

About this Unit

This standard covers the insertion of urethral catheters, including re-catheterisation, following agreed protocols and procedures. It also covers regular monitoring and care of the urethral catheter after insertion.

It does not include suprapubic catheterisation.

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**

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ Direct Observation: 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. For example, what infection control precautions, protocols and procedures you follow when inserting a catheter and how you make the individual comfortable after the procedure. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, how you monitor the individual's condition, recognise any adverse effects and deal with these.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: 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. ◆ Questioning/professional discussion: 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. ◆ Expert Witness: 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. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: 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. ◆ Prior Learning: 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. ◆ Simulation: 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.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ 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. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ 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. ◆ All evidence must relate to your own work practice.

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.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to carrying out urethral catheterisation.	
2 Your responsibilities and accountability in relation to the current European and national legislation and local policies and protocols.	
3 The importance of working within your own sphere of competence when and seeking advice when faced with situations outside your sphere of competence.	
4 The importance of applying standard precautions and the potential consequences of poor practice.	
5 The conditions and constraints which might denote who undertakes this procedure and why.	
6 The anatomy of the male and/or female genito-urinary system.	
7 The physiology of the genito-urinary system.	
8 Adapting communication to meet individual's needs.	
9 The effects of catheterisation on the individual's comfort and dignity, and ways of minimising any adverse effects.	
10 The ethical issues surrounding catheterisation, as applied to males and females.	
11 The need for chaperones, individual awareness and consent.	
12 Potential adverse effects and appropriate actions.	
13 The importance of offering effective verbal and non-verbal support and reassurance to patients when you perform urethral catheterisation.	
14 The effective methods of providing verbal and non-verbal support and reassurance to patients.	
15 The types of catheters that can be used and why you should select the appropriate catheter.	
16 The local anaesthetic agents available.	
17 The importance of keeping accurate and up-to-date records.	
18 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Apply standard precautions for infection control and take other appropriate health and safety measures.					
2	Comply with the correct protocols and procedures relating to urinary catheterisation.							
3	Insert the catheter safely and correctly, according to manufacturer's instructions and with minimal trauma to the individual.							
4	Secure the catheter after insertion according to instructions and adjust it correctly.							
5	Attach the catheter correctly to the appropriate drainage system, confirm it is functioning correctly and measure and record the amount of urine collected immediately after insertion.							
6	Make the individual as comfortable as possible following the procedure.							
7	Monitor the individual's condition, promptly recognise any adverse effects and take the appropriate action.							
8	Seek assistance promptly from an appropriate person should it be required.							
9	Record clearly, accurately, and correctly any relevant information in the necessary records.							
10	Check that all catheterisation equipment and materials are functioning correctly and take appropriate action to remedy any problems.							
11	Maintain cleanliness of the catheter and surrounding area through regular hygiene care.							
12	Empty drainage bags and measure and record urinary output whenever necessary and as instructed by the professional involved.							
13	Educate the individual as far as possible on the care of the catheter and attachments.							

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: