Health Care Assistants in General Practice

Resource Manual

Gwynedd Local Health Board

Revised by: Nicky Horne, Sam Owen, Suzanne Evans
September 2004
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HEALTH CARE ASSISTANTS WITHIN GENERAL PRACTICE

This document has been produced by Gwynedd Local Health Board to help in both the selection process and training of Health Care Assistants (HCAs) within general practice. The guidelines are offered as a basis and can be adapted by each individual practice. There is also guidance regarding pay scales, indemnity and National Vocational Qualification (NVQ). There is a section on reflection, which we hope will enable HCAs to provide evidence for their own personal and professional development. Updates of this document will be available online in the future.

The introduction of HCAs into primary care within Gwynedd has already assisted in improving the quality of nursing services due to an improved skill mix (Keeping 2001). Utilising HCAs is an important factor within the skill mix equation, which enable funds to be redirected into long-term quality, patient care. They will also be central to future developments within general practice such as the proposed implementation of minor illness nurses/clinics.

The Royal College of Nursing (RCN) supports the role of HCAs within primary care especially in these times of new initiatives and developments, where recruitment and retention of both General Practitioners (GPs) and experienced Practice Nurses (PNs) is a major issue. The RCN states that HCAs should be trained up to National Vocational Qualification (NVQ) level 3, in order that the HCA can work independently (Young 2003). Gwynedd LHB also advocates this.

HCAs are seen as an integral part of nursing teams within Gwynedd, the general aims and objectives are identified below.

**Aims**

To improve the quality and range of nursing services available to primary care based upon the health needs of the local population.

To provide a greater range and flexibility of nursing and administration skills in general practice, therefore allowing more effective distribution of skills and responsibilities.

**Objectives and planned outcomes**

- Improved access to primary care for practice populations
- Service development within primary care
- Improved and more appropriate skill mix of practice nursing teams in general practice
- Professional development of the health care assistant and the mentoring nurse
- Improved staff retention by more appropriate allocation of skills and tasks in primary care

**References**


Young L (2003)“Employing Health Care Assistants in General Practice”

[http://www.practicenurse.org.uk/HCAs%20in%20General%20Practice2a__doc](http://www.practicenurse.org.uk/HCAs%20in%20General%20Practice2a__doc)
Job Description
JOB DESCRIPTION

Job Description

JOB DETAILS
Job Title: Health Care Assistant
Grade: B
Salary Scale: 
Hours of Work:

ORGANISATIONAL REQUIREMENTS
Accountable to: Line Manager (Senior Practice Nurse/General Practitioner/Practice Manager). Practice to delete as applicable.
Responsible to: Line Manager (Senior Practice Nurse/General Practitioner/Practice Manager). Practice to delete as applicable.

JOB PURPOSE
Summary of role: Assisting trained nurses and other health care professionals in the delivery of the highest standard of patient care, ensuring that this is sensitive to the needs of the patient. To be a member of the practice based nursing team. You will provide high quality care to the practice population. Members of the nursing- medical team will supervise you at all times working to your job description and within your capabilities.

Formal Qualification(s) required to fulfil the duties of this post:
Ideally, NVQ level 3 in Primary Care or working towards this qualification. As recommended by the Royal College of Nursing (RCN) (Young 2003).
Some experience of working in a health care environment and involvement in the delivery of care.

DUTIES AND RESPONSIBILITIES
Key areas of responsibility:
Assist the practice nurses in the delivery of direct and indirect patient care, ensuring that the patient safety and well-being is respected at all times.
- Communicate courteously and effectively with patients, relatives and carers in the language of their choice.
Ensure that the Practice Treatment room is kept in a clean and tidy state and that equipment is in working order, clean and available for use.
- Carry out health assessments on newly registered patients e.g. testing urine, blood pressure checks, heights, weights and taking simple document medical history.
- Report all matters pertaining to patient's care - changes in condition/circumstances to a relevant member of the nursing or medical team as a matter of priority and ensure that a document record is kept.
- Ensure that the clinical rooms are at all times kept in a clean and orderly manner and that relevant equipment is ready for use by nursing and medical staff during clinic sessions.
- Assist in clinic sessions as directed by members of the nursing and medical staff ensuring that all equipment is clean and sterilised following clinic sessions. Also, ensure that the autoclave is at all time functioning properly.
- Ensure that the drug refrigerator is at correct temperature on a daily basis and that drugs are within their expiry dates and used in correct sequence. Order drugs and other supplies as directed ensuring that adequate levels of stock are available in the surgery. Maintain the 'cold chain' when drugs are delivered to the surgery. Record the fridge temperatures and expiry dates on vaccines.
- Make sure that health promotion materials are available within the surgery ordering new stock when needed.
- Undertake phlebotomy as directed by the Practice Nurses.
- Act at all times with regard to the confidentiality and sensitivity of issues to do with patients, their care and treatment.
- Record and document all patient contact.
- Carry out relevant clerical and reception duties as required in relation to nursing services e.g. answering the telephone, making appointments, entering data onto the computer system, carry out computer searches and summarise patient's notes.
- Assist in audit as required e.g. note sampling, date input and information gathering.
- Attend relevant meetings as required.
- Have knowledge of and act at all times within the boundaries of health and safety legislation and data protection acts.
- Assist in the call and recall systems in relation to: chronic disease management; immunisation, breast and cervical cytology screening; therapy reviews (medications) - organise appointments and follow up.
- To comply with the following:-
  a) Practice Policies and Procedures.
  b) Health, Safety and Fire Regulations.
- In negotiation and following an annual appraisal, the employer can determine any additional duties that may be required so long as they do not exceed the level of responsibility expected for the grade of post.
COMPETENCE
You are responsible for limiting your actions to those which you feel competent to undertake. If you have any doubts about your competence during the course of your duties you should immediately speak to your line manager/ supervisor.

RISK MANAGEMENT
It is a standard element of the role and responsibility of all practice staff that they fulfil a proactive role towards the management of risk in all their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.

RECORDS MANAGEMENT
As an employee of the practice, you are legally responsible for all records that you gather create or use as part of your work within the practice (including patient health, financial, personal and administrative), whether paper based or on computer. All such records are considered public records, and you have a legal duty of confidence to service users (even after the employee has left the practice employment). You should consult your line manager as to the correct management of records with which you work.

HEALTH AND SAFETY REQUIREMENTS
All employees of the practice have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. Employees are required to co-operate with management to enable the practice to meet its own legal duties and to report any hazardous situations or defective equipment.

FLEXIBILITY STATEMENT
The content of this Job Description represents an outline of the post only and is therefore not a precise catalogue of duties and responsibilities. The Job Description is therefore intended to be flexible and is subject to review and amendment in the light of changing circumstances, following consultation with the post holder.

CONFIDENTIALITY
All employees of the practice are required to maintain the confidentiality of members of the public and members of staff in accordance with practice policies.
Date Prepared:

Prepared by:

Date Reviewed:

Reviewed by:

Agreed by: Date:
Employee's name and signature

Agreed by: Date:
Line Manager's name and signature
# PERSON SPECIFICATION

**Job Title:** Health Care Assistant  
**Grade:** B

## Minimum Requirements

<table>
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<th>Essential</th>
<th>Desirable</th>
<th>Method of assessment</th>
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<tr>
<td>Knowledge/Qualification</td>
<td>Willingness to undertake NVQ training</td>
<td>NVQ level3 in Primary Care</td>
<td>Application form</td>
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<tr>
<td>Experience</td>
<td>Experience of dealing with general public</td>
<td>Some experience in a health care setting</td>
<td>Application form Interview</td>
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<tr>
<td>Basic Skills &amp; Abilities</td>
<td>Able to work in a busy environment. Team player</td>
<td></td>
<td>Interview</td>
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<tr>
<td>Knowledge/Qualification</td>
<td>Willingness to undertake NVQ training</td>
<td>NVQ level3 in Primary Care</td>
<td>Application form</td>
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<tr>
<td>Personal Qualities</td>
<td>Good communicator. Hard working. Friendly. Reliable. Able to maintain confidentiality</td>
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<td>Interview</td>
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<td>Presentation</td>
<td>Neat, tidy and well groomed.</td>
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<td>Application form Interview</td>
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<tr>
<td>Personal Qualities</td>
<td>Good communicator. Hard working. Friendly. Reliable. Able to maintain confidentiality</td>
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<td>Interview</td>
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<td>Other Relevant Requirements</td>
<td>Ability to learn new skills</td>
<td>Welsh speaking</td>
<td>Interview</td>
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<td><strong>Date Prepared:</strong></td>
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<td><strong>Date Reviewed:</strong></td>
<td><strong>Reviewed by:</strong></td>
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<td><strong>Agreed by (Employee):</strong></td>
<td><strong>Agreed by (Line Manager):</strong></td>
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<td><strong>Date Agreed:</strong></td>
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Areas of work
(core competencies)
## CORE COMPETENCIES

### Health Care Assistant Grade ‘B’

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<td>• Breast and cervical cytology screening</td>
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<td>• Chronic Disease management</td>
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<td>• CVD</td>
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<td></td>
<td>• Immunisation</td>
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<td></td>
<td>• Therapy review – medication</td>
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<td></td>
<td>Organising appointments and follow up</td>
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<td></td>
<td>Confidentiality</td>
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<tr>
<td>Audit</td>
<td>Data input</td>
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<td>Information gathering</td>
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<td>Note sampling</td>
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<td>Confidentiality</td>
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<td>Ordering and maintenance</td>
<td>Checking review dates</td>
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<td>Cleaning and storage</td>
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<td>Stocks</td>
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<td>Confidentiality</td>
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<td>Phlebotomy</td>
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<td>Chaperoning</td>
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<td>Ensuring adequate supply of materials</td>
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<td>Organising displays</td>
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<td>Other duties to be</td>
<td>determined, as skills and training permit</td>
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Guidelines For Practice
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- Measuring Height
- Measuring Weight
- Ordering and Re-Stocking of Drugs & Vaccines
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- Record Keeping
- Re-Stocking Consulting Rooms
- Results Giving
- Spillage’s
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- Electrocardiograms (ECGs)
- New Patient checks
- Disposal of Clinical Waste
GUIDELINES FOR HEALTH CARE ASSISTANTS

Blood Pressure Check

AIMS

1. To take an accurate blood pressure reading.

2. To communicate result to appropriate professional on duty.

3. To have basic knowledge as to what constitutes a high/low blood pressure.

4. To ensure that all results are communicated to the appropriate member of nursing/medical staff on duty – with emphasis on those results outside normal ranges.

OBJECTIVES

1. To ensure understanding of the need to take blood pressure reading in the prescribed way, to ensure accurate result.

2. To understand the need to explain what is going on to the patient, thus ensuring the patient remains relaxed and an accurate result is therefore obtained.

3. To have understanding of what constitutes a normal blood pressure reading.

METHOD

1. Explain to the patient what you are going to do, and how you are going to do it. Ensure the patient understands that the procedure may be uncomfortable – without alarming them.

2. Place the patient in a position that is comfortable to them, that does not impede achieving an accurate result and that is also comfortable to you i.e. does not put any strain on your back.

3. Place electronic sphygmomanometer (as recommended in British Hypertension Society web page) at patient’s chest level. Do you need anything about which arm to use (eg after lumpectomy mastectomy)

4. Switch on device and activate.

5. Record and chart the result in appropriate media. If an abnormal result is obtained, wait for 1-2 minutes and repeat the procedure; if the result remains abnormal, inform a member of nursing or medical staff.

6. Ensure that all results are given to an appropriate member of nursing/medical staff.

Reference:

Nursing Times; Practical procedures No2.3
GUIDELINES FOR HEALTH CARE ASSISTANTS

Blood Glucose Monitoring

AIMS

1. To obtain the most accurate result possible.

2. To understand the reason for carrying out the blood glucose monitoring test; i.e. to test the blood sugar level.

3. To have a basic knowledge of the principle needs for this test to be performed; i.e. diagnostic purposes in diabetes, or to check the progress of diabetic patients in their disease management.

4. To carry out the test in a way that ensures that the test is accurate as possible.

OBJECTIVES

1. To have a basic knowledge about Diabetes and its treatments.

2. To understand the need for blood sugar level monitoring.

3. To understand how to carry out procedures in a way that obtains a result that is as accurate as possible (including calibration and use of equipment etc.)

4. To carry out the procedure in a way that minimises the trauma experienced by the patient.

5. To have knowledge of the principles of infection control, and how they may be applied to this procedure.

METHOD

1. Prepare the patient for the procedure by explaining what you are going to do and why.

2. Ensure that you have all the equipment you will need close to where the procedure is to be carried out.

3. Ask the patient to wash their hands using a suitable cleansing agent, and to dry their hands using a paper towel.

4. Wash your hands using the same method as the patient, put on disposable glove.

5. Switch on the glucometer. Remove test strip from the tube. Place strip in the correct aperture of the glucose monitor and replace the cap on tube.

6. Ask the patient if they are left or right handed, so you may select the opposite side for the test.

7. Avoiding the index finger, select a finger from the appropriate hand for the test to be carried out.
8. Ask the patient to squeeze the fingers of the appropriate hand by opening and closing their fist.

9. On the finger to be used, massage with an upward motion towards the finger tip.

10. When you are satisfied that the finger is ready i.e. there is enough blood in the finger tip, lance the side of the fingertip using the sterile lance. Wait for a few seconds, and then squeeze the finger tip where it was lanced, until have a large, suspended drop of blood has formed.

11. Without using a wiping motion, allow the droplet of blood to fall onto the test strip (do no allow the skin to tough the test strip) so that it covers the square.

12. Read off results according to manufacturers instructions.

13. Discard sharps directly into a sharps container (which must comply with current UN and British standards) immediately after use to reduce the risk of exposure to blood-borne viruses. Always take extreme care when disposing of sharps.

14. Record the result in the appropriate medium. Inform nurse in charge if an abnormal result is obtained.

Reference: Royal College of Nursing 2001 Good Practice in Infection Control. Working well Initiatives. pp7 & 14

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Cleaning Instruments

AIMS

1. To ensure that all instruments are clean and available for use as required by nursing and medical staff at all times.

2. To understand the principles of infection control as they apply to the cleaning and sterilisation of instruments.

OBJECTIVES

1. To be aware of the risks of contamination from all bodily fluids both to themselves, work colleagues and patients.

2. To always protect themselves from these risks by wearing appropriate protective clothing and employing appropriate cleaning methods.

3. To understand the principles of cross infection and infection control.

METHOD

1. Health care assistant to have had appropriate immunisations available to protect himself or herself from infectious disease (Hepatitis B).

2. At all times when dealing with potentially infected materials, to wear appropriate protective clothing i.e. plastic apron, latex gloves, eye protection.

3. At the end of clinical sessions, to be responsible for the collection of dirty instruments from surgeries.

4. All such instruments to be washed in weak soapy bactericidal detergent water, not exceeding 37°C, using a brush. In sinks used for dirty instruments.

5. Instruments to be rinsed in fresh, clean water.

6. Instruments for the autoclave to be placed and not touching, on appropriate trays, ensuring that hinged instruments are open. Trays must not be covered.

7. Instruments should be sterilised for:
   - 3 minutes at 134°C - 137°C or
   - 10 minutes at 126°C - 129°C or
   - 15 minutes at 121°C - 124°C

8. Ensure that the autoclave is serviced at regular intervals (3 times per year minimum) and that a daily record is made of a test sterilising cycle in the logbook. This is the responsibility of the designated user i.e., Practice Nurse or Practice Manager. If a service is due, inform the nurse or doctor in charge. Ensure that a daily record is made of a test sterilising cycle in the logbook in accordance to the National Assembly for Wales guidelines (2001).
9. Following sterilisation, instruments used for non-invasive procedures, must be placed on clean couch roll on a clean surface to dry; they should then be stored in a clean which has lid container.

10. Instruments used for invasive procedures such as minor surgical instruments, should be placed on a sterile field covered with a sterile paper and used within 2-3 hours.

11. Once dry, instruments must be returned to surgeries; ensuring that contamination by dirty instruments is not possible.

12. Plastic instruments i.e. non – autoclavable low risk items, must be washed separately and placed in appropriate medium.

13. Single use equipment to be disposed of safely.


National Assembly for Wales (2001) Guidance for the Application, use, maintenance and testing of bench top steam sterilizers in the Wales NHS. Welsh Health Estates

**PERSONAL NOTES:**
GUIDELINES FOR HEALTH CARE ASSISTANTS

Form Completion

AIMS/OBJECTIVES

1. To be able to complete all forms – whatever their destination – with all relevant sections completed, and to send all forms in a timely and efficient manner.

METHOD

1. All forms to be completed clearly and legibly, in black ink.

2. All relevant sections of the form to be completed.

3. Forms to be sent off to their destination immediately after completion.

4. If the form is to accompany a specimen, the health care assistant must ensure that the patients details are on both the container and the request form. The container must be placed in a plastic transport bag and the request form placed into the separate pouch provided.

5. Smear forms should not be completed by HCAs but by the smear taker at the time of consultation (Cervical Screening Wales (2000))


Royal College of Nursing 2001  Good Practice in Infection Control, Working well Initiatives. Pg1

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Hand Washing

AIMS

1. To present cross infection to patient from a care assistant and vice versa.

OBJECTIVES

1. To ensure a basic knowledge of the principles and practice of infection control procedures, with particular regard to hand washing

METHOD

Technique is more important than the solution used. Keep nails short and clean. Remove hand and wrist jewellery where possible to help reduce bacterial counts. Do not wear false nails or nail varnish, as they may harbour micro-organisms and become detached. Expose the wrists and forearms. You must include all parts of the hands in the process (ICNA 1997, Larson 1995).

1. Wet hands under running warm water.

2. Apply soap or antiseptic solution.

3. Without applying more water, vigorously rub all parts of the hands for 10 – 15 seconds

4. Rinse hands thoroughly under running water.

5. Dry thoroughly using disposable paper towels or a sterile towel for surgical hand washing.

6. OR apply 5ml of alcohol hand rub to socially clean hands for routine hand washing – then rub until dry.

This latter technique is only suitable if the hands are not visibly soiled – alcohol is ineffective in the presence of dirt.

Reference: Royal College of Nursing 2001 Good Practice in Infection Control. Working well Initiatives. Pg2

PERSONAL NOTES:
1 Palm to palm

2 Right palm over left dorsum and left palm over right dorsum

3 Palm to palm fingers interlaced

4 Backs of fingers to opposing palms with fingers interlocked

5 Rotational rubbing of right thumb clasped in left palm and vice versa.

6 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
GUIDELINES FOR HEALTH CARE ASSISTANTS

Measuring Weight

AIMS

1. To take an accurate weight measurement.
2. To understand what are normal/abnormal weights ranges.
3. Communicate results effectively to nursing/medical staff on duty.

OBJECTIVES

1. To ensure that as accurate a weight as possible is recorded.
2. To ensure that the patient understands what is to happen prior to the procedure beginning.

METHOD

1. Assess patient for appropriate scales (if a choice is available).
2. Explain the procedure to the patient; ask them to remove their shoes.
3. Switch on the machine (if appropriate) and ensure that it is calibrated.
4. Ensure patient positioned correctly.
5. Record weight in kilograms in patient’s notes.

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Measuring Height

AIMS

As for weight.

OBJECTIVES

As for weight

METHOD

1. Assess patient for ability to stand.

2. Stand patient, without shoes, against height measure, heels against the wall.

3. Ask patient to take a deep breath and hold it: bring down marker to horizontal position on top of patient's head.

4. Ask patient to breathe out, bend knees and then move away from the wall – read measurement.

5. Record result.

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Ordering and Re-stocking of Drugs and Vaccines (omitting controlled drugs)

AIMS

The Health care assistant will be responsible for ensuring:

1. Adequate stocks of drugs used in the practice are maintained.
2. All drugs are stored correctly and safely, within manufacturers instructions.

OBJECTIVES/METHOD

1. All drugs should be stored within manufacturers/community pharmacists’ recommendations. Some drugs may need to be refrigerated; this must be a purpose built drugs refrigerator (see protocol for storage or vaccines and drugs).

2. Drugs and vaccines that do not require refrigeration must be stored in a locked cupboard. The keys to the drug cupboard will be stored in a safe place i.e. cupboard/box, in a safe place away from the drugs cupboard itself.

3. Stocks of drugs should be maintained at a level appropriate to their use within the practice and therefore ordered on a regular basis, using the forms supplied by the manufacturers/community pharmacist.

4. Manufacturers recommendations on storage/expiry dates should be adhered to at all times.

5. Care should be taken to avoid over/under ordering; employing a method of stock rotation will help this.

6. Regular stock checks should take place, and those that are past their expiry dates removed, and disposed of appropriately.

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Phlebotomy

AIMS

1. To obtain a blood sample in an efficient manner with minimal discomfort.

2. To carry out the phlebotomy in a way that ensures that the test is accurate as possible.

OBJECTIVES

1. To understand how to carry out the procedure in a way that obtains a result that is as accurate as possible.

2. To carry out the procedure in a way that ensures that as little trauma as possible is experienced by the patient.

3. To have knowledge of the principles of infection control, and how they may be applied to this procedure.

METHOD

1. Health care assistant to have had appropriate immunisations available to protect himself or herself from infectious disease.

2. Explain to the patient what you are going to do, and how you are going to do it. Ensure the patient understands that the procedure may be uncomfortable – without alarming them.

3. Place the patient in a position that is comfortable to them, that does not impede achieving an accurate result and that is also comfortable to you i.e. does not put any strain on your back.

4. Ensure that you have all the equipment you will need close to where the procedure is to be carried out.

5. Wash your hands using the same method as the patient, put on disposable glove.

6. Blood will be taken from the antecubital fossa only – in the event of difficulties, the HCA can, at their discretion, make one further attempt. If venous access remains problematic then the GP/Practice Nurse will be asked to attend as soon as practical (i.e. before seeing their next patient).

7. There will be no re-sheathing of needles and only the “vacutainer” system will be used - both needle and holder will be immediately disposed of safely into a yellow sharps bin, near to hand.
Notes

1. Clinics will only be scheduled at times when there will be a GP/ Practice Nurse on the premises - in the unlikely event that all the doctors/ practice nurses are called away from the practice, the clinic will be suspended pending their return.

2. Only patients over 16, who have previously had blood taken, will be referred.

3. A GP will document the tests required in the notes and or computer complete the request form. The phlebotomist will complete the blood bottles as each patient is seen and subsequently make a note to confirm that the procedure has been undertaken.

4. Nurse supervision will be ongoing.

5. In the event of a needle-stick injury the HCA will immediately inform the duty GP/Senior Practice Nurse who must make local arrangements with an occupational health service and A& E department for post-exposure prophylaxis after an inoculation injury involving possible exposure to HIV or hepatitis B (*Department of Health 1993,1996*). You will need to run the injury site under cold water and encourage blood flow from the site. Any blood spills will be dealt with immediately by an appropriate method (e.g. Haz Tabs/bleach solution as per practice Health & Safety procedures).

6. The protocol will be reviewed annually/updated as necessary.

Reference: Royal College of Nursing 2001 *Good Practice in Infection Control*, Working well Initiatives. Pp18
GUIDELINES FOR HEALTH CARE ASSISTANTS

Record Keeping

Record keeping is an integral and essential part of general practice. It is one which should help the care process. It is not separate from this process and it is not an optional extra to be fitted when circumstances allow.

AIMS

1. To understand the principles of record keeping; and their importance as legal and communication documents.

OBJECTIVES

1. To understand the role that records play in patient care.

2. To understand the legal status of medical records.

3. To understand the process of communication in-patient care and within the primary health care team.

METHOD

1. All records must be documented clearly and legibly, using black ink or input onto the practice computer system.

2. All records must be contemporaneous i.e. documented at the time that the events they speak about happened.

3. Consultations documented must detail patient care only and should not contain comments that are the expressions of the writers opinion.

4. All matters recorded are confidential i.e. they must not be discussed with anyone other that health care professionals directly involved with the care of that particular patient.


PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Re – Stocking of Consulting Rooms

AIMS

1. The health care assistant will keep the clinical rooms well equipped with all appropriate requirements.

2. The Doctors rooms must be checked on a daily basis to ensure that they are stocked with all appropriate requirements.

OBJECTIVES

1. To ensure that the Doctors rooms are at all times equipped with clean instruments and health promotion materials.

2. To avoid inconvenience to patients and medical/nursing staff through lack of resources and equipment.

METHOD

1. Check all surgery rooms on a daily basis, and re-stock as necessary.

2. Check health promotion displays and materials on a weekly basis, and re-plenish as appropriate. Re-order supplies of health promotion in a timely way, from the Health Education Department.

3. Keep all cupboards and trolleys clean and tidy and ensure that all examination couches are clean and well stocked with couch roll.

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Results Giving

AIMS

1. To ensure that only negative results are given to patients and that this has been recorded within the patient’s notes.

2. All results to be given in a clear and professional manner, and only to the patient concerned.

OBJECTIVES

1. To have basic knowledge of routine tests carried out in general practice.

2. To have a basic understanding of the implications of routine test results.

3. To be able to communicate test results to patients in a clear and professional manner, and to always refer to nursing or medical staff if patients require information that they are unable to supply.

4. To understand the need for confidentiality when giving test results to patients.

METHOD

1. Ensure that the senior nurse on duty is aware of the results, prior to the information being passed to the patient.

2. When giving the information – either via the telephone, or in person – ensure that:
   • You are speaking to the patient whose results you are giving i.e. not a friend or relative.
   • Members of the public cannot overhear you. If giving the results in person if a friend/relative is present, ensure that the patient wishes the third party to know the result.

3. If the patient requests more information about the result than you are able to give, always refer back to the nurse/doctor on duty.
   If in any doubt at all – ask.

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Spillage’s

AIMS

1. To prevent cross infection from potentially infected bodily fluids.

2. To ensure personal protection by wearing appropriate protective clothing and ensuring that all available protective vaccines have been taken.

OBJECTIVES

1. To ensure an adequate and up to date knowledge base of the principles and practice of infection control.

2. To understand what appropriate protective clothing needs to be worn in order to ensure adequate protection.

3. To understand what are the appropriate methods of cleansing and disposal for particular contaminants.

METHOD

1. Put on appropriate protective clothing before attempting to deal with any spillage.

2. Prepare sterilisation fluid as per the manufacturers recommendation for the spillage.

3. Using correctly prepared solution, clean spillage using couch roll or other disposable paper towel.

4. Dispose of contaminated paper products in yellow plastic bag.

Reference: Royal College of Nursing 2001 Good Practice in Infection Control. Working well Initiatives. Pp6

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Storage of Drugs/Vaccines & Cold Chain Maintenance

AIMS

1. To he health care assistant will understand the need to store and handle vaccines and other drugs at the correct temperatures, and as recommended by their manufacturers and the community pharmacist; i.e. that vaccines and other drugs do not maintain their properties if not handled correctly, which could have implications for patient safety.

2. To understand the need to maintain adequate levels of drug stock within the surgery, and the implications to patient service and practice targets if this is not achieved.

OBJECTIVES

1. To understand what happens to vaccines and other drugs if they are not handled in a way that maintains their optimum temperature; i.e. maintaining the ‘cold chain’.

2. To understand the way different vaccines and drugs used in the surgery should be stored.

3. To understand how to maintain the drug refrigerator to ensure that it works at its optimum level.

4. To understand the need to check and record the temperature of the refrigerator on a daily basis.

5. To understand the procedure for the ordering of all relevant stocks drugs (or just ‘drugs’).

6. To ensure that drugs are ordered in a timely way that ensures adequate stock levels, but does not lead to over ordering. (Or over/stocking).

7. To ensure sequential drug use to ensure drugs are used before the expiry date.

METHOD

1. The electricity supply to the drug refrigerator should never be interrupted. Switchless sockets must be used, or sockets taped over, and a notice warning added to ensure the electricity supply is not interrupted.

2. A minimum/maximum thermometer should be used to monitor refrigerator temperatures. Thermometers incorporated into the door of the refrigerator should not be relied upon.

3. The maximum/minimum temperature should be checked daily, and a document record kept. Fluctuations outside the specified range of 2°C – 8°C should be expected when new stock has been added to the refrigerator, or when a stock check has taken place.

4. Fluctuations noted at other times should be reported immediately to the nurse or doctor in charge – so that they can take appropriate action to maintain safe storage of drugs and vaccines.
5. Manufacturers instructions should be followed regarding storage temperatures and expiry dates of all drugs and vaccines.

6. Old stocks should be used up, before new stock i.e. vaccines and drugs should be used taking that stock with expiry date closest to the current date first.

7. Expiry dates should be closely monitored and adhered to.

8. Partly used multi dose vials should be discarded at the end of each session, and NOT returned to the refrigerator.

9. The drugs refrigerator should be defrosted and cleaned on a monthly basis, using appropriate cleansing solution and method. Vaccines should be stored in an alternative refrigerator during this process.

Reference: Royal College of Nursing 2001 Good Practice in Infection Control. Working well Initiatives. Pp16

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Urine Analysis

AIMS

1. To ensure that an accurate test is obtained.
2. To understand what is a normal test result.
3. To communicate all test results to relevant nursing/medical staff – with particular urgency in the case of an abnormal result.

OBJECTIVES

1. To have a basic knowledge of the needs for urine analysis in general practice.
2. To ensure that the patient understands how to give an uncontaminated sample.
3. To understand the principles and practice of infection control procedures and how they may be applied to this procedure.

METHOD

1. Explain procedure to the patient. If the patient is female, ask whether they are – or have recently finished – menstruating.
2. Collect specimen.
3. Wear appropriate protective clothing.
4. Place test stick in urine.
5. Read off results according to manufacturers instructions.
6. Dispose of urine, stick and gloves into clinical waste bin.
7. Wash hands.
8. Record results in appropriate media, inform relevant member of nursing/medical staff – urgently if the result was abnormal.

Reference: Royal College of Nursing 2001 Good Practice in Infection Control. Working well Initiatives. PP 14

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

Recording an ECG

AIMS

1. To ensure that an accurate test is obtained.

2. To give test results to relevant medical staff as requested—with particular urgency in the case of an abnormal result.

OBJECTIVES

1. To have a basic knowledge of the needs for ECG recording in general practice.

2. To ensure that the patient understands the procedure.

METHOD

1. Explain procedure to the patient and that an ECG is necessary, and obtain verbal consent.

2. Ensure that patient does not require the bathroom prior to the procedure.

3. If needed, assist with the removal of clothing, to enable the placement of ECG electrodes.

4. Ensure that patient is comfortable and safely positioned on the treatment couch.

5. If necessary, clean limbs or clip chest hairs—to ensure good contact between skin and electrodes.

6. Apply electrodes as per manufacturer’s instructions.

7. Attach leads from ECG machine to electrodes—ensuring that leads are not pulling on the electrodes.

8. Ask the patient to relax and refrain from movement during the procedure.

9. Check calibrations 10mm/millivolt.

10. Commence recording.

11. Reassure patient during the procedure.

12. Detach print out and label with patient details in black ink.

13. Remove electrodes and clean skin.

14. Deliver ECG to requesting medical staff.

15. Assist patient off the couch and if required assist with clothing.

www-tr-wales.nhs.uk/nursing/Marsden contents.htm

PERSONAL NOTES:
GUIDELINES FOR HEALTH CARE ASSISTANTS

New Patient Check

AIMS

1. To offer all new patients a health check to provide baseline information for the practice
2. To supply literature about the practice
3. To lay the foundations of a good relationship between the patient and practice staff.

OBJECTIVES

1. To have a basic understanding of preventable health risks.
2. To be able to refer patients on to the relevant health care professional according to the patients needs.
3. To identify services that may need to be provided for the patient.
4. To assist in the collaboration of information for further assessment if required for example a unified assessment.

METHOD

1. Patients welcomed and personal introductions exchanged. Full details about the check should be given allowing opportunity for questions, before starting.

The new patient check is an opportune time to verify the details already obtained from the health questionnaire:

- Name, date of birth, address, telephone number, marital status, occupation
- Type of housing and tenure
- Next of kin/carer.
- Who else lives in the property
- Past medical history, family history, allergies, personal risk factors, present state of health
- Smoking status, alcohol intake - give appropriate advice
- Diet - discuss principles of healthy eating, with more detailed follow-up as required
- Immunisation status
- Cervical smear status (if relevant)
- Breast screening/awareness (if relevant)
- Contraception method
- Menopausal symptoms
- Leaflet on testicular cancer for men

2. Measure + record height, weight and calculate body mass index - give appropriate advice.
3. Record and measure blood pressure and follow protocol if raised.
4. Urinalysis - presence of blood or protein indicates the need to collect a mid stream specimen for analysis. Glycosuria should be discussed with the medical staff. Patients with asthma or diabetes should be referred to the appropriate clinic (if held).

Reference: Practice Nurses Handbook
http://www.practicenurse.org.uk/Margaret%20Hughes%20Final%20Version.doc
GUIDELINES FOR HEALTH CARE ASSISTANTS

Disposal of Clinical Waste

AIMS

1. To safely dispose of clinical waste.

OBJECTIVES

1. To have basic knowledge of what is clinical waste and to understand infection control measures to be taken.
2. To have the knowledge of organisational and practice policy on clinical waste.

METHOD

1. Always wear protective clothing such as disposable gloves and an apron.
2. Use appropriate chemical disinfectant or detergent, according to infection control policy of the organisation.
3. All soiled dressings and blood stained materials to be disposed of in a yellow clinical waste bag and tagged in accordance to practice protocol.
4. Paper items such as bed covers and tissues should be disposed of in a yellow clinical waste bag.
5. Do not overfill waste bags. Leave enough room for ties at the top
6. Hands must be thoroughly washed in accordance to practice protocol
7. Place a clean bag in the bin within the clinical area.
8. Transport tied bag to the designated clinical waste area, for collection.

PERSONAL NOTES:
Other Information
<table>
<thead>
<tr>
<th>Reflective Diary Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experience</strong></td>
</tr>
<tr>
<td>- Describe the experience</td>
</tr>
<tr>
<td>- What were the essential contributing factors?</td>
</tr>
<tr>
<td>- What are the significant background factors to this experience?</td>
</tr>
<tr>
<td><strong>Reflection</strong></td>
</tr>
<tr>
<td>- What were you trying to achieve?</td>
</tr>
<tr>
<td>- Why did you intervene?</td>
</tr>
<tr>
<td><strong>Alternative Actions</strong></td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>• What other choices did you have?</td>
</tr>
<tr>
<td>• What would have been the consequences of opting for these other choices?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Learning</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• How do you feel about this experience?</td>
<td></td>
</tr>
<tr>
<td>• Could you have dealt with the situation better?</td>
<td></td>
</tr>
<tr>
<td>• What have you earned from this experience?</td>
<td></td>
</tr>
<tr>
<td>What were the consequences of your actions for: The patient/family/my colleagues?</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>How did you feel about this experience when it was happening?</td>
<td></td>
</tr>
<tr>
<td>How did the patient feel about it?</td>
<td></td>
</tr>
<tr>
<td>How do you know how the patient felt about it?</td>
<td></td>
</tr>
<tr>
<td>What factors/knowledge influenced your decisions and actions?</td>
<td></td>
</tr>
</tbody>
</table>

Discussed with practice mentor...........................................(mentor signature)

..............................................................(student signature)

Date.........................
Medical Indemnity for Phlebotomists and Health Care Assistants

Gwynedd Local Health Board

The following information is a summary of recommendations received:

The MDU:

“We can provide cover for phlebotomists whether they join the MDU as part of a Group Practice Scheme or if they apply on an individual basis”

“The phlebotomist will need to have a certificate of competence provided by the training establishment that they qualified with”

“If the Health Care Assistant is deemed to be doing the same work as a phlebotomist, clearly they would qualify under that membership category. Any doubts about this, and we would ask the applicant to submit a job description outlining their work”

MDU Contact No: 0800 716 376

Unison Indemnity Insurance Scheme:

The policy covers all members employed in health care (but not members who are self employed). Applications are on an individual basis:

Unison Contact No: 0161 832 5625
FAQ’s: Health Care Assistant (HCA) and Phlebotomy

1. Where did the idea of providing a HCA training course come from?

Practices were invited by the former Gwynedd Local Health Group (now Gwynedd LHB) to apply for monies to improve access to primary care. One of the areas practices were encouraged to pursue was the development of HCA’s. This was linked to the Royal College of Nurses (RCN) recommendation that HCAs should be trained to NVQ level 3, which has been pursued in Gwynedd resulting in 19 HCAs in post currently undergoing training.
Ref. NHS Plan (July 2001)

2. How are HCA’s funded?

Initially HCAs were fully funded by the LHG as an incentive to general practices. NVQ training is currently provided by the LHB, via the employment of an NVQ assessor based in Ysbyty Bryn-Y-Neuadd.

3. How does the HCA role fit with that of the Practice Nurse?

The HCA role is designed to improve skill mix within general practice, supporting the Practice Nurse by taking on duties that the Practice Nurse no longer needs to provide. These can free-up Practice Nurse time for areas such as chronic disease management or taking on new roles (e.g. Minor Illness Clinics), thereby supporting professional development.

4. Who can apply to be a Health Care Assistant?

Anyone can train to be a HCA, providing they have appropriate communication skills and competencies. In some practices, this may be a receptionist or phlebotomist; in others they will be recruiting a new member of staff.

5. What is the difference between a phlebotomist and a HCA?

Strictly speaking, phlebotomists only take blood samples, whereas a HCA can undertake a broader range of duties to support the Clinical Team, which could include routine height, weight and BP measurements, urinalysis and health promotion, as well as audit, ordering and maintenance and clerical duties.

6. We already have a trained phlebotomist; can she now train as a Health Care Assistant?

Yes. They can be initially trained “in house” within the practice. Gwynedd LHB agrees with the RCN that all HCAs should be trained to NVQ Level 3. Details of local NVQ training are at the rear of this handbook.
NVQ Training
Introduction

National Vocational Qualifications (NVQ’s) have been developed and delivered successfully throughout Britain within a range of various industries and organisations. They give the workforce the opportunity to have recognition and credit for the skills they possess and to allow ‘on the job’ training in order to develop new skills.

NVQ’s are about gaining competence i.e. the ability to actually carry out the job to a national standard. They link theory and practice in the sense that the individual can demonstrate practical and theoretical knowledge.

NVQs are seen as an ongoing investment in high quality patient care as well as the individual’s career progression. Gwynedd LHB expects all Health Care Assistants to work towards this qualification.

NVQ training can be obtained locally, via Coleg Menai, at NVQ level 3
Tel: (01248) 370125 for further details.

Gwynedd Local Health Group (LHG) worked with the North West Wales NHS Trust to develop an NVQ relevant to Health Care Assistants in Primary Care. There are currently how many left ?? HCA

The qualification framework at Level 3

The qualification framework is made up of various Units of Competence. The Units relevant to Primary Care are as follows:

**PRIMARY CARE ELEMENTS**

**X13** Understanding agreed clinical activities within client’s whose health is stable in non-acute care settings.
- Preparing clients for clinical activities
- Understanding procedures e.g. care of simple lesions, specimen collections, and physical measurements e.g. BP, temperature and pulse. Administration of medicines, peak flow, fluid balance.
- Inhaled medicines, eye preps, Vaginal preps. Topical preps

**CU7** Developing one’s own knowledge and practice
- Use of reflection

**CU1** Health and safety in the workplace
- Promoting standards of health and safety
- Minimising risks
- Working with hazardous material/equipment
- Health emergencies (bleeding, cardiac arrest, shock, fainting, epilepsy, falls, choking, burns, poisoning, electrocution.

**B3** Obtaining venous blood

**O2** Promoting people’s equality, diversity and rights. Includes confidentiality and diversity of patient’s.

**CU5** Receive, transmit and store information: records/ notes/ computers/emails/telephones.
CL1 Promote effective communication and relationships.
Valuing people as individuals and maintaining effective communication.

Z1 Contribute to the protection of individuals from abuse.
- Minimising abusive behaviour- potential/actual.
- Staff and patients
- Physical and emotional abuse

CU2 Prepare and maintain environments for clinical procedures
- Cleaning and infection control
- Waste and spillage-hazardous/non hazardous
- Sterilization/storage

CU9 Contribute to the development and effectiveness of work teams
- Team working
- Developing own work role

X12 Support clients during clinical activities
- Working alongside trained staff
- Emotional/physical support
- Adverse reactions to procedures

B4 Obtain and test capillary blood samples, BMs etc

How can the qualification be gained?

Assessment is carried out primarily through observation of the candidate’s performance in the workplace. Evidence of competence is collected and collated which forms the Portfolio. Evidence can be:

- Observation of practice
- Questioning, oral and written
- Witness testimonies
- Inspection of work products and records
- Evaluation of assignments and case studies

Training can be accessed via Suzanne Evans NVQ assessor for Gwynedd LHB

Training Department,
Bryn-y-Neuadd,
Llanfairfechan,
Conwy
LL33 0HH
TEL 01248 682617