

## FP09 04 (GEN80) Move and transport individuals within a healthcare environment

### About this Unit

This standard is about moving and transporting individuals within healthcare work areas. You will need to be able to identify the individual to be moved and make sure the necessary resources are available to move the individual. You will also need to move the individual safely and securely, and maintain their privacy and dignity during the move.

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> </ul>
<ul style="list-style-type: none"> <li>◆ <b>The following forms of evidence ARE mandatory:</b></li> </ul>
<ul style="list-style-type: none"> <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 could be observed when you are moving an individual from one area to another and communicating with them and other members of staff.</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>, you could discuss what procedures you would follow to make sure you were working safely and how you maintain the individual's dignity throughout the move.</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>

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**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 Organisational policies and protocols in accordance with Clinical/Corporate Governance as affect your work practice in relation to moving and transporting individuals.	
2 Your responsibilities and accountability under organisational policies and protocols within your work environment.	
3 The duty to report any acts or omissions in care that could be detrimental to individuals, self or others.	
4 The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
5 Procedures for identifying, moving and handing over individuals.	
6 How to communicate effectively with others.	
7 How to make individuals feel at ease.	
8 How to maintain individuals privacy, dignity and confidentiality.	
9 How to move and transport individuals correctly taking into account the nature of the illness or injury.	
10 The safe techniques for moving and handling individuals.	
11 The circumstances under which an individual escort is needed.	
12 The geography of the work area.	
13 The types of problems which may occur and how these should be dealt with.	
14 The types of records and documentation that must accompany the individual in your organisation.	
15 The types of transportation equipment available.	
16 How to use transportation equipment correctly.	
17 The types of medical equipment which may require movement with the individual.	
18 How to handle medical equipment safely.	
19 How and when to use personal protective equipment.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Communicate effectively with relevant people involved in the move.					
2	Check all details before commencing the move.							
3	Accurately identify the individual that needs to be moved.							
4	Clearly explain to the individual who you are and where you are taking them.							
5	Maintain the individual's dignity at all times.							
6	Ensure you have any necessary accompanying documentation.							
7	Check that the transportation equipment is safe and functioning correctly.							
8	Use the transportation equipment correctly.							
9	Co-operate with other members of staff involved to achieve the best possible outcome for the individual.							
10	Care for the individual during transportation in accordance with the individual's needs taking into account the nature of the illness or injury.							
11	Maintain the health safety and security for yourself and the individual throughout the move in accordance with current policy and legislation.							
12	Use the most suitable route for the individual.							
13	Take the correct action where problems arise.							
14	Hand over the individual and any necessary documentation to the appropriate member of staff.							
15	Assist with any further movement of the individual.							
16	Communicate the completion of the move to the relevant person.							
17	Where appropriate, return transportation equipment to the correct location.							

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

RA = Reflective Account  
 P = Product (Work)

Q = Questions  
 WT = Witness Testimony

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*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: .....