



Department of Health and Social Care

Children and Families Division

Training Policy for Support Workers undertaking clinical procedures within Social Care

Compiled August 2020/ To be Reviewed August 2021

Aifric Edwards, Team Manager, Children with Disabilities Team

Contents

1. Policy Statement.....	3
2. Policy Objectives	3
3. Responsibility of the Registered Manager	3
4. Responsibilities of Staff.....	3
5. Accountability and Delegation	4
6. Training	4
7. Procedures Staff can be Trained in	5
8. Clinical procedures that non-health qualified carers should not be undertaking..	5
9. Review	6
10. References	6

1. Policy Statement

It is the Department of Health and Social Care's duty as an employer to ensure that employees caring for children with additional and complex health needs have the appropriate training to undertake these tasks. This policy is supported by the "Standard Operational Policy for training of support workers and carers within education and respite centres" 2019 which provides the clinical governance in which this training is carried out.

The purpose of this policy is to set out the different types of procedures in which staff can be trained, how training will be delivered as well as how staff are supported through accountability and delegation.

2. Policy Objectives

The specific objectives of the policy are to ensure that:

- Responsibilities are clear at all levels of C&F as well as the wider DHSC
- Unregistered staff carrying out clinical procedures are supported through specific training and competency attainment

3. Responsibility of the Registered Managers

- Managers have a duty to ensure that all staff undertaking direct care for children with additional and complex health needs have the appropriate training
- Identify what training needs may be required for staff in order to meet the needs of children accessing services through referral and assessment.
- Each staff members training matrix will be updated with when training was undertaken and the date it requires updating (every 12 months)
- Time to be allocated to enable staff to undertake both initial and refresher training
- Group supervision to be facilitated through the staff team meeting at a minimum of 6 monthly to ensure staff remain competent and provide a forum for queries and questions to be raised and addressed.

4. Responsibilities of staff

- Staff members must feel able to refuse to accept a delegation if they consider it to be inappropriate, unsafe or they lack the necessary competence to undertake a task
- Staff to maintain their competence by ensuring they attend refresher training every 12 months
- Staff to identify any areas requiring additional support and to seek 1:1 supervision with a member of the community nursing team as appropriate
- Staff to attend group supervision sessions through the staff team meeting at a minimum of 6 monthly intervals.
- Ceasing to undertake tasks and seeking retraining if unclear about any aspect of the delegated tasks
- Not undertaking tasks that they have not been trained in.
- Not using the training received for other children with similar needs without specific training and the consent of the delegator

5. Accountability and delegation

- The Nursing and Midwifery Council (2018), code of professional conduct, states that all registered nurses are accountable for the decision to delegate tasks and other duties.
- The training will be provided by the Children's Community Outreach team.
- Prior to training and delegation of a specific health care procedure, an assessment of associated risk will be undertaken by a registered nurse to identify, if the procedure can be undertaken by a support worker or requires a registered nurse.
- Assessment of the individual staff member will be undertaken by the Community Outreach Team prior to any delegation.
- The role should be within the support workers job description prior to any delegation by the registered nurse
- Staff will only be trained to deliver care according to set guidelines/protocols and are not expected to make independent decisions about a child's care, but refer to either a parent or health care professional
- The delegated tasks and focus of these tasks must be on the care plan as it applies to a **NAMED CHILD**.
- Staff will further specific training and assessment in order to participate in the care of a second or third child

6. Training

Once a child has been assessed as requiring Respite Care and there are identified complex health needs discussion will take place between either Braddan Hub and/or Ramsey Respite Centre and the Community Nursing Team. A team of staff will be identified to receive training in order to be able to provide Respite Care for an individual child. The Respite offer will be dependent on having staff trained in the specific health procedures.

Wherever possible there will be a number of staff trained to work with any one child in order to reduce the likelihood of Respite being cancelled due to staff illness or annual leave – however there may be exceptional circumstances where a child cannot attend a Respite Session due to the lack of appropriately trained staff.

Respite can only be offered where there is training support confirmed with the Community Nursing Team.

The training programme will be both practical and theoretical. The theoretical training will be undertaken through attendance at training sessions delivered by the community nursing team and the completion of relevant workbooks.

Training will take place on two levels;

1. General training around complex health needs
2. Training around a specific child and the procedures or care that child requires

Key elements of the training programme will include:

- Provision of information and learning about the theoretical and practical aspect of the carer's role
- A period of supervised practice before an assessment of competence by the outreach registered nurse
- Regular updating and reassessing of competence every 12 months
- Care of the required equipment
- Emergency management of the child
- Risk assessment and when to get help
- Ongoing Supervision arrangements

7. Procedures staff can be trained in

The following advisory list of procedures may be safely taught and delegated to non-health qualified staff following a child specific assessment of clinical risk: (Royal College of Nursing 2017)

- Administering medicine in accordance with prescribed medicine, with pre-calculated dosage provided via naso-gastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled amounts of medication to be administered as documented in the individual child's care plan (pre-loaded devices should be marked when to be administered e.g. for diabetes where the dose might be different a.m or p.m. In many pens, one with short acting insulin and another for administration at night with long acting insulin)
- Inserting suppositories or pessaries with a pre-package dose of a pre-prescribed medicine.
- Rectal medication with a pre-package dose i.e. rectal diazepam.
- Administration of buccal or intra-nasal midazolam and hypo stat or gluco gel
- Assistance with inhalers, cartridges and nebulisers.
- Emergency treatments covered in basic first aid training including airway management.
- Tracheostomy care for a stable stoma including suction using a suction catheter.
- Emergency change of a tracheostomy tube
- Nasal or oral suction which does not go beyond the back teeth cans where there is an effective cough. This should be prescribed by a doctor, children respiratory nurse or paediatric respiratory physiotherapist
- Assistance with prescribed oxygen administration including oxygen saturation monitoring when required.
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation).

- Blood glucose monitoring and carbohydrate counting as agreed by the diabetic nurse
- Bolus or continuous feeds via naso-gastric tube or gastrostomy
- Bolus or continuous feeds using a pump via gastrostomy or jejunostomy.
- Intermittent catheterisation and catheter care
- Supporting a child/young person to access a mitrofanoff.
- Stoma care

8. The following clinical procedures should NOT be undertaken by unregistered health and non-health qualified carers.

- Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care
- Re-insertion of a naso-gastric tube
- Re- insertion of percutaneous endoscopic gastrostomy tubes, balloon type gastrostomy tubes or low profile devices
- Intramuscular or sub-cutaneous injections involving assembling syringe or intravenous administration
- Programming syringe drivers
- Laryngo Pharyngeal (Nasal or Oral) suctioning into the pharynx past the epiglottis but above the vocal chords this should only be undertaken by the registered nurse due to the risk of laryngeal spasm.
- Tracheal suctioning, this specialist sectional through vocal chords and should only be carried out by a specialist and is not a procedure used in community settings
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Ventilation care for an unstable and unpredictable child.

9. Review

This Policy to be reviewed after 12 months. Centre Managers to keep a record of training and any identified issues or difficulties which have arisen so as these can be audited, reviewed and addressed.

10. References

Department of Health and Social Care, (2019) *Training of carers/support workers within a community setting for children with complex/additional needs*. DHSC, Isle of Man