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
6	Be able to prepare the clinical area and optimise screening conditions	6.1	Check **clinical area** meets all local infection control policy requirements			
		6.2	Explain the physical and environmental factors that could affect the screen			
		6.3	Optimise the screening conditions			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

NHSP objectives are to:

- Offer the screen to all babies* whose parents reside in England (including armed forces babies).
- Offer the screen to most babies within the first week of life and complete the screen by the age of four weeks in hospital-based programmes and 5 weeks in community-based programmes.

*Some babies are not candidates for the hearing screen as they have a higher risk of hearing impairment or clear evidence that hearing impairment will be present:

- Atresia - unilateral or bilateral
- Confirmed or suspected Bacterial Meningitis

Assessment Criterion 1.2

Babies who are not eligible (see 1.1.) for a hearing screen should not be screened and should be directly referred to Audiology for assessment.

Screener actions:

- Make referral
- Provide parent with appropriate documentation
- Record in:
    - NHSP national IT data system
    - Mother/baby notes/Personal Child Health Record (PCHR)
- Inform maternity staff

Assessment Criterion 1.3

The newborn hearing screen is offered to all babies*, however the process for delivery differs depending upon:

- Baby status
    - Well baby
    - NICU (or SCBU) baby

A Neonatal Intensive Care Unit **(NICU)** / Special Care Baby Unit **(SCBU) BABY** is a baby who **HAS** spent 48 hours or more in a Neonatal Intensive Care Unit or Special Care Baby Unit, irrespective of why they were admitted to the NICU/SCBU.

ALL babies fitting this 'NICU/SCBU' definition are screened using the NICU/SCBU NHSP protocol.

A **WELL BABY** is a baby who **HAS NOT** spent 48 hours or more in a Neonatal Intensive Care Unit or Special Care Baby Unit, irrespective of any medical conditions the baby may have.

ALL babies fitting this 'well baby' definition are screened using the WELL BABY NHSP protocol.

Some hospitals have what is known as a 'Transitional Care Ward' (TCW). Babies from a TCW should follow the Well Baby NHSP protocol unless they have, at some point, spent 48 hours or more in a NICU or SCBU.

The NICU protocol

Ideally NICU/SCBU babies should be screened as close as possible to their discharge from hospital.

NICU/SCBU babies should be screened when:

- they are over 34 weeks gestational age
- treatment or intervention has been completed
- medical advice considers them well enough

Babies who are being transferred to another hospitals NICU/SCBU unit should not be screened unless they meet the criteria above.

The NICU protocol specifies that NICU/SCBU babies should have both an Automated Oto-Acoustic Emissions (AOAE1) and an Automated Auditory Brainstem Response (AABR) screen. The AOAE1 and AABR screen should ALWAYS be carried out on BOTH ears.

NICU/SCBU babies do not have an AOAE2.

The decision to refer for immediate audiology assessment is based on the AABR screen result.

The Well baby protocol

Ideally well babies should be screened prior to their discharge from hospital (hospital model) or screen completion by 5 weeks of age (community model)

AOAE1 – if Clear Responses (CRs) from both ears the baby is discharged from the screen and moves into 'appropriate child health surveillance'

AOAE2 (if required) If the AOAE1 outcome is No Clear Response (NCR) from one or both ears then the next stage of the screen, usually AOAE2 screen should be offered.

It is only necessary to screen the ear or ears in which a NCR outcome was obtained from AOAE1.

If the AOAE2 outcome is a CR from both ears the baby is discharged from the screen and the baby moves into 'appropriate child health surveillance'.

If the AOAE2 outcome is NCR from one or both ears then the next stage of the screen, the AABR screen, should be offered.

AOAE2 may be inappropriate for the following reasons:

- It is less than 5 hours since AOAE1 was completed and baby is to be discharged soon (hospital model)
- Parental preference
- Technical difficulty with the screen e.g. persistent noisy breathing

If any of these reasons apply then the next stage of the screen, the AABR screen, should be offered.

AABR should ALWAYS be carried out on BOTH ears irrespective of AOAE screen outcomes.

The AABR screen should only be carried out ONCE.

If the AABR outcome is CR from both ears the baby is discharged from the screen and the baby moves into 'appropriate child health surveillance'.

If the AABR outcome is NCR from one or both ears then the baby should be referred for an immediate Audiological assessment. The target for Audiological assessment, following referral from the screen, is within 4 weeks of screen completion.

Assessment Criterion 2.1

Only a person who has parental responsibility can give Parental responsibility is defined by law and described in The Children Act 1989; amended Dec. 2003.

A mother always has parental responsibility even if she is under 16 years of age unless she is deemed not competent; parental responsibility is then decided by a court order.

A father will only have automatic parental responsibility if he is MARRIED to the mother.

An UNMARRIED father will only have parental responsibility if he:

- has registered the child's birth jointly with the mother
- has obtained a parental responsibility order from the court
- has registered a parental responsibility agreement with the court

Local Authority - Social Services In some circumstances consent for screening must be gained from local Social Services e.g.

- If there is a care order placed on the baby the designated Local Authority will have been given parental responsibility.
- If a baby is to be adopted. Until parental responsibility has been assigned to the Local Authority it remains with the mother.

Other - It is more than likely that the child is 'out of newborn hearing screening age' for this group

- A legally appointed guardian of the child
- An authorised person who holds an emergency protection order in respect of the child
- A person who has a residence order concerning the child

Grandparents, Foster parents, Child-minder or nanny do not have automatic parental responsibility unless it has been granted to them by a court order.

Assessment Criterion 2.2

Preferred language: Information should be accessible to mother and family and therefore be provided in their preferred language. Local interpreting services should be used where necessary and if not available, informed consent is not possible. The screen should not take place and the reason why recorded on the NHSP national data system.

Mother's full name: Required for correct identity of parent and accuracy of recorded details.

Location of baby: Has the baby been transferred to NICU/SCBU.

Gender of the baby: It's always nice to correctly refer to the baby as 'he' or 'she'.

Adoption or care orders: This may have implications about parental responsibility and who can give consent for the screening episode.

Hospital model

When was baby delivered and when is mother expecting to go home: Work load can be prioritised to ensure that, where possible, babies are screened prior to discharge from hospital.

Mode of delivery and any complications: Mothers who have had a Caesarean Section will almost certainly stay in hospital for longer. Also some mothers may be unwell and this knowledge will enable the screener to work sensitively.

Babies, even though they are on the post natal ward, can be unwell and undergoing treatment; e.g. babies may be being nursed under ultraviolet light because they are jaundiced, or may have bruising on their head due to a forceps delivery.

Mother's emotional state: Mother may have been given distressing news and shouldn't be approached at this time.

Infection: screeners to check whether there are any risks of infection before approaching mother/baby

Assessment Criterion 2.3

For screeners working in the community some of the following information may not directly apply, but the principles do apply.

The screener should check with the parent all recorded details:

- **Full name** – not just Mrs Jones as there may be more than one Mrs Jones on the ward
- **Baby name** – if decided
- **Address** – needs to be up-to-date as many parents move house at this time
- **Telephone** – mobile is useful for 'reminders' if further appointments are necessary
- **G.P.** – name and surgery as may be required for referral notification

NHS number – NHSP screening equipment requires baby or babies NHS number. Accuracy is particularly important when screening twins, triplets etc.

Assessment Criterion 2.4

A key part of newborn hearing screener role is to offer the support and information that enables parents to make **informed** decisions around the NHSP. Principles of screening and the concept of Informed Choice – screening is offered and there is no pressure for parent to take up the offer.

The person with parental responsibility must consent to the screen which includes consent for the screen **and** the screening results being held on a national IT database. It is not possible to perform the screen without data being stored.

If the baby is referred this consent will also include data from any audiological assessments being held on a national IT database.

It should not be assumed that all those from the same cultural or religious background will make the same choices.

Consent should be recorded in Mother/baby and NHSP records

Consent may be withdrawn at any time.

Regarding use of data:

- Only **authorised individuals** can access -demographic details about the baby can only be viewed by the local team
- **nationally** all the demographic details are removed from the baby's record - this data is only used for **monitoring the quality** of the programme
- all requirements of the **Data Protection Act** 1998 will be met during the storage/use of this information

Parents should only be asked if they wish to have their baby's hearing screened if:

- they are aware that they may not clear responses from the screen
- any childhood family history of permanent hearing loss has been ascertained
- all of their questions have been answered to their satisfaction
- all relevant NHSP information has been provided to enable them to make a fully informed decision about the screen

When the screener has established that the parent wishes a hearing screen for their baby, the screener should negotiate a convenient time to screen the baby, recognising that they may wish their partner to be present.

Assessment Criterion 2.5

A previously healthy baby on a normal post-natal ward can occasionally become unwell. This can happen suddenly, with no warning.

There may be subtle changes such as

- pallor to the skin
- bluish tint to the lips
- may become floppy

It is the screener's responsibility to report any concerns they may have about the condition of the mother and/or the baby to a member of the midwifery team. This also includes any concerns the mother has mentioned to the screener about herself or her baby. Screeners are not expected to make clinical judgments or offer advice relating to maternity care.

It is important that screeners know how to summon help in an emergency.

Assessment Criterion 2.6

The explanation should include the following:

- A **small soft tipped earpiece** is placed in the baby's ears. Screener can show parent the actual earpiece and allow them to feel it.
- **Gentle clicking sounds** are played. Baby may 'settle' to the soothing sounds.
- A hearing ear should make **small sounds in response**; these sounds can be picked up by the tiny microphone in the earpiece.
- Because the sounds are small it is best if the baby is **settled**, **ideally asleep**, and the room as **quiet** as possible.
- The earpiece needs to **fit snugly** to reduce the effect of external sounds .The baby may therefore **wriggle** during earpiece fitting.
- The ear-tip is **specially designed** for babies. It is disposable, made from **hypoallergenic** material and a **new** one is used for each baby.
- Parents should be made aware that their baby is **not expected to visibly react** to the clicking sounds. Some parents may become anxious when they do not see their baby respond.
- The AOAE screen usually takes only a **couple of minutes** to complete. This **may seem longer** as need quiet during the screen.
- **When** the screen might be carried out i.e. Hospital site - before going home, when baby is settled; Community site - at today's visit.

Parents need to know that the screener may not be able to answer their questions immediately due to the need for quiet during the screen.

The screener will explain the outcome of screening test at the end.

NICU protocol:

Parents of NICU or SCBU babies are offered the NICU screening protocol i.e. both AOAE and AABR screening. The NHSP NICU leaflet should be provided.

If parents want to have their baby screened it should be explained that this will be carried out during the last few days of their stay in hospital. Parents should be actively encouraged to be present during the screen.

Assessment Criterion 2.7

All parents in England are **offered** the opportunity to have their baby's hearing screened shortly after birth to enable the identification of babies born with a (congenital) hearing impairment.

Around **1 to 2 babies in every 1000** are born with a hearing loss affecting both ears and a further one per 1000 has a hearing loss affecting one ear or a mild hearing loss.

Around **650 babies every year** are diagnosed with a permanent hearing loss which affects both their ears. Most of these babies are born into families with no history of childhood hearing loss.

NHSP aims:

- To identify 90% of children with bilateral moderate to profound permanent childhood hearing impairment (PCHI) within 8 weeks of age
- To identify 100% of children with bilateral moderate to profound hearing loss by 24 weeks of age
- To begin an agreed programme of support for the family and the child as soon as possible after a hearing loss has been confirmed

Early identification of hearing impairment gives children a better chance of developing speech and language skills. Also it helps them make the most of relationships with their family and carers from an early age.

To allow parents to make a truly 'informed' decision about whether they wish a hearing screen for their baby it is important that they are aware of potential disadvantages as well as advantages when explaining the screen.

Advantages

- The NHSP allows babies who have a hearing loss to be identified early
- Early identification is important for child development
- Support and information for parents can be provided early

Potential Disadvantages

- Takes some of parent's time; but should not delay discharge from hospital
- Baby needs to be settled
- Potential anxiety if do not get clear responses

Assessment Criterion 2.8

There are three possible outcomes following the hearing screen:

- Clear responses from **BOTH** ears
- Clear response from **ONE** ear only
- **NO** clear responses from either ear

It is vital that parents understand that clear responses may not be recorded from their baby. They need to be aware that this does not **necessarily** mean there is a hearing loss as it may be due to a number of reasons. However, it is possible a baby may have a hearing loss.

There are four possible reasons why clear responses may not be recorded from a hearing screen. It is **essential** that parents are aware of these **before** they make any decision about their baby being screened.

- Baby has a hearing loss
- Background noise interfered with the screen
- Baby was unsettled
    - Baby still has birth fluid or birth 'debris' in their ears. *Parents should be reassured that this is quite normal, and it will be absorbed naturally over time.*

Parents also need to know:

- **What** will happen if no clear responses were recorded i.e. a 2nd attempt (at AOAE) or a different method (AABR) can be used.
- **When** this will happen i.e. Hospital - in 5 hours; prior to discharge; outpatients. Community – within 5 days; outpatients.

Assessment Criterion 2.9

After going through and explaining consent in detail parents should be asked if they have any questions.

In some cases this may involve questions that are beyond the screener area of knowledge. It is important that they are able to acknowledge their limits and feel comfortable in seeking advice from the appropriate sources.

It cannot be assumed that a person has understood what was said to them, because they have nodded their head. Misunderstandings can range from, not understanding due to the terminology used, language barriers, or hearing difficulties.

The use of open questions allows the screener to explore what the parent has understood about the newborn hearing screen.

Open questions can start with 'why', 'what', 'how'' 'where' and 'when'. Closed questions are those that invite a yes or no answer.

Examples: **Open question** 'What else would you like me to tell you?' **Closed question** 'Would you like any more information?'

Assessment Criterion 2.10

The majority of parents have probably not thought about their baby's hearing and may accept the hearing screen simply because they trust the health professionals involved. Also many parents agree to have their baby screened because they want to be reassured that 'all is well' with their baby's hearing.

It is therefore vital that the screener ensures that parents are aware, *before any decisions are made about the screen,* of:

- the likelihood of not getting clear responses from the screen
- what this may mean
- their next choices

Discussing with parents why Clear Responses may not be recorded, and a referral for further tests might be required, **BEFORE** it happens makes the situation more comfortable for parents if it does happen.

Assessment Criterion 2.11

Parents have a right to defer or decline a hearing screen for their baby. It doesn't happen very often but the decision should be respected.

If a parent does not wish to have their baby screened, or withdraws consent during the screening process it is important that they should be guided to the **checklists** as babies can acquire or develop a hearing loss at any age. The two lists, 'Reactions to Sounds' and 'Making Sounds' give parents pointers about what to look for, and listen out for, as their baby develops and grows. These are incorporated in the generic National Screening Committee (NSC) booklet 'Screening tests for you and your baby' and in the national Personal Child Health Record (PCHR). It is also available as a separate sheet if required.

Parents should also be provided with the appropriate **NHSP decline letter** (NICU/Well baby which has a contact number should they change their mind at a later date.

The parent decline of the screen should be **documented** in the appropriate records: e.g. NHSP; Mother's/Baby's records/PCHR.

Assessment Criterion 3.1

There are a number of risk factors that are known to indicate an increased chance that a baby may have a hearing loss.

There are three different NHSP risk factor categories:

- Core
- National
- Local

The NHSP **CORE** risk factors are:

- Congenital Infection
- Cranio-facial abnormalities
- Family history of permanent hearing loss from birth or childhood, in the WIDE family
- NICU/SCBU for 48 hours or more

The NHSP **NATIONAL** risk factors are:

- Confirmed Congenital Infection
- Cranio-facial anomalies
- Bacterial Meningitis
- Family history of permanent hearing loss from birth or childhood, in the CLOSE family
- IPPV (ventilated) for more than 5 days
- Jaundice at exchange transfusion level
- Neurodegenerative or Neurodevelopmental disorders
- Syndrome associated with Hearing loss

Examples:

Confirmed congenital infection due to:

Toxoplasmosis, **R**ubella, **C**MV or **H**erpes (TORCH)

Cranio-facial Anomolies: cleft lip/palate and atresia (not **minor ears pits and tags**).

Family History – CLOSE: either, or both, of the baby's natural **parents** or a **sibling** of the baby where identified as having had a permanent hearing loss since childhood; irrespective of the degree of loss.

Syndrome: Down's, Treacher Collins.

Local risk factors: An example of a locally defined risk factor is consanguinity. This is when parents are closely related to one another e.g. first cousins.

Babies with bilateral CRs screening outcome or satisfactory hearing when referred to Audiology but have one or more of the following risk factors should be offered a targeted follow up in Audiology when they are 7-9 months old.

Assessment Criterion 3.2

Information about both the Core risk factor of Family History (**wide** = wider family blood relatives) and the National risk factor of Family History (**close** = baby's parents or siblings) of a baby is obtained by the screener by direct questioning of the parent. The screener must ask the same questions for both baby's mother and father.

Question: *Does anyone in your family have a hearing loss that was present at birth or started in childhood?*

If the answer is **YES** the screener should:

- Ask if still have the hearing loss?
- If the answer is yes: use the NHSP Family History Questionnaire to find out more information.

If the answer is **NO** the screener should:

- Use the NHSP Family History Tree and ask about: their other children, their mother or father, their brothers/sisters, nephews and nieces.

Answers should be recorded in the:

- NHSP records (hospital screeners)
- PCHR forms (community screeners)

Assessment Criterion 3.3

Screeners may obtain information about a baby's **Core** risk factors (other than wide Family History) from the hospital notes. If in doubt they should consult a midwife or paediatrician.

It is not easy for screeners to ascertain information about **national** risk factors as hospital notes are difficult to interpret accurately. A member of the medical or NICU/SCBU staff should provide this information, ideally using the developed NHSP Risk Factor questionnaire to support obtaining accurate information.

An appropriate mechanism for identifying any additional **local** risk factors and appropriate local training should be provided.

Assessment Criterion 3.4

To facilitate the on-going quality of the NHSP it is important that these known risk factors are identified and recorded on the NHSP national IT data system.

The presence or absence of NHSP **Core** risk factors must be recorded for ALL babies.

If the baby has had a **TORCH** screen and the results come back negative the Congenital Infection NHSP National risk factor should be recorded as 'NO'.

If the result of a TORCH screen is positive the Congenital Infection NHSP National risk factor should be recorded as 'YES'.

If the baby has not had a TORCH screen, or the results are not known, the Congenital Infection NHSP National risk factor should be recorded as 'UNKNOWN'.

The following National risk factors should be recorded as 'YES' if:

- The **Bacterial Meningitis** bacterial meningitis or meningococcal disease was confirmed or suspected.
- The **Family History (Close)** - if either, or both, of the baby's natural **parents** or a **sibling** of the baby where identified as having had a permanent hearing loss since childhood; irrespective of the degree of loss.
- A **NICU/SCBU** baby required ventilation for more than 5 days.
- A baby has a **jaundice level** that is so high that an exchange blood transfusion is clinically indicated.
- A baby has identified development delay associated with a **neurological** disorder.
- A baby has a confirmed syndrome that is **related to hearing loss**.

If any local risk factors are defined the local programme will describe how and where they should be recorded.

Assessment Criterion 4.1

High quality, accessible information is a key component to family friendly practice and underpins informed decision making. It should be inclusive, accessible to all and meets the needs of mothers, their partners and families. Inclusiveness means treating everyone as individuals with varying needs; sometimes tailoring services in order to meet the needs of those who may otherwise be excluded.

Verbal information should be clear, unambiguous and reflect the written information.

Information should be equally available to all families and provided in the preferred language of each family. Local interpreting services should be used where necessary; if not available this should be recorded on NHSP national IT data system.

The 11 key Family Friendly principles are:

1 Families are different

2 Families and professionals should work in partnership

3 There should be partnership between agencies

4 Families have the right to accurate, up-to-date and comprehensive information

5 Families deserve continuity of care

6 The Family-Professional dialogue should be undertaken in appropriate language

7 The Family Friendly Hearing Services should be responsive

8 When a family cannot go to the Service, the Family Friendly Hearing Service should go to the family

9 Family representatives should be involved in the strategic management of the service

10 The physical environment of the Service should be family-friendly

11 Meeting the needs of the family is more important than adhering to targets and standards

<u>NHSP Family Friendly service</u>

To limit the potential anxiety a parent may feel when their baby requires a referral for further tests, they should be provided with the following written information in their preferred language:

- time of their appointment
- exact details of where their appointment will be, together with directions and map
- helpful information about parking, costs and public transport
- explanation about what will happen during the appointment
- why it is important for their baby to be settled during the appointment
- the length of time they need to allow for the appointment
- what they should bring with them to the appointment e.g. feed, nappies etc.
- advice about what is available for siblings
- a name and contact number

A family friendly clinic should include:

- Reception by a person who is knowledgeable, warm, friendly, and skilled in communicating with potentially anxious parents
- Clinic staff should be deaf aware
- Child safe and friendly areas
- Activities for siblings e.g. toys, videos, drawing materials
- Feeding and baby changing facilities
- Comfortable chairs

Assessment Criterion 4.2

A screener must ensure that the parent knows who they are and what their role is.

The screener should check that it is a convenient time for them to talk to the parent about the NHSP.

It is possible that mother has some knowledge of the NHSP and this should be acknowledged. However it is key to note that mother's feelings may be different now that baby is here, or the experience may differ significantly from her previous baby.

A screener must successfully communicate with parents throughout the whole screening process.

Screeners must remember that:

- the baby is very new and this may be a very new experience for the parents
- this is a very sensitive and emotional time, especially for the mother
- the screening outcome has the potential to raise parental anxiety
- that parents need to be, and feel, fully involved throughout the screening process

Communication is a two way process where equal importance is placed on receiving as well as giving information, i.e. listening is key.

The words used when talking with parents should aim to minimise parental anxiety but still provide clear and accurate information. Tone of voice plays an important role in effective communication.

Acknowledge that they may wish their partner to be involved in the consent process and /or the screening episode.

Assessment Criterion 4.3

Confident and sensitive handling of babies helps reassure parents that their baby is in safe hands and can influence how the parents feel about the screening episode.

Screeners should look and behave professionally:

- Appearance - First impressions really count
- Personal hygiene - Nails should be short, clean with no nail varnish. Polished nails harbour bacteria and long nails could damage a baby's delicate skin during handling.
- Jewellery - Risk of scratching a baby and can harbour bacteria.

- Hair - Shoulder length or longer hair should be tied back.
- Identity badge - ID badges, scissors, pens etc kept in top pockets can all cause injury.

Prevention of Infection – screeners should:

- Always wash hands before and after touching any baby
- Never put anything back into a cot that has been on the floor
- Throw away disposable items after each screen
- Clean all non-disposable items that come into contact with any baby
- Be aware of and follow local infection control policies

Handling babies; screeners should:

- Screen in bassinette/car seat/cot – where possible to limit the amount of handling.
- Not carry the babies
- Never lie babies on the bed, or other surface.
- Babies head should always be supported; taking care of the fontanelles. ('soft spots' on the baby's head where the skull bones does not completely cover the brain)
- Be aware of and follow all local security procedures

At end of screen:

- Leave the baby as found
- Be aware of and follow sudden infant death (SID) guidelines.
- Lie baby on their back. Unless specific medical advice differs for a particular baby.
- Position baby so feet are at the end of the cot to prevent them wriggling down under the covers.
- The covers should reach no higher than the shoulders.
- The baby should be at a comfortable temperature; not too hot or too cold.
- Mother should be asked where she would like the cot positioned.

Assessment Criterion 4.4

Openness and a friendly manner can mean much to a parent. Each parent and baby needs to feel that they have been treated with respect and consideration and that professionals are interested in their care, even if they are one of many screened that day.

Screeners are entrusted to gather sensitive and personal information. This information is held under legal and ethical obligations of confidentiality and should not be used or disclosed in any form that might identify a patient without his or her consent.

The screener has access to personal details and health information; this information is totally confidential and must not be disclosed to unauthorised individuals.

The screener needs to be mindful of being overheard by others in the ward and 'idle chat'.

Screeners need to be aware that breach of confidentiality is a serious offence.

Screeners should respect mother's wishes with regard to the use of:

- ward bed curtains
- a private room

Where possible the baby and equipment screen should always be visible to the parent.

Assessment Criterion 4.5

The screener should always treat the baby with the same respect and care as they would an adult.

If the covers need to be rearranged they baby should be exposed as little as possible for the least amount of time.

Information relating to the baby should be kept confidential and only disclosed to authorised individuals, or with parent permission.

Assessment Criterion 5.1

All the AOAE and AABR screening equipment used by NHSP sites have associated written NHSP protocols.

It is the responsibility of the screener to ensure equipment QA checks and calibrations are carried out and logged as detailed in the NHSP Equipment protocols.

https://www.gov.uk/government/collections/newborn-hearing-screening-technical-and-equipment-guides

The following should be checked:

- **Visual** – for damage; poor connections
- **Cavity** – AOAE = no clear response (NCR)
- **Real ear** *(hearing)* = clear response (CR)
- **Occlusion** – AOAE = earpiece patent
- Stimulus
- **Data deleted** (where applicable)

Assessment Criterion 5.2

It is the screener's responsibility to report and isolate equipment suspected of being faulty.

Dependent upon the AOAE system the screener should:

- Otoport – replace coupler
- Accuscreen – replace filter/green post

If problem persists the equipment should be:

- Removed from use
- Labelled 'Do not use'

The screener should follow the appropriate NHSP policy for the specific system:

https://www.gov.uk/government/collections/newborn-hearing-screening-technical-and-equipment-guides

Assessment Criterion 5.3

Failure to carry out equipment quality assurance checks, or using faulty equipment, may result in babies with a hearing loss not being referred for full audiological assessment or babies without a hearing loss being referred unnecessarily.

Too many referrals would reduce available capacity in audiology services and is not family friendly and too few referrals may mean that babies with a hearing loss may be missed.

Assessment Criterion 5.4

All equipment checks should be logged in the locally determined records. These logs should be available to local and national governance groups.

The following should be recorded:

- Name and serial number of equipment checked
- Date and time checks carried out
- Name of the individual who carried out the checks
- Signature/initials of individual
- Outcome of the checks
- Any actions taken as result of checks

Assessment Criterion 5.5

The screener should ensure the following available:

- Appropriate equipment
- Equipment battery power is adequate
- AOAE consumables e.g.
    - Ear-tips – various sizes
    - Probe and spare
    - Probe posts/filters/cleaning wires
- AABR consumables e.g.
    - Ear muffs/headphones
    - Sensors
    - Skin prep materials
- Equipment cleaning materials
- Waste arrangements adequate

Assessment Criterion 6.1

The prevention of the spread of infection is paramount. Mothers and new babies are a very vulnerable population.

Screeners must be aware of and follow agreed local infection control procedures at all times.

It is the responsibility of the NHSP screener carrying out the screen to ensure that they:

- Wash their hands thoroughly before and after touching any baby
- Clean all screening equipment between patients using the procedures defined in the equipment protocols. https://www.gov.uk/government/collections/newborn-hearing-screening-technical-and-equipment-guides
- Clean all non-disposable items that have come in contact with any baby.
- Never put anything back into a cot that has been on the floor e.g. bedclothes.
- Do not re-use disposable items
- Dispose of consumable items such as ear tips, ear muffs, sensors etc. in an appropriate manner after each screen has been completed.

Failure to follow the correct hand-washing or equipment cleaning procedures may result in cross infection of disease between babies.

Assessment Criterion 6.2

Environmental noise:

Acoustic noise can prevent affect the screen by preventing:

- The baby from hearing the sound stimulus
- The AOAE microphone from picking up the baby's response

Electrical noise:

- Interference from electrical equipment e.g. overhead lights; heating blanket
- Baby activity – muscle movement

Baby

Fluid/debris/vernix: In the ear canal following the birth.

Unsettled: Is baby hungry or uncomfortable

Position: To optimise earpiece stability

Unwell: Receiving treatment or less than 34 weeks gestation

Equipment

Blocked: Reduces stimulus level and for AOAE reduces the ability of the microphone to pick up the response

Damaged: Compromising the equipment performance

Screener expertise

Unconfident baby handling skills

AOAE

Poor earpiece fit: Allows environmental noise to enter the ear canal which can inhibit the click stimulus and the quiet AOAE response.

Inappropriate earpiece size: Permitting entry of external acoustic noise

AABR

Inadequate skin preparation: High impedance values

Poor sensor placement: Reduces ability to pick up the very small AABR electrical signal.

Poor headphone placement: Allowing acoustic noise interference

Poor cable placement: Allowing electrical noise interference

Assessment Criterion 6.3

Before attempting to screen the screener should optimise conditions by:

- Being aware of baby's:
  - feeding status – want **settled baby** ideally sleeping
  - medical status
- Reducing **acoustic noise** as much as possible e.g.
  - Turning television off
  - Politely requesting others reduce noise

If it is not possible to reduce the noise then considering taking the baby and parent to a different location for screening.

- Reducing **electrical noise** as much as possible e.g.
  - Placing screening equipment as far as possible from the baby
  - Switching off unnecessary electrical equipment (permission from unit staff)

If appropriate moving baby away from the source of electrical noise.

- **Positioning the baby/bassinette** so that ear canals can be viewed and earpiece/headphones can be securely placed.
- Daily equipment checks
- **Improve skills** by:
  - Working with maternity staff with regard to baby handling skills
  - Reviewing clinical skills e-learning materials
  - Practising earpiece/sensor/headphone placement

Suggested Resources

e-Learning

NHSP e-learning screener module:

http://cpd.screening.nhs.uk/elearnfront.php?folder=4168

- Unit 1: Introduction to NHSP
- Unit 4: Hearing Screening using AOAEs and AABRs
- Unit 5: NHSP Protocols, Standards, Targets and Information
- Unit 7: Family Friendly Working within the NHSP

Antenatal and Newborn e-learning module:

http://cpd.screening.nhs.uk/annb-elearning-module

Websites:

NHS Choices - Newborn hearing screening
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx

Gov.uk – Newborn hearing screening programme overview
https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview

Screening Choices - A resource for health professionals offering antenatal and newborn care

cpd.screening.nhs.uk/screeningchoices

National Deaf Children's Society (NDCS)

http://www.ndcs.org.uk/family_support/childhood_deafness/hearing_tests/newborn_hearing.html

Parental Rights and Responsibilities

www.direct.gov.uk/en/Parents/FamilyIssuesAndTheLaw

Foundation for the Study of Infant Deaths (FSID)

fsid.org.uk/

Unit 24: Undertake an Automated Auditory Brainstem Response (AABR) Newborn Hearing Screen

Level:	**3**
Unit type:	**Optional**
Credit value:	**4**
Guided learning:	**23 hours**

Unit summary

The aim of this unit is to enable you to develop the knowledge and skills to undertake a newborn hearing screen using Automated Brainstem Responses (AABRs).

This unit will enable you to develop an understanding of what AABRs are, what affects AABR screening, the skills to optimise screening conditions and to undertake an AABR newborn hearing screen. You will also develop knowledge of the entire newborn hearing screening pathway and confidently provide information to parents, professionals and others.

Delivery guidance

This unit should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. midwives; nurses; doctors.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (see *Annexe A*).

Additional information

Next steps:

- Discharge from the programme
- Surveillance
- Parent role in monitoring hearing
- Referral to Audiology
- Targeted follow-up

Relevant records: may include newborn screening hearing programme baby proforma, baby's or parent's hospital records, personal child health record.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the Newborn Hearing Screen Programme Automated Auditory Brainstem Response (AABR) screening tests	1.1	Define what is meant by Automated Auditory Brainstem Response (AABRs)			
		1.2	Describe where along hearing pathway AABRs occur			
		1.3	Describe how AABRs are picked up			
		1.4	Explain what an AABR test involves			
		1.5	Identify the factors that may affect the ability to record AABRs			
		1.6	Explain how the factors affect the ability to record AABRs			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Be able to undertake Auditory Brainstem Response (AABR) Newborn Hearing Screening following national protocols	2.1	Explain actions being taken throughout the screening episode to parent			
		2.2	Position the baby and clothes appropriately			
		2.3	Evaluate the baby's skin before commencing screening			
		2.4	Prepare the baby's skin prior to sensor placement			
		2.5	Explain the consequences of poor skin preparation prior to sensor placement			
		2.6	Ensure correct placement of sensors			
		2.7	Check impedance levels			
		2.8	Explain the consequences of poorly placed sensors			
		2.9	Ensure correct placement of AABR headphones			
		2.10	Ensure cable connections are correct and the cable is positioned correctly			
		2.11	Monitor the conditions during AABR screening			
		2.12	Explain the actions to take in response to changes in conditions			
		2.13	Keep AABR headphones in place until test is saved			
		2.14	Gently remove sensors and headphones			
		2.15	Demonstrate safe storage of equipment and charges/changes as appropriate			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to communicate the Auditory Brainstem Response (AABR) screening outcome and next steps	3.1	Check result on AABR system display before informing parent of outcome			
		3.2	Explain the AABR screening result to parent			
		3.3	Answer questions regarding the screening result from parents			
		3.4	Explain to the parent the **next steps**, based on the results of the screen			
		3.5	Provide the parent with the appropriate documentation			
		3.6	Inform the parent of other appropriate sources of information			
		3.7	Explain the importance of informing appropriate health professionals of any parental or professional concerns as necessary			
4	Be able to record the Auditory Brainstem Response (AABR) screening outcome	4.1	Record the AABR screening outcome on the **relevant records**			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Automated Auditory Brainstem Responses are usually abbreviated to **AABRs**.

Auditory Brainstem Responses (ABRs) are very small electrical signals from the hearing (auditory) nerve in response to sound.

Automated = the equipment is automated and will decide the results of the screen based on predetermined criteria.

Auditory = means 'of hearing'

Brainstem = the brainstem is the lower part of the brain. The hearing (auditory) nerve goes via the brainstem on its way to the area of the brain dedicated to hearing, the auditory cortex.

Responses = reactions

Assessment Criterion 1.2

ABRs are a reaction to sound and occur in the hearing nerve on its way to the area of the brain that deals with sounds; the auditory cortex.

Assessment Criterion 1.3

The response from the auditory nerve is picked up by three small sensors placed on the baby as follows:

- High forehead
- Nape of neck
- Shoulder

Assessment Criterion 1.4

Unlike the AOAE, the AABR stimulus level affects the size of the response, i.e. the louder the stimulus the bigger the response. A non-automated ABR system is able to deliver different levels and frequencies of sound stimulus and can be used by audiology to determine a baby's hearing threshold, i.e. the quietest sound stimulus that results in a response from the auditory nerve.

The AABR screen: the click stimulus contains a range of frequencies found in speech and is delivered at the **NHSP set level**.

The screener should explain that the AABR screen is a different type of screening test that is less affected by birth fluid; although this still does have some affect.

Parents need to know that:

- The AABR takes longer than the AOAE screen i.e. 5 to 30 minutes
- Clicking sounds are played to the baby through soft headphones, specially made for babies
- Baby's responses to sounds are picked up via three sensors placed on the baby; on the forehead, neck and shoulder. *Screener could show the sensors*
- A good sensor contact is required, so the skin will be gently prepared.

- With AABR screening both ears are always screened. The AABR screen should only be carried out once.
- The AABR screen works best if baby is as settled as possible as it is greatly affected by muscle activity

It is important that the screener makes the parents aware that clear responses may not be recorded from their baby; even from the ear with a previous AOAE clear response.

Assessment Criterion 1.5

There are several factors that affect the ability to record AABRs from a newborn baby:

- The baby has a hearing loss
- The baby still has birth fluid or debris in the ear
- Screener expertise
- There is too much background noise:
    - Acoustic noise = noise that we hear as sound
    - Electrical noise* = interference from electrical equipment, lights and in particular other baby activity such as muscle movement.
- Equipment not functioning correctly

*AABR is particularly affected by baby muscle movement.

Assessment Criterion 1.6

Environmental noise:

Acoustic noise e.g. television, talking, vehicles. This can affect the screen by preventing the baby from hearing the sound stimulus i.e. acoustic noise is louder than the stimulus

Electrical noise Interference from electrical equipment e.g. overhead lights, heating blanket and in particular baby muscle movement. All muscle, brain and nerve activity generates electric signals. The AABR is tiny in comparison and can be 'drowned out' by the much larger muscle activity making it difficult (or impossible) for the sensors to pick up.

Baby

Fluid/debris/vernix: In the ear following the birth. This still affects AABR by reducing the stimulus level so hearing nerve not receiving adequate stimulation. AABR is less affected than AOAE where fluid reduces the stimulus level and affects the microphone ability.

Unsettled: e.g. crying, sucking, movement = electrical and acoustic noise

Less than 34 weeks gestation: the equipment is calibrated to test babies >34 weeks GA when the hearing nerve is more mature.

Unwell: Receiving treatment

Equipment

Blocked: Baby's pinna occluding the transducer = no/reduced stimulus level.

Damaged: Compromising the equipment performance; Quality Assurance (QA) checks fail

Screener expertise

Unconfident baby handling skills – unsettles baby

Poor skin preparation: The baby's skin acts as a barrier to picking up the ABR signal, i.e. it prevents or impedes the ability to pick up the response.

Poor sensor placement: Reducing ability to pick ABR signal

Poor headphone placement: Permitting entry of external acoustic noise; baby's pinna blocking reducing stimulus level

Assessment Criterion 2.1

The screener should explain what they are doing and why during each stage of the preparation process.

During the screen the parent should be aware of the need for quiet, but if required the screen can be paused to answer questions or if the parent seems anxious provide support.

Assessment Criterion 2.2

The baby should be positioned so it is comfortable and the screener can visualise and safely prepare the sensor areas and apply the sensor and headphones. This may require repositioning the baby or head. The parent should be asked if they are happy for the screener to do this or would prefer to reposition the baby themselves.

Parent should always be in a position that enables them to see their baby and what the screener is doing. If necessary the bassinet/cot should be moved to a more favourable position.

To gain access to the required areas the screener is likely to need to adjust the baby's clothing. If the baby is wearing a hat explain to the parent that this will need to be removed. Before removing any clothing the screener should check with the maternity staff if the wearing of the hat has been specifically advised.

All clothing that has been adjusted or removed should be replaced, leaving the baby as they were prior to the screening episode or how mother prefers.

Assessment Criterion 2.3

If the baby's skin is unsuitable for prepping due to medical advice or is inflamed then AABR screening is not appropriate at this time and should be postponed.

The screener should note if the baby's skin is very 'greasy' due to vernix or oil. If so this can be absorbed using a dry tissue or gauze, before prepping the skin.

Assessment Criterion 2.4

The baby's skin is prepared to reduce the skin's impedance and improve the chances of the ABR signal being picked up via the sensors.

To prepare the baby's skin the screener should:

1 Support and hold the skin prep area taut between their finger and thumb
   - This ensures even skin prep by smoothing out 'wrinkles'
   - This reduces any 'tugging' of the skin which may be uncomfortable for the baby

2 Firmly wipe the skin 3-5 times in ONE direction using dry prep or locally approved method
   - Only the sensor area should be prepped
   - To remove any dead skin that may have been loosened during the prepping process, the prepared skin should then be wiped with either cotton wool or preferably gauze dampened with a little water.
   - Sensors should be applied immediately after the skin has been prepared

Assessment Criterion 2.5

The AABR equipment provides information about just how much the skin is affecting the ability to pick up the electrical response, by showing an impedance value for each of the sensors. The higher the impedance value the more the skin is preventing the response from 'getting through' to the equipment.

The AABR has a typical pattern that the screening equipment is looking for, a clear response will be recorded when this specific pattern has been identified. The AABR system needs to analyse the response from at least 1000 click stimuli before making a decision; under 'noisy' conditions a great many more may need to be analysed, which can greatly increase the time taken to carry out the AABR screen.

Poor AABR technique and 'noisy' conditions can lead to:

- Longer test time
- Increased parental anxiety
- Risk of No Clear Response (NCR) from hearing ear

Unnecessary parental anxiety

- Waiting for screen to complete
- Uncertainty about their baby's hearing

Inconvenience to parents

- May have been waiting to go home
- Now need to attend audiology appointment

Unnecessary stress for the screener

- Waiting for screen to complete
- Need explain to parent that you have not recorded a response and an audiology appointment is required

Assessment Criterion 2.6

Sensors should be applied immediately after the skin has been prepared. Touching the area of the sensors that will contact the baby's skin should be avoided.

1 Keeping the prep area taut by supporting and holding the skin while placing the sensor
    - This ensures even placement of the sensor with NO air trapped underneath
    - This maximises the area of sensor contact
2 Leave the sensors for a few moments to 'warm-up' before measuring impedance values
    - It is sometimes helpful to warm the sensors, whilst still in their protective plastic wrapping, between hands before placement.

The sensor cables can sometimes pull the sensors when the baby is moved; it is helpful, once impedances have been checked and are satisfactory, to remove the forehead cable while placing the ear couplers.

Assessment Criterion 2.7

To optimise the chance of recording the response the impedance values should be as low as possible. Also the values for each sensor should be balanced, i.e. of similar values.

The screener should check the impedance levels are appropriate for testing using their local AABR system.

The lower the impedance levels the:

- Quicker the screen time
- Increased chance of recording a response, if one is present
- Reduced number of referrals to audiology
- Reduced parental anxiety
- More family friendly the screen.

Assessment Criterion 2.8

The sensors should be placed:

Forehead – up to, but not into, hairline.

- If placed lower there is a risk that baby eyebrow (muscle) movement will interfere
- Baby discomfort during sensor removal if into hairline

Nape – up to, but not into, hairline and not on skull

- If placed lower there is a risk that baby head (muscle) movement will interfere
- Baby discomfort during sensor removal if into hairline

Shoulder – on 'fleshy' area to maximise comfort and minimise chance of (muscle)

Assessment Criterion 2.9

In AABR screening the louder the click stimulus the larger the response from the auditory nerve. For this reason it is essential that the headphones are securely positioned over each ear and there are no gaps from which sound could escape.

The screener should check:

Prior to placement

- The transducers are fully inserted into the headphones
- The transducers are not blocked i.e. with headphone foam

During placement

- Ensure baby's hair away
- Roll headphone on from back to front

After placement

- Ensure baby's ear is completely enclosed within headphone
- The baby's pinna is not occluding the transducer (stimulus outlet) and preventing the baby from receiving the stimulus.
- The headphones are on correct ears – red= right; blue = left

Assessment Criterion 2.10

The screener must check that the correct cables are connected to the correct sensors – as per local AABR system requirements.

To minimise interference the sensor cables should be arranged so that they are:

- as separate as possible
- not twisted or crossed
- lying at right angles to the sound cables

To minimise electrical interference from the AABR equipment, it should be as far from the baby as the cables will allow.

Assessment Criterion 2.11

During the AABR screen the screener should monitor:

- Baby
- Noise
- Connections
- Impedances
- Myogenic (muscle electrical) activity
- On-going awareness of parent – anxiety; comfort; answer questions.

Assessment Criterion 2.12

Baby: Pause test and settle involving mother

Noise:

- Reduce e.g. turn off lights; shut door
- If necessary transfer to quieter environment *(Parent should accompany baby and ward staff informed)*

Connections: Pause test and reconnect

Impedances: Pause test, reapply sensor; retest levels

Myogenic: Pause test; settle baby; gently massage neck muscle

Assessment Criterion 2.13

The screener should keep the headphones in place until the test has been successfully and accurately saved to the correct ear on the AABR system.

Assessment Criterion 2.14

The sensors should be removed:

- No pulling
- Not rushed
- Gently 'walked' off

Assessment Criterion 2.15

Post screen the screener should *(as per local infection control policy):*

- Check and clean the clinical area
- Check and clean non-disposable equipment – wiping cables from clip/connection end
- Dispose of all used consumables
- Wash hands
- Ensure all equipment is stored in a way that:
    - Enables access to electrical power supply – battery charge and QA checks
    - Prevents damage to sensitive elements
    - It is not a trip or injury hazard
    - It is not open to dust or other substances that may damage the equipment or interfere with performance

Assessment Criterion 3.1

After each ear has completed the test outcome must be checked on the AABR system before informing the parent of the result.

The screener should not assume or pre-empt a test outcome.

Assessment Criterion 3.2

NHSP screeners need to provide a verbal explanation for parents that is clear and unambiguous, and includes any appropriate potential reasons for the outcome.

Screeners should remember that non-verbal communication is very powerful when explaining screen outcomes to parents.

Clear response (CR) from both ears:

Parents should be informed that although clear responses have been obtained today a small number of babies can go on to develop or acquire a hearing loss.

They should be guided to the two checklists to help them monitor their child's reaction to sounds and sounds at different stages in their development. If they have any concerns about their baby's hearing in the future they should discuss them with their health visitor or general practitioner. A child's hearing can be assessed and help is available at any age.

The screener should check if the:

- Baby has any identified risk factors that require follow-up when they are around 8 months of age.
    - If required the reason and importance of attendance explained.
- NHSP targeted follow-up letter provided.
- Parents have any questions and answer, or get advice, as appropriate.

No clear response (NCR) from one or both ears:

The screener need to make the parent aware that because clear responses were not recorded from the AABR screen it does not ***necessarily*** mean that their baby cannot hear well. About 2-3 babies in every 100 do not show a clear response on the screening tests. They will be given an appointment to see a hearing specialist. It is very important that they attend the appointment in case their baby does have a hearing loss.

The screener should refer to:

- The NHSP information in the 'Screening tests for you and your baby' booklet which also explain that this commonly occurs
- The previous warning given before screening took place. Explanations should be realistic e.g. e.g. if the baby was very settled and quiet it would be inappropriate to give this as a possible reason for the no clear response.

Possible reasons:

- Baby has a hearing loss
- A temporary blockage in their baby’s ear due to vernix/fluid; especially if baby only few hours old. Reassure this will be naturally absorbed.
- Background noise interfered with the screen.
- Baby was unsettled

Referral:

Any decision to refer a NICU/SCBU baby to Audiology for assessment is based on the AABR screen outcome; irrespective of the AOAE screen outcome.

In explaining the screen outcome the screener should:

- Give clear information
- Keep to the facts
- Be honest - not be tempted to 'soften the message' e.g. 'I'm sure everything will be alright'.
- Answer any questions but be confident to admit when they don't know an answer
- Seek advice if unsure; try not to bluff

Assessment Criterion 3.3

In some cases this may involve questions that are beyond the screener area of knowledge. It is important that they are able to acknowledge their limits and feel comfortable in seeking advice from the appropriate sources.

The screener must check that the parent understands why their baby has been referred to audiology by the use of open questions.

Examples: **Open question** 'What is your understanding of why your baby has been referred?' **Closed question** 'Do you understand why your baby has been referred?'

The screener should advise that should the parent or their partner have any further questions they can contact the NHSP team or Audiology department.

Assessment Criterion 3.4

Discharge from the programme/Parent role in monitoring hearing

Screen outcome bilateral clear responses:

They should be informed of their role in monitoring their babies hearing using the two checklists. These help monitor their child's reaction to sounds and sounds at different stages in their development. If they have any concerns about their baby's hearing in the future they should discuss them with their health visitor or general practitioner. A child's hearing can be assessed and help is available at any age.

Surveillance / Targeted follow-up

Risk factor requiring targeted follow-up:

If the baby has any identified risk factors that require follow-up when they are around 8 months of age.

The reason the follow-up is required should be explained and importance of attendance explained.

Referral to Audiology

Referral for immediate Audiological Assessment:

The screener should explain that the baby requires additional tests to provide further information about the baby's hearing. Their baby will be referred to the audiology department.

It is family friendly to make this appointment prior to the mother going home in the case of hospital screens, and before leaving the home in the case of community screens. Ideally all appointments should take into consideration when is convenient for the family.

When explaining the screen outcome to parents of NICU or SCBU babies it should be acknowledged that their baby is at a higher risk of hearing loss.

To minimise potential anxiety parents should be provided with written details of the audiology appointment, stressing the importance of attendance. Screener should check up to date contact telephone number and confirm that parent is happy to receive texts as an appointment reminder.

Information that supports NHSP family friendly ethos:

- Time of appointment – negotiate
    - When partner available
    - Siblings at nursery/school
    - Need to allow time for any fluid to be absorbed
- Details of where their appointment will be, together with directions and map
- Information about parking, costs and public transport
- Explanation about what will happen during the appointment
- Why it is important for their baby to be settled during the appointment
- The length of time they need to allow for the appointment – approx. 2 hours
- What they should bring with them e.g. feed, nappies etc.
- Advice about what is available for siblings
- A name and contact number
- Suggest they take partner or friend

Assessment Criterion 3.5

The NHSP has developed a number of publications and written material aimed at providing parents with clear, good quality, unbiased information about the programme.

Screen outcome bilateral clear responses:

- NHSP clear response letter according to national and local protocols
- The completed hearing screening page in the Personal Child Health Record (PCHR) book *(if book not available 'loose' page should be provided)*
- Two checklists - 'Making and reactions to sounds' *(highlighted if using PCHR book)*

Risk factor requiring targeted follow-up:

In addition to above the parent should be provided with the NHSP targeted follow-up letter.

Referral for Audiological Assessment:

- The parent should be provided with the following NHSP written information:
- Your baby's visit to the Audiology Clinic - guiding parents to the contact address on the leaflet in case of future questions or concerns.
- Appointment letter – plus local information and documentation
- NCR screening outcome letter
- The completed hearing screening page in the PCHR book (if book not available 'loose' page should be provided)

Assessment Criterion 3.6

Parents are issued with a Personal Child Health Record (PCHR) book for their baby. This may be known as 'the red book' but it not always red.

The PCHR has a section that focuses on screening and routine reviews; within this section is a specific page for the NHSP.

Websites:

NHS Choices - Newborn hearing screening

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx

Gov.uk – Newborn hearing screening programme overview

https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview

Assessment Criterion 3.7

It is important for the screener to keep all health professionals caring for the mother and baby informed of any NCR screen outcomes. If they are aware they are then able to offer appropriate support and advice should the mother become distressed at a later time.

Other health care professionals involved in the child's development and care, such as their GP and Health Visitor can be informed about the screen outcomes for the baby via the screen outcomes page in the PCHR book; or in the case of a referral to audiology via an NHSP letter.

If referral to Audiology – Audiology must be informed of any interpreter requirements or special needs e.g. ramp

The screening programme will not identify all young children with hearing impairment and therefore continued surveillance by parents and professionals is important.

Assessment Criterion 4.1

The screener should complete details of the screen outcome:

- In the hearing screening page in the PCHR book *(if book not available 'loose' page should be provided)*
- NHSP national IT data system
- NHSP outcome letter
- Mother/baby's notes *(Hospital)*

Suggested Resources

e-Learning

NHSP e-learning screener module:

http://cpd.screening.nhs.uk/elearnfront.php?folder=4168

- Unit 1: Introduction to NHSP
- Unit 4: Hearing Screening using AOAEs and AABRs
- Unit 5: NHSP Protocols, Standards, Targets and Information
- Unit 7: Family Friendly Working within the NHSP

Antenatal and Newborn e-learning module:

http://cpd.screening.nhs.uk/annb-elearning-module

Websites:

NHS Choices – Newborn hearing screening

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx

Gov.uk – Newborn hearing screening programme overview

https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview

Screening Choices - A resource for health professionals offering antenatal and newborn care

cpd.screening.nhs.uk/screeningchoices

National Deaf Children's Society (NDCS)

http://www.ndcs.org.uk/family_support/childhood_deafness/hearing_tests/newborn_hearing.html

Parental Rights and Responsibilities

www.direct.gov.uk/en/Parents/FamilyIssuesAndTheLaw

Foundation for the Study of Infant Deaths (FSID)

fsid.org.uk/

Unit 25: Undertake an Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screen

Level:	**3**
Unit type:	**Optional**
Credit value:	**5**
Guided learning:	**28 hours**

Unit summary

The aim of this unit is to enable you to develop the knowledge and skills to undertake a newborn hearing screen using Automate Oto-Acoustic Emissions (AOAE).

This unit will enable you to develop an understanding of what AOAE are, what affects AOAE screening, the skills to optimise screening conditions and to undertake an AOAE newborn hearing screen. You will also develop knowledge of the entire newborn hearing screening pathway and confidently provide information to parents, professionals and others.

Delivery Guidance

This unit should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. midwives; nurses; doctors.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (*see Annexe A*).

Additional information

Screening would be contraindicated:

- Atresia
- Stenosis
- Bacterial meningitis

Next steps:

- Discharge from programme
- Surveillance
- AOAE2
- AABR
- Parent role in monitoring hearing
- Targeted follow up

Relevant records: may include newborn screening hearing programme baby proforma, baby's or parent's hospital records, personal child health record

Data:

- Demographic data
- Screen test data
- Screen outcome data – referral/discharge/surveillance/incomplete

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the Newborn Hearing Screening Programme Automated Oto-Acoustic Emissions (AOAE) screening tests	1.1	Define what is meant by Automated Oto-Acoustic Emissions (AOAEs)			
		1.2	Describe where along the hearing pathway AOAEs occur			
		1.3	Describe how AOAEs are picked up			
		1.4	Explain what AOAE test involves			
		1.5	Identify the factors that may affect the ability to record AOAEs			
		1.6	Explain how various factors may affect the ability to record AOAEs			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Be able to undertake Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screening following national protocols	2.1	Explain to the parent actions being taken throughout the screening episode			
		2.2	Position the baby appropriately			
		2.3	Evaluate both ear canals before commencing screening			
		2.4	Explain the action required if the ear canal evaluation shows that the **screening would be contraindicated**			
		2.5	Place an appropriately sized AOAE ear tip onto the ear piece			
		2.6	Manipulate baby's pinna to facilitate optimum ear piece placement			
		2.7	Describe the correct positioning of the AOAE ear tip in the ear			
		2.8	Explain the consequences of poorly fitting earpieces			
		2.9	Take action if earpiece fit is unsatisfactory			
		2.10	Ensure correct positioning of AOAE equipment			
		2.11	Monitor the conditions during AOAE screening			
		2.12	Explain the actions to take in response to changes in conditions			
		2.13	Demonstrate safe storage of equipment and charges/changes as appropriate			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
3	Be able to communicate the Automated Oto-Acoustic Emissions (AOAE) screening outcome and next steps	3.1	Check result on AOAE system display before informing parent of outcome			
		3.2	Explain the AOAE screening result to parent			
		3.3	Answer questions regarding the screening result from parents			
		3.4	Explain to the parent the **next steps**, based on the results of the screen			
		3.5	Provide the parent with the appropriate documentation			
		3.6	Inform the parent of other appropriate sources of information			
		3.7	Explain the importance of informing appropriate health professionals of any parental or professional concerns as necessary			
4	Be able to record the Automated Oto-Acoustic Emissions (AOAE) screening outcome	4.1	Record the AOAE screening outcome on the **relevant records**			
5	Be able to interrogate, enter, transfer and manipulate data associated with Newborn Hearing Screening as per programme protocols	5.1	Use the required information technology system for the Newborn Hearing Screening programme following programme protocols to include: • Entry of **data** • Interrogation of data • Transfer of data • Manipulation of data			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

Assessment Criterion 1.1

Automated Otoacoustic Emissions are usually abbreviated to **AOAEs.**

Otoacoustic Emissions (OAEs) are very quiet sounds that are produced in the cochlea in response to a sound stimulus.

OAEs are either present or not present. If a hearing loss is greater than 30dB no emissions can be recorded. AOAEs are not a measure of hearing threshold and do not give information about degree of hearing.

Automated = the equipment is automated and will decide the results of the screen based on predetermined criteria.

Oto = means 'the ear'

Acoustic = refers to sound as it is heard e.g. singing might sound better in the bathroom as acoustics are better.

Emissions = something emitted, discharged or given out.

Assessment Criterion 1.2

The inner ear: OAEs are actively produced by the outer hair cells in the cochlea.

Assessment Criterion 1.3

The earpiece of the AOAE equipment contains a speaker and a microphone.

The speaker produces the stimulus which clicking sounds that contain a wide range of frequencies, including those found in speech.

The sensitive microphone picks up the OAEs.

Assessment Criterion 1.4

AOAE screening usually takes just a few minutes.

A small soft-tipped earpiece is placed in the outer part of the baby's ear.

The speaker in the earpiece plays soft clicking sounds; the stimulus.

When a hearing ear receives the stimulus the outer hair cells of the cochlea respond. The responses, very quiet sounds, are picked up by the microphone in the earpiece.

Assessment Criterion 1.5

There are several factors that affect the ability to record AOAEs from a newborn baby:

- The baby has a hearing loss
- The baby still has birth fluid or debris in the ear
- Screener expertise
- Screening conditions -There is too much background noise
- Equipment not functioning correctly

Assessment Criterion 1.6

Environmental noise:

Acoustic noise e.g. television, talking, vehicles. This can affect the screen by preventing:

- The baby from hearing the sound stimulus
- The AOAE microphone from picking up the baby's response

Baby

Fluid/debris/vernix: In the ear following the birth can block the earpiece. Double affect: Prevents baby hearing the sound and microphone picking up OAE.

Unsettled: e.g. crying, sucking, movement - noise

Position: To optimise earpiece stability

Unwell: Receiving treatment

Equipment

Blocked: Reduces stimulus level and reduces the ability of the microphone to pick up the response

Damaged: Compromising the equipment performance; Quality Assurance (QA) checks fail

Screener expertise

Unconfident baby handling skills

Poor earpiece fit: Allows environmental noise to enter the ear canal which can inhibit the click stimulus and the quiet AOAE response.

Inappropriate earpiece size: Permitting entry of external acoustic noise

Assessment Criterion 2.1

NHSP Screeners are responsible for providing verbal and written NHSP information to parents.

Awareness of body language during the screen is important.

During the screen screeners should be prepared to:

- Answer parent's questions *(may not be able to answer their questions immediately due to the need for quiet during the screen).*
- Give explanations of what they will be doing as they go along
- Remind parents that the screen only takes a couple of minutes but may seem longer

Parents should feel that they are able to be actively involved in the screen e.g. holding baby's hand.

The explanation should include the following:

- Placement of the small soft tipped earpiece
- **Gentle clicking sounds** played.
- A hearing ear should make **small sounds in response**; these sounds can be picked up by the tiny microphone in the earpiece.

- Response sounds from ear (OAEs) are very small so it is best if the baby is **settled**, **ideally asleep**, and the room as **quiet** as possible.
- The earpiece needs to **fit snugly** to reduce the effect of external sounds .The baby may therefore **wriggle** during earpiece fitting.
- Baby is not expected to visibly react to the clicking sounds.

The AOAE screen usually takes only a **couple of minutes** to complete, but **may seem longer** as need quiet during the screen.

Assessment Criterion 2.2

A baby's ear canal is very flaccid and tortuous. It is important that the ear canal is fully open and as straight as possible before placing the earpiece.

Screener should be in a position to clearly see down the ear canal; i.e. behind the ear to be screened. This may require repositioning the baby or head. The parent should be asked if they are happy for the screener to do this or would prefer to reposition the baby themselves.

Parent should always be in a position that enables them to see their baby and what the screener is doing. If necessary the bassinet/cot should be moved to a more favourable position.

Assessment Criterion 2.3

Both ear canals should be evaluated to ensure:

- Correct sized AOAE eartip is used – largest that comfortably seals the baby's ear canal should be used. Baby ear canals may require different sizes.
- Presence of vernix/debris – if excess screener should discuss with parent and consider missing out AOAE2 and going straight to Automated Auditory Brainstem Response (AABR)
- Ear canals are patent i.e. present; no atresia*
- Pinna has formed correctly

*if atresia is present, screening is contraindicated

Assessment Criterion 2.4

If screening is contraindicated, baby should be referred for immediate Audiological assessment.

Screener actions:

- Make referral
- Provide parent with appropriate documentation
- Record in:
    - NHSP national IT data system
    - Mother/baby notes/Personal Child Health Record (PCHR)
- Inform maternity staff

Assessment Criterion 2.5

The AOAE ear-tip used should the largest possible that comfortably seals the baby's ear canal to reduce the entry of external acoustic noise.

It should be placed firmly on the earpiece and the 'grip' should be checked.

Assessment Criterion 2.6

To fit the AOAE earpiece the screener should:

1 Gently but firmly lift pinna upwards away from baby's head

2 Still lifting, gently pull pinna towards the back of the head

3 Still holding pinna, firmly insert earpiece - as per equipment

4 Only release pinna once earpiece in fitted

5 Hold earpiece until baby settles

The baby will almost certainly have responded in some way, possibly by increased sucking or giving a little squeak.

Assessment Criterion 2.7

If the earpiece is fitted correctly it should remain in position without support.

The AOAE system provides a 'feedback' signal that indicates if the earpiece is fitted correctly.

Assessment Criterion 2.8

A poor earpiece fit:

- allows environmental noise to enter the ear canal which can inhibit the click stimulus and the quiet AOAE response.
- may result in an unnecessary No Clear Response (NCR) when the baby has no hearing loss – resulting in unnecessary parental anxiety
- is likely to result in it falling out during the screen requiring a refit and may further disturb the baby
- may extend the test time

Assessment Criterion 2.9

The screener should:

- remove the earpiece and visually check for blockage by vernix/debris
- change ear tip/filter as necessary
- reassemble and check probe
- refit - rather than attempting to make changes while it is still in the baby's ear canal.

Assessment Criterion 2.10

The equipment should be placed:

- With cables running upwards away from the baby – no rubbing if baby moves
- Not in the cot or on the bed – cross infection risk
- On disposable item e.g. paper towel
- Within easy reach of the screener to prevent unnecessary stretching or bending

Assessment Criterion 2.11

The screener should monitor the following:

- Baby
- Earpiece
- AOAE system 'indicators' e.g. noise

Assessment Criterion 2.12

The screener should aim to maintain optimum screening conditions by:

- Minimising noise - politely requesting others reduce noise
- Pause screen if necessary until noise reduced /baby settled
- Change eartip and refit earpiece as appropriate
- If necessary, considering taking the baby and parent to a different location for screening. *Ward staff should be informed if mother and baby are taken to another room and a message left on the bed.*

If conditions (noise, stimulus stability or artifact levels) become unacceptable the screen should be stopped. *(The result will be Incomplete/Not Complete and will count as 1 attempt).*

Assessment Criterion 2.13

Post screen the screener should (as per local infection control policy):

- Check and clean the clinical area
- Check and clean non-disposable equipment – wiping from earpiece end of the probe
- Dispose of all used consumables
- Wash hands
- Ensure all equipment is stored in a way that:
    - Enables access to electrical power supply – battery charge and QA checks
    - Prevents damage to sensitive elements
    - It is not a trip or injury hazard
    - It is not open to dust or other substances that may damage the equipment or interfere with performance

Assessment Criterion 3.1

It is essential that the screener keeps the earpiece in the baby's ear until the test has been successfully and accurately saved to the correct ear on the AOAE system.

The screener should not assume or pre-empt a test outcome. The test outcome must be checked on the AOAE system before informing the parent of the result

Assessment Criterion 3.2

NHSP screeners need to provide a verbal explanation for parents that is clear and unambiguous, and includes any appropriate potential reasons for the outcome.

Screeners should remember that non-verbal communication is very powerful when explaining screen outcomes to parents.

Clear response (CR) from both ears:

Parents should be informed that although clear responses have been obtained today a small number of babies can go on to develop or acquire a hearing loss.

They should be guided to the two checklists to help them monitor their child's reaction to sounds and sounds at different stages in their development. If they have any concerns about their baby's hearing in the future they should discuss them with their health visitor or general practitioner. A child's hearing can be assessed and help is available at any age.

The screener should check if the:

- Baby has any identified risk factors that require follow-up when they are around 8 months of age.
    - If required the reason and importance of attendance explained.
    - NHSP targeted follow-up letter provided.
- Parents have any questions and answer, or get advice, as appropriate.

No clear response (NCR) from one or both ears:

The screener should explain that this quite often happens in young babies and refer to:

- The NHSP information in the 'Screening tests for you and your baby' booklet which also explain that this commonly occurs
- The previous warning given before screening took place. Explanations should be realistic e.g. if the baby was very settled and quiet it would be inappropriate to give this as a possible reason for the no clear response.
- The possibility of a temporary blockage in their baby's ear due to vernix/fluid. Reassure this is very common, especially if baby only few hours old, and will be absorbed naturally over time

Assessment Criterion 3.3

In some cases this may involve questions that are beyond the screener area of knowledge. It is important that they are able to acknowledge their limits and feel comfortable in seeking advice from the appropriate sources.

The use of open questions allows the screener to explore what the parent has understood about the newborn hearing screen result.

Examples: **Open question** 'What else would you like me to tell you?' **Closed question** 'Would you like any more information?'

Assessment Criterion 3.4

Next steps:

Will include: Discharge from programme, Surveillance, AOAE2, AABR, Parent role in monitoring hearing, Targeted follow up.

If No Clear Response (NCR), Mother should be offered another test for her baby. This may be the same as the first test, or the other type called the AABR (automated auditory brainstem response) test.

If screening in hospital

It is important for the screener to try and complete the screen prior to discharge from hospital to avoid the need for baby to attend an outpatient appointment.

At least a 5 hour gap must be allowed between the AOAE1 and AOAE2, to allow for the fluid to be absorbed naturally. If this is not possible because baby is being discharged home imminently, an AABR on both ears should be offered.

If screening in the community

Well babies are screened in own home; NICU/SCBU babies prior to hospital discharge AOAE1 should be completed at the primary visit, usually day 10 - 14 AOAE2 (if required) should be completed within 7 days AOAE1

AABR should be completed by 5 weeks of age

If an outpatient appointment is required this should be discussed with mother and written details of the appointment provided **prior** to her going home. The screening process should be resumed from the point previously reached.

If AOAE2 it is only necessary to screen the ear or ears in which a NCR outcome was obtained from AOAE1.

If the AOAE2 outcome is CR from both ears the baby is discharged from the screen and the baby moves into 'appropriate child health surveillance'.

If the AOAE2 outcome is NCR from one or both ears then the next stage of the screen, the AABR screen should be offered.

AABR offer:

The screener should explain that the AABR screen is a different type of screening test that is less affected by birth fluid; although this still does have some affect.

Parents need to know that:

- The AABR takes longer than the AOAE screen i.e. 5 to 30 minutes
- Clicking sounds are played to the baby through soft headphones, specially made for babies
- Baby's responses to sounds are picked up via three sensors placed on the baby; on the forehead, neck and shoulder. Screener could show the sensors
- A good sensor contact is required, so the skin will be gently prepared.
- With AABR screening both ears are always screened. The AABR screen should only be carried out once.

- The AABR screen works best is baby is as settled as possible as it is greatly affected by muscle activity

It is important that the screener makes the parents aware that clear responses may not be recorded from their baby; even from the ear with a previous AOAE clear response.

Assessment Criterion 3.5

If bilateral CR obtained the parent should be provided with:

- NHSP clear response letter according to national and local protocols
- The completed hearing screening page in the PCHR book *(if book not available 'loose' page should be provided)*

Two checklists - 'Making and reactions to sounds' (highlighted if using PCHR book)

If NCR from one or both ears:

1 If parent being discharged from hospital and an outpatient appointment required to complete the screen

2 Community model

The parent should be provided with the following information:

- Date and time of appointment - ideally negotiated as convenient for parent
- Venue*
- Local information with regard to transport and map*
- NHSP local contact details in case of future questions or concerns
- The completed hearing screening page in the PCHR book *(if book not available 'loose' page should be provided)*

*Not required for Community model unless next stage carried out in clinic setting.

Assessment Criterion 3.6

Parents are issued with a Personal Child Health Record book for their baby. This may be known as 'the red book' but it not always red.

The PCHR has a section that focuses on screening and routine reviews; within this section is a specific page for the NHSP.

Websites:

NHS Choices - Newborn hearing screening

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx

Gov.uk – Newborn hearing screening programme overview

https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview

Assessment Criterion 3.7

It is important for the screener to keep all health professionals caring for the mother and baby informed of any NCR screen outcomes. If they are aware they are then able to offer appropriate support and advice should the mother become distressed at a later time.

Other health care professionals involved in the child's development and care, such as their GP and Health Visitor can be informed about the screen outcomes for the baby via the screen outcomes page in the PCHR book.

If outpatient appointment – clinic staff must be informed of any interpreter requirements or special needs e.g. ramp

Assessment Criterion 4.1

The screener should complete details of the screen outcome:

- In the hearing screening page in the PCHR book *(if book not available 'loose' page should be provided)*
- NHSP national IT data system
- NHSP outcome letter
- Mother/baby's notes *(Hospital)*

Assessment Criterion 5.1

The screener is required to enter the following data onto screening equipment the baby's:

- Family name
- First name *(if available)*
- NHS number
- Date of birth
- Risk factors
- Case note (if appropriate)
- Ear test sequence (left ear, right ear)
    - Screen test data - download

The screener should know how to ensure the following has been recorded on the NHSP national IT data system when appropriate:

- Baby recorded as deceased
- Changes in information are updated
- Screen outcomes data
- Audiology outcomes recorded
- Manipulate data

Suggested Resources

e-Learning

NHSP e-learning screener module:

http://cpd.screening.nhs.uk/elearnfront.php?folder=4168

- Unit 1: Introduction to NHSP
- Unit 4: Hearing Screening using AOAEs and AABRs
- Unit 5: NHSP Protocols, Standards, Targets and Information
- Unit 7: Family Friendly Working within the NHSP

Antenatal and Newborn e-learning module:

http://cpd.screening.nhs.uk/annb-elearning-module

Websites:

NHS Choices - Newborn hearing screening

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx

Gov.uk – Newborn hearing screening programme overview

https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview

Screening Choices - A resource for health professionals offering antenatal and newborn care

cpd.screening.nhs.uk/screeningchoices

National Deaf Children's Society (NDCS)

http://www.ndcs.org.uk/family_support/childhood_deafness/hearing_tests/newborn_hearing.html

Parental Rights and Responsibilities

www.direct.gov.uk/en/Parents/FamilyIssuesAndTheLaw

Foundation for the Study of Infant Deaths (FSID)

fsid.org.uk/

Unit 26: Understand how to Safeguard the Wellbeing of Children and Young People

Level:	**3**
Unit type:	**Optional**
Credit value:	**3**
Guided learning:	**25 hours**

Unit summary

This unit provides you with the knowledge and understanding required to support the safeguarding of children and young people.

It is the responsibility of all those working with children and young people to know how to keep them safe, recognise when they are in danger or at risk of harm and take action to protect them. Fundamental to safeguarding is vital knowledge of how to recognise different forms of abuse and the procedures for reporting suspected abuse as well as preventing the risk of harm to the welfare of children and young people.

In this unit, you will consider the concept of safeguarding and investigate the main legislation, guidelines, policies and procedures which support this, including data protection and information handling.

Unit assessment requirements

This unit must be assessed in line with Skills for Health Assessment Principles (*see Annexe A*).

Additional information

Day to day work e.g.:

- Childcare practice
- Child protection
- Risk assessment
- Ensuring the voice of the child or young person is heard (e.g. providing advocacy services)
- Supporting children and young people and others who may be expressing concerns

Different organisations e.g.:

- Social services
- NSPCC
- Health visiting
- GP
- Probation
- Police
- School
- Psychology service

Policies and practice for safe working e.g.:

- Working in an open and transparent way
- Listening to children and young people
- Duty of care
- Whistleblowing
- Power and positions of trust
- Propriety and behaviour
- Physical contact
- Intimate personal care
- Off-site visits
- Photography and video
- Sharing concerns and recording/reporting incidents

Bullying e.g.:

- Physical (pushing, kicking, hitting, pinching and other forms of violence or threats)
- Verbal (name-calling, insults, sarcasm, spreading rumours, persistent teasing)
- Emotional (excluding, tormenting, ridicule, humiliation)
- Cyberbullying (the use of Information and Communications Technology, particularly mobile phones and the internet, deliberately to upset someone else)

Specific types of bullying which can relate to all of the above such as homophobic or gender based, racist, relating to special educational needs and disabilities.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the learning outcomes and the unit.

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
1	Understand the main legislation, guidelines, policies and procedures for safeguarding children and young people	1.1	Outline current legislation, guidelines, policies and procedures within own UK Home Nation affecting the safeguarding of children and young people			
		1.2	Explain child protection within the wider concept of safeguarding children and young people			
		1.3	Analyse how national and local guidelines, policies and procedures for safeguarding affect day to day work with children and young people			
		1.4	Explain when and why inquiries and serious case reviews are required and how the sharing of the findings informs practice			
		1.5	Explain how the processes used by own work setting or service comply with legislation that covers data protection, information handling and sharing			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
2	Understand the importance of working in partnership with other organisations to safeguard children and young people	2.1	Explain the importance of safeguarding children and young people			
		2.2	Explain the importance of a child or young person centred approach			
		2.3	Explain what is meant by partnership working in the context of safeguarding			
		2.4	Describe the roles and responsibilities of the different organisations that may be involved when a child or young person has been abused or harmed			
3	Understand the importance of ensuring children and young people's safety and protection in the work setting	3.1	Explain why it is important to ensure children and young people are protected from harm within the work setting			
		3.2	Explain policies and procedures that are in place to protect children and young people and adults who work with them			
		3.3	Evaluate ways in which concerns about poor practice can be reported whilst ensuring that whistleblowers and those whose practice or behaviour is being questioned are protected			
		3.4	Explain how practitioners can take steps to protect themselves within their everyday practice in the work setting and on off site visits			
4	Understand how to respond to evidence or concerns that a child or young person has been abused or harmed	4.1	Describe the possible signs, symptoms, indicators and behaviours that may cause concern in the context of safeguarding			
		4.2	Describe the actions to take if a child or young person alleges harm or abuse in line with policies and procedures of own setting			
		4.3	Explain the rights that children, young people and their carers have in situations where harm or abuse is suspected or alleged			

Learning outcomes		Assessment criteria		Evidence type	Portfolio reference	Date
5	Understand how to respond to evidence or concerns that a child or young person has been bullied	5.1	Explain different types of bullying and the potential effects on children and young people			
		5.2	Outline the policies and procedures that should be followed in response to concerns or evidence of bullying and explain the reasons why they are in place			
		5.3	Explain how to support a child or young person and/or their family when bullying is suspected or alleged			
6	Understand how to work with children and young people to support their safety and wellbeing	6.1	Explain how to support children and young people's self-confidence and self-esteem			
		6.2	Analyse the importance of supporting resilience in children and young people			
		6.3	Explain why it is important to work with the child or young person to ensure they have strategies to protect themselves and make decisions about safety			
		6.4	Explain ways of empowering children and young people to make positive and informed choices that support their wellbeing and safety			
7	Understand the importance of e-safety for children and young people	7.1	Explain the risks and possible consequences for children and young people of being online and of using a mobile phone			
		7.2	Describe ways of reducing risk to children and young people from: • social networking • internet use • buying online • using a mobile phone			

Learner name: _____ Date: _____

Learner signature: _____ Date: _____

Assessor signature: _____ Date: _____

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

Unit amplification

1 **Understand the main legislation, guidelines, policies and procedures for safeguarding children and young people**

Current legislation, guidelines and policies regarding the safeguarding of children and young people relevant to own home country:

Legislation: Children Act 1989; Children Act 2004; Every Child Matters (England); Education Act 2002; UN Convention on the Rights of the Child (1989)

Guidelines: Working Together to Safeguard Children 2010, What to do if you're worried that a child is being abused 2006, Safeguarding Children and Safer Recruitment in Education 2007, Safeguarding Disabled Children 2009; Common Assessment Framework (CAF); Local Authority Guidelines

Organisational and Local Policies and procedures: safeguarding, protecting, reporting and recording; e-safety, bullying and cyber bullying, Care Orders, local authority guidelines; areas of child protection applicable to own home country, early intervention, improving accountability and coordination of children's services, improving support for parents and carers, a childcare workforce strategy

Child protection within the wider concept of safeguarding children and young children: definition of terms, child protection, safeguarding, looked after children, children in need; role of local Children's Safeguarding Boards

National and local guidelines, policies and procedures for safeguarding affecting day-to-day work with children and young people: applicable to own home country and applicable to day-to-day practice; childcare practice, policies and procedures regarding propriety and behaviour, intimate personal care, physical contact; Enhanced Criminal Records Bureau checks (CRB); organisational policies for recording and reporting suspected abuse; whistle-blowing policies; risk assessment, hazard recognition, vigilance of practitioners, indoors, outdoors, trips and outings, visitors to school; use of advocacy to facilitate the views of children and young people; role of the Guardian ad Litem; Guardian ad Litem Agency Northern Ireland; support for adults, children and young people who express concerns; provision of current staff training on issues of safeguarding

Inquiries and serious case reviews: Local Safeguarding Children Boards (LSCB) Regulations (2006); Working Together to Safeguard Children 2010; process and stages of Serious Case Reviews, (SCR); uses of SCRs, death of children and young people due to known/suspected abuse, neglect, serious harm, life threatening injuries

Process used by own work setting or service to comply with legislation that covers data protection, information handling and sharing: instructions for clear and appropriate action to be taken in the event of a suspected child protection situation; action to be taken in the event of a suspected child protection situation, reporting concerns, lines of reporting, information sharing confidentiality; policies for e-safety, cyber bullying, confidentiality; procedures for reporting and recording, information storing, how information is gathered,

stored and shared; confidentiality, methods of reporting concerns; Data Protection Act 1998; Freedom of Information Act 2000

2 **Understand the importance of working with other organisations to safeguard children and young people**

Importance of safeguarding children and young people: responsibility of all adults working with children and young people to safeguard children and young people from harm; professional duty while children are in a particular setting; duty to report concerns about issues occurring outside the setting; safeguarding policies and procedures need to include physical safety and security on the premises and on off-site visits, esafety and security when using the internet; staff awareness and training, monitoring and record-keeping; multi-professional/interagency working

Child/young person-centred approach: the wishes and feelings of children must be identified and taken account of; child at the centre of the process by involving the child or young person in meetings, asking for their opinion when discussing matters relating to them; importance of respecting children and young people

Partnership working in the context of safeguarding: the importance of the role of all parties in child protection; multi- agencies involvement in safeguarding; essential nature of communication to ensure the safety and protection of children; prompt action to ensure early intervention; prevention of children/young people not receiving protection; lessons learned from high profile cases; shared competencies; the Integrated Workforce Agenda

Roles and responsibilities of the different organisations that may be involved when a child or young person has been abused or harmed: Children's Social Care (act when concerns raised about a child, carry out assessment of child's needs, interview child or young person and family, gather information from other agencies, lead Child Protection Conference, take action if child or young person in immediate danger); police (make decision about whether crime has been committed, take emergency action if child or young person is in immediate danger); health professionals, general practitioners, doctors in emergency departments (examine/observe a child or young person thought to be at risk of abuse or who has suffered abuse); health visitors; The Local Safeguarding Children Board (LSCB) (role and responsibility to oversee the work of other agencies, includes experts from the range of children's services, reviews all serious cases of abuse; role of voluntary groups, National Society for the Prevention of Cruelty to Children (NSPCC), Childline, Children and Young People's Networks, Sure Start; role of schools in supporting looked after children and young people, supporting children and young people on the 'at risk register'; role of the Probation service; role of the Youth Offending Service

3 **Understand the importance of ensuring children and young people's safety and protection in the work setting**

Importance of ensuring children and young people are protected from harm within the work setting: applicable to own home country and setting or organisation, responsibility of adults in certain settings to act loco parentis; effect of harm on children and young persons' wellbeing and development; health and safety issues, behaviour, bullying; medical issues; allergies; safe storage of medication; signed permission for administration of medication; Department for Education Guidelines for administration of medication in schools; safeguarding, internet safety, safety on off-site trips, ratio of staff to children and young people; role of the named person

Policies and procedures to protect children and young people and adults who work with them: applicable to own home country and setting or organisation, working in a transparent and open way, personal and collective accountability, listening to children and young people, duty of care, whistle-blowing, power and position of trust, propriety and behaviour, physical contact, intimate personal care routines, off-site visits, use of photography and video material, sharing concerns and recording or reporting incidents

Reporting concerns about poor practice: whistle-blowing policy; Public Interest Disclosure Act 1998; role of the prescribed person; confidentiality; complaints procedures; appeals procedures

Steps practitioners can take to protect themselves within their everyday practice in the work setting and on off site visits: knowledge of and adherence to government guidelines, legislation, local and organisational policies and procedures with regard to; personal and professional behaviour, appropriate delivery of intimate, personal care; appropriate use of physical contact/appropriate use of touch; obtaining written consent for the use of photography and video; full knowledge of e-safety policies; dealing with bullying as it arises; non-use of mobile phones whilst working; informing colleagues of whereabouts and actions; discussing/reporting concerns immediately

4 **Understand how to respond to evidence or concerns that a child or young person has been abused or harmed**

Signs, symptoms, indicators and behaviours causing concern: types of abuse, neglect, emotional, physical, sexual; recognition of symptoms, indicators and behaviours that may cause concern in the context of safeguarding

Actions to be taken if a child or young person alleges harm or abuse: taking action in line with policies and procedures of own setting, lines of reporting, role of the named person, limits of own role, confidentiality, importance of safeguarding; when to inform external agencies, social services, the police; providing reassurance for the child; recording full details of the disclosure, date, time, what was said; a non-judgemental approach; importance of taking allegations seriously; importance of active listening

The rights of children, young people and their carers in situations where harm or abuse is suspected or alleged: to be listened to and believed; to have their opinions and views considered when decisions are made; to be informed of final judgements and decisions and the rationale for these; to be respected; to be supported; to feel safe; to be regarded without judgement; to have their situations investigated by the use of appropriate protocols and procedures; to

complain and appeal; to have all outcomes documented; to have all information communicated by an appropriate method

5 **Understand how to respond to evidence or concerns that a child or young person has been bullied**

Physical: pushing; kicking; hitting; pinching; other forms of violence; threatened physical violence

Verbal: namecalling; insults and sarcasm – including those referring to sexuality, gender, race/ethnic group, age, disability, appearance; persistent teasing; spreading of rumours

Emotional: tormenting; exclusion; ridicule; humiliation

Cyber-bullying: use of social network sites to spread rumours, insults, threats; text messaging

Effects on emotional development: levels of self-esteem; self-image; social identity; personal identity; mental health; self-harming; suicide; school refusal; phobias; eating disorders

Effects on social development: difficulties in forming relationships; development of trust; isolation; self-exclusion; school refusal

Effects on cognitive development: levels of concentration; learning; under-achievement; levels of school attendance

Managing bullying within the setting: adherence to policies and procedures of the setting in line with national legislation and guidelines; DCFS Guidance for Schools on Preventing and Responding to sexist, sexual and transphobic bullying 2009; Disability Discrimination Act 2005; role of the designated person; informing parents and carers; recording incidents; agreeing measures and actions; recording meetings with parents, carers and others; review and evaluation of actions

Supporting children and young people and families when bullying is suspected or alleged: use of local authority guidelines; use of guidelines and procedures of the setting; reassurance for the child or young person, their parents or carers; importance of team work in providing effective support for children and young people; providing information to children and young people on sources of support, ChildLine, Kidscape, named person within the setting; role of mentors; role of befrienders

6 **Understand how to work with children and young people to support their safety and wellbeing**

Support children and young people's self-confidence and self-esteem: use of team games, group activities; positive feedback and affirmation to reinforce personal success; celebration of diversity to promote inclusion; promotion of empowerment; assertiveness skills, saying no, shouting for help and running away; strategies to manage becoming lost; informing adults and not keeping inappropriate secrets; Harter self-perception profile for children

Importance of supporting resilience: techniques for managing stress; managing everyday issues; strategies for coping with trauma; use of counselling; use of therapy; promoting independent decision making; allowing children and young people to make mistakes and manage the consequences with support; positive effects on long-term wellbeing

Reasons to work with children and young people to ensure they have strategies to protect themselves: provision of support in assessing risks; enabling decision making; provision of empowerment and independence; support of overall development

Empowering children and young people to make positive and informed choices that support their wellbeing and safety: use of active and reflective listening; encouragement of self-expression; provision of space to express feelings and concerns; promotion of discussion and consideration with regard to personal safety and relevant strategies; provision of information on sources of support, ChildLine, Kidscape, Mencap, NSPCC; observation and monitoring of behaviour; acting on concerns

7 **Understand the importance of e-safety for children and young people**

Risks and possible consequences for children and young people of being online and of using a mobile phone: distribution of personal information through social networking sites, telephone numbers, photographs, email addresses, school name, clubs they attend, meeting points for social gatherings; access to inappropriate internet materials; risk of identity theft through online purchasing; use of mobile phones as medium for bullying

Reducing risk to children and young people from internet and mobile phone use: clear e-policy for setting or organisation; internet filters to prevent access of inappropriate materials; importance of keeping personal details private; privacy settings on social networking sites; information workshops for parents about e-safety; monitoring of online purchasing to avoid identity theft

12 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.

13 Professional development and training

Professional development and training

Pearson supports customers with training related to our qualifications. This support is available through a choice of training options offered on our website.

The support we offer focuses on a range of issues, such as:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

The national programme of training we offer is on our website. You can request centre-based training through the website or you can contact one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

Training and support for the lifetime of the qualifications

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We also host some regional network events to allow you to share your experiences, ideas and best practice with colleagues in your region.

Regional support: our team of Regional Quality Managers, based around the country, are responsible for providing quality assurance support and guidance to anyone managing and delivering NVQs/Competence-based qualifications. The Regional Quality Managers can support you at all stages of the standard verification process as well as in finding resolutions of actions and recommendations as required.

To get in touch with our dedicated support teams please visit our website at: qualifications.pearson.com/en/support/contact-us.html

Online support: find the answers to your questions in *Knowledge Base*, a searchable database of FAQs and useful videos that we have put together with the help of our subject advisors to support you in your role. Whether you are a teacher, administrator, Assessment Associate (AA) or training provider, you will find answers to your questions. If you are unable to find the information you need please send us your query and our qualification or administrative experts will get back to you.

14 Contact us

We have a dedicated Account Support team, across the UK, to give you more personalised support and advice. To contact your Account Specialist:

Email: wblcustomerservices@pearson.com
Telephone: 0844 576 0045

If you are new to Pearson and would like to become an approved centre, please contact us by:

Email: wbl@pearson.com
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Annexe A: Assessment strategy

Assessment Principles for Qualifications that Assess Occupational Competence

Version 3

October 2015

1. Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out principles and approaches to the assessment of regulated qualifications not already described by the qualifications regulators in England, Wales and Northern Ireland. 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.

1.4 These principles apply to qualifications and the units therein that assess occupational competence i.e. those under Purpose D.

1.5 Throughout this document the term *unit* is used for simplicity but this can mean module or any other similar term.

2. Assessment Principles

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

2.2 Assessment decisions for competence based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learners normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

2.3 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal assessor qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.

2.4 Competence based units must include direct observation in the workplace as the primary source of evidence.

2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

2.6 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.

2.7 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.

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.

3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal internal quality assurance qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal internal quality assurance qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.

4. Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competence unit/s 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.

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 qualification 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.

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July 2016

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