

## **About this Unit**

This standard covers undertaking the care of a bowel/bladder stoma. This may be for individuals with new stomas or for individuals with established stomas who are unable to manage their own stoma care.

Where the stoma is newly formed in the immediate post-operative period, these activities must be undertaken using an aseptic technique and following local guidelines and procedures.

The standard is applicable in a variety of care settings including hospitals, care homes, the individuals own home or other community settings such as GP surgeries.

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  |
|---|
| <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>, how you give the individual information and gain consent and use the correct equipment.</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>, how you carry out stoma care, discuss concerns with the individual and record and report these.</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 stoma 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 advice when faced with situations outside your sphere of competence.   |                               |
| 5 The importance of applying standard precautions to undertaking stoma care and the potential consequences of poor practice.  |                               |
| 6 What valid consent means and why it must be obtained and confirmed prior to actions being taken.  |                               |
| 7 Why individuals should be supported and told about the activity/or procedure.   |                               |
| 8 How your personal beliefs may cause you difficulties with certain procedures and how you manage this conflict in practice.  |                               |
| 9 The concerns and worries which individuals or client groups may have in relation to undertaking stoma care.   |                               |
| 10 The importance of exercising sensitivity to the individual's perception of the situation.  |                               |
| 11 The factors which will affect the level of assistance required such as age, medical condition, personal beliefs and preferences.   |                               |
| 12 The adverse reactions which may occur during and following stoma care activities and how to identify and deal with these.  |                               |
| 13 The role of the stoma care specialist practitioner and how they can be contacted.  |                               |
| 14 The reasons why a stoma may be fashioned.  |                               |

**FP8G 04 (CHS10) Undertake stoma care**

| <b>You need to show that you know, understand and can apply in practice:</b>  | <b>Enter Evidence Numbers</b> |
|---|-------------------------------|
| 15 The anatomy in relation to the position and function of:<br>(a) colostomies<br>(b) ileostomies<br>(c) ileal conduits<br>(d) nephrostomy  |                               |
| 16 The effects of diet and mobility on stoma function.  |                               |
| 17 The potential consequences of contamination of stoma drainage systems.   |                               |
| 18 The equipment and materials required for undertaking stoma.  |                               |
| 19 The types of stoma appliances available.   |                               |
| 20 The suitability of stoma appliances for different types of stoma   |                               |
| 21 The personal protective clothing and additional protective equipment which should be worn for the individual's and your protection.  |                               |
| 22 The importance of involving the individual in the care of their stoma.   |                               |
| 23 The importance of providing the individual with sufficient stoma care materials to carry out stoma care themselves.  |                               |
| 24 Why questions which are beyond your role or knowledge need to be passed onto the appropriate member of the care team.  |                               |
| 25 The importance of keeping accurate and up to date records.   |                               |
| 26 The specific records required for each clinical activity you are required to undertake and the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff. |                               |

**FP8G 04 (CHS10) Undertake stoma care**

| <b>Performance Criteria</b> |  | <b>DO</b> | <b>RA</b> | <b>EW</b> | <b>Q</b> | <b>P</b> | <b>WT</b> | <b>PD</b> |
|-----------------------------|--|-----------|-----------|-----------|----------|----------|-----------|-----------|
| 1                           | Apply standard precautions for infection prevention and control and take other appropriate health and safety measures.   |           |           |           |          |          |           |           |
| 2                           | Check the individual's identity and confirm the planned activity.  |           |           |           |          |          |           |           |
| 3.                          | Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.  |           |           |           |          |          |           |           |
| 4                           | Gain valid consent to carry out the stoma care activities.   |           |           |           |          |          |           |           |
| 5                           | Confirm all equipment and materials for stoma care are:<br>(a) as prescribed/detailed in the individual's plan of care<br>(b) appropriate to the procedure<br>(c) fit for purpose  |           |           |           |          |          |           |           |
| 6                           | Carry out stoma care:<br>(a) at an appropriate time according to the individual's plan of care<br>(b) using appropriate techniques<br>(c) in line with manufacturer's instructions<br>(d) in a manner which optimises the patient's comfort and dignity and minimises pain and trauma. |           |           |           |          |          |           |           |
| 7                           | Observe and support the individual throughout the stoma care.  |           |           |           |          |          |           |           |
| 8                           | Recognise and report any condition or behaviour which may signify adverse reactions to the activity and take the appropriate action.   |           |           |           |          |          |           |           |
| 9                           | Encourage individuals to communicate any concerns about their stoma care needs and functioning.  |           |           |           |          |          |           |           |
| 10                          | Monitor and report on the individual's pattern of stoma function, consistency of body waste and any changes that may have occurred.  |           |           |           |          |          |           |           |
| 11                          | Encourage and assist individuals to select and consume food and drink and take medication if prescribed to maintain effective stoma function.  |           |           |           |          |          |           |           |
| 12                          | Provide active support for individuals to manage their own stoma in a manner that promotes self respect, maximises privacy and is consistent with the plan of care.  |           |           |           |          |          |           |           |
| 13                          | Provide stoma care equipment at a time and place convenient to the individuals needs and circumstances.  |           |           |           |          |          |           |           |

**FP8G 04 (CHS10) Undertake stoma care**

| Performance Criteria  | DO | RA | EW | Q | P | WT | PD |
|---|----|----|----|---|---|----|----|
| 14 Take appropriate action when the stoma care equipment appears to be inappropriate or unsuitable.   |    |    |    |   |   |    |    |
| 15 Give individuals the opportunity to dispose of their own used stoma care equipment and maintain their personal hygiene.  |    |    |    |   |   |    |    |
| 16 Ensure that equipment and soiled linen is disposed of safely, hygienically and in ways which minimise the risk of cross infection.   |    |    |    |   |   |    |    |
| 17 Record the outcomes of stoma care activity correctly using the method agreed in your care setting and report your findings and/or activity to the appropriate member of the care team. |    |    |    |   |   |    |    |

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: .....