

### **About this Unit**

This standard covers undertaking pressure area care for individuals, following the individual's care plan and risk assessment, and relevant protocols and procedures within your work area.

It is aimed at prevention that is maintaining healthy skin and preventing breakdown. It will link to the standards on moving and handling individuals, and is applicable in a variety of care settings including hospitals, care homes and the individuals own home.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

**Values** — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

**Key Words and Concepts** — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

**Specific Evidence Requirements for the Unit**

It is essential that you adhere to the Evidence Requirements for this Unit

<b>SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT</b>
<b>Simulation:</b>
<ul style="list-style-type: none"> <li>◆ Simulation is <b>NOT</b> permitted for any part of this Unit.</li> <li>◆ <b>The following forms of evidence ARE mandatory:</b></li> <li>◆ <b>Direct Observation:</b> Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. <b>For example</b>, you use the correct pressure relieving aids according to the individuals moving and handling risk assessment.</li> <li>◆ <b>Professional discussion:</b> Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. <b>For example</b>, discuss with your assessor/expert witness reasons why the skin breaks down and pressures sores develop.</li> </ul>
<b>Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:</b>
<ul style="list-style-type: none"> <li>◆ <b>Reflective Account:</b> These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge.</li> <li>◆ <b>Questioning/professional discussion:</b> May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice.</li> <li>◆ <b>Expert Witness:</b> A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice.</li> <li>◆ <b>Witness Testimony:</b> Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen.</li> <li>◆ <b>Products:</b> These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier.</li> <li>◆ <b>Prior Learning:</b> You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit.</li> <li>◆ <b>Simulation:</b> There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.</li> </ul>
<b>GENERAL GUIDANCE</b>
<ul style="list-style-type: none"> <li>◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence.</li> <li>◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge.</li> <li>◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work.</li> <li>◆ All evidence must relate to your own work practice.</li> </ul>

**KNOWLEDGE SPECIFICATION FOR THIS UNIT**

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

**You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to undertaking agreed pressure area care.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and clinical/corporate governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of working within your own sphere of competence and seeking clinical advice when faced with situations outside your sphere of competence.	
5 The importance of applying standard precautions when undertaking agreed pressure area care and the potential consequences of poor practice.	
6 The pressure sore risk assessment tools used in your work area.	
7 The uses of pressure sore risk assessment tools, including those used in your area of work.	
8 Why you should tell the individuals what you are doing.	
9 What is meant by valid consent.	
10 The normal anatomy and physiology of the skin.	
11 The pressure sites of the body.	
12 The changes in appearance of the skin when skin integrity is at risk.	
13 The factors which: (a) put individuals at risk of skin break down and pressure sores (b) can help prevent skin break down and pressure sores	
14 The importance of moving individuals correctly, and the consequences of poor handling and moving techniques.	
15 Why it is important to follow the care plan and risk assessment tool.	
16 The importance of team working in relation to pressure area care.	
17 The pressure relieving aids available within your care setting, and their uses.	

**DK94 04 (CHS5) Undertake agreed pressure area care**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
18 Where to get further information for in respect of up-to-date information about pressure area care.	
19 Where to get up-to-date information about pressure relieving aids.	
20 Other individuals who you might involve in pressure area care.	
21 Why you must report and, where appropriate, document the care you have given and any changes, including improvement and deterioration, you have noticed.	
22 The importance of keeping accurate and up to date records.	
23 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

**DK94 04 (CHS5) Undertake agreed pressure area care**

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Apply standard precautions for infection prevention and control and take other appropriate health and safety measures.					
2	Work with others in a methodical and organised manner.							
3	Explain to the individual what you are going to do in a manner that they will understand and obtain their valid consent.							
4	Follow the plan of care accurately, maintaining the privacy and dignity of the Individual at all times.							
5	Encourage the individual to be involved in their own pressure area care.							
6	Ensure that you can carry out the procedure without obstruction from clothing or bedding.							
7	Notice any changes to the individuals skin condition and report any changes to the appropriate member of staff.							
8	Utilise pressure relieving aids appropriately, according to the care plan and manufacturer's instructions.							
9	Leave the individual in a comfortable position and situation according to the plan of care.							
10	Complete all records and documentation or pass the information onto others if this is not within your role.							

DO = Direct Observation  
 EW = Expert Witness  
 PD = Professional Discussion

RA = Reflective Account  
 P = Product (Work)

Q = Questions  
 WT = Witness Testimony

*To be completed by the candidate*

**I SUBMIT THIS AS A COMPLETE UNIT**

Candidate's name: .....

Candidate's signature: .....

Date: .....

*To be completed by the assessor*

*It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.*

**I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.**

Assessor's name: .....

Assessor's signature: .....

Date: .....

**Assessor/Internal verifier feedback**

*To be completed by the internal verifier if applicable*

***This section only needs to be completed if the Unit is sampled by the internal verifier***

Internal verifier's name: .....

Internal verifier's signature: .....

Date: .....