**NCA GUIDANCE ON T LEVEL HEALTH CADET REMIT: WHAT A CADET CAN AND CANNOT DO**

**GUIDANCE FOR NHS STAFF WORKING WITH HEALTH CADETS**

**Cadet Placements**

* Provide exposure to healthcare setting & range of NHS professions
* Build knowledge and confidence working in healthcare
* Provide a well prepared, potential future staff member to work with substantive staff

**Cadet Competencies**

* Cadets are 17-19 years old when they arrive on placement in Year 2 of Health T Levels
* Cadets will have gained practical healthcare experience at College via simulation and practice on staff and students
* **Cadets will have completed over 1 year of Health-related T Level course work and have passed examinations in Health and underpinning concepts including:**

Information Governance and Record Keeping

Health and Safety

Infection Control

Patient Centred Care

Safeguarding

Scientific concepts including the structure and function of the human body and the relationship to medical conditions and disease, physiological measurements and their consequences and health promotion.

* **Core Skills covering:**

Demonstrating person-centred care skills

Communication

Team Working

Reflective Evaluation

Researching

Presenting

* **NCA assisted delivery of skills package to support placement host areas:**
1. Bed making
2. Emptying commodes and bed pans
3. Assisting with manual handling
4. Assisting with washing and dressing
5. Assisting with mealtimes
6. Cleaning and waste disposal in appropriate waste streams
7. Providing patient support and escort duties.
8. Assisting with enrichment and activity co-ordination.
9. Signposting/directing visitors and patients
10. Restocking stores and stock rotation
* **Full NCA Mandatory Training**
* Corporate induction
* DBS checks
* Wellbeing Pre-employment checks (including offer of Covid vaccinations)

 **Level of Supervision** – Cadets are:

* Supernumerary on the rota
* Supervised at all times by a **Band 2 Healthcare Support Worker** or above
* Allocated a buddy on the rota for each shift to maintain continuity of experience

**Named Staff Contact**

* To be provided for duration of placement (either staff member or Ward Manager or Practice Education Lead)

**Cadet Remit**

* All placements will offer different experiences and opportunities dependant of the ward/department and staff availability. There are no obligations for the ward/department to provide specified training or experiences.
* This document details common tasks Cadets *can* and *cannot* do
* If in doubt – a Cadet should observe only, or not observe at all

**Further Support**

* Any queries relating to T Level Cadets to be directed to cadets@srft.nhs.uk

**GUIDANCE FOR CADETS**

* Your NCA placement provides opportunity to learn about life working in the NHS
* A lot of your time will be observing other staff in their roles
* Be curious about what they are doing and why
* Ask lots of questions
* Use this document to learn what you *can* and *cannot* do
* You have a responsibility to say “no” to things you are not allowed to do
* Be proactive about gaining observational experiences, competencies & spending time with different professionals
* Always seek the consent of the patient even if you are only observing
* What you get out of your experience is up to you
* Seize opportunities to interact with patients and as many staff from the wider healthcare team as you can
* If you have any worries or concerns or need some extra help – speak to your named contact or the Ward Manager or Practice Education Lead

**GUIDANCE FOR COLLEGE TUTORS / CLINICAL EDUCATORS**

* This document can be a tool to help prepare and support Cadets on their NCA placement
* Encourage Cadets to seek out opportunities to gain observational experience of tasks they have not yet encountered
* Cadets will not have an NHS mentor
* Cadets will likely work with different staff members on each shift
* Consistent contacts are likely be the Ward Manager and Practice Education Leadwith whom Cadets should be encouraged to raise any issues
* The learning experience needs to be driven by the Cadet and so you need to prepare them for this and for taking ownership of this document when on placement

**A-Z of Cadet Remit: What a Cadet CAN and CANNOT do**

* Were possible buddies should be consistent across the placement to provide continuity of the learning experience.
* Students may be supervised by Band 2 Healthcare Support Workers or above except for the areas below where qualified staff supervision is indicated as required.
* These activities requiring qualified supervision do not form a required element of the Cadet T Level placement but do contribute to the best placement experience.
* Where appropriate staff availability allows, please offer Cadets the opportunity to practice these skills.

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| **A** |
| **ASSESSMENTS** |
|  | Observation | Assistance / Practice |
| Pressure Sore Risk Assessment | ✓ | ✓ Under direct supervision of **qualified** staff |
| MUST Risk Assessment | ✓ | ✓ Under direct supervision of **qualified** staff |
| Falls Risk Assessment | ✓ | ✓ Under direct supervision of **qualified** staff |
| Food and Fluid Intake and Output Assessment and Record | ✓ | ✓ Under direct supervision of **qualified** staff |
| Neurological Assessments(e.g. Glasgow Coma Scale) | ✓ | X |
| NEWS Assessment | ✓ | ✓ Under direct supervision of **qualified** staff |
| Skin Integrity Checks(e.g. checking pressure areas, skin integrity, bruising) | ✓ | ✓ Under direct supervision of **qualified** staff |
| Taking Observations(i.e. blood pressure, oxygen saturation levels, temperature, pulse, respiration rate, pain, nausea) | ✓ | ✓Patients - Under direct supervision of **qualified** staff✓ Practice on staff or other students |
| Blood Glucose Monitoring | ✓ | ✓ Under direct supervision of **qualified** staff |
| Urinalysis | ✓ | ✓ Under direct supervision of **qualified** staff |
| Weighing ***independently mobile*** patients(Independent with transfers, or can mobilise using walking aid and supervision only and step up onto scales without assistance) | ✓ | ✓ Under direct supervision✓ Staff member to check and record weight |
| Weighing ***dependent*** patients(Requiring assistance to transfer using transfer aid e.g. hoist, re-turn) | ✓ | ✓ Under direct supervision✓ Staff member to check and record weight |
| **B** |
| **BEDS** |
|  | Observation | Assistance/Practice |
| Use of Bed Controls | ✓ | ✓  |
| **C** |
| **CARE OF THE DYING / DECEASED PATIENTS** |
|  | Observation | Assistance/Practice |
| Administration of last rites | X | X |
| Transportation of deceased patients from wards to mortuary | X | X |
| Post Mortems | X | X |
| **COMMUNICATION** |
|  | Observation | Assistance/Practice |
| Answering Telephone Calls | ✓ | ✓X Divulge any personal or sensitive information✓ Seek assistance with the caller from a member of staff at the earliest opportunityX Take telephone messages requiring recording of any information |
| Face to Face communication with patients/relatives/visitors | ✓ | ✓ X Offer adviceX Undertake patient requests without authorisation and supervision from staff member |
| Booking Interpreters | ✓ | ✓ Telephone to request interpreter |
| Use of Communication Aids | ✓ | ✓ |
| Distribution of Leaflets to patient’s / relatives / carers | ✓ | ✓ Under direction from staff  |
| Ordering of New Supplies of Leaflets | ✓ | ✓ Under direction from staff  |
| Orientation | ✓ | ✓ Help patient / relative / carer with ward orientation under direction from staff (and provided patient / relative / carer is independently mobile) |
| **CONTINENCE** |
|  | Observation | Assistance / Practice |
| Getting continence aids from store cupboards for staff and patients (e.g. bedpan, urine bottle, continence pads, wipes, bowls, bags, commodes, nappies) | ✓ | ✓ |
| Assist / supervise patients to use continence aids(e.g. bedpan, urine bottle, commode, toilet) | ✓ | ✓ |
| Assist in continence related personal care(i.e. cleaning of intimate areas) | ✓ | ✓ |
| Assist in changing of nappies in neonatal department & paediatrics | ✓ | ✓ |
| Disposal of continence aids / contents(e.g. bedpan, urine bottle, continence pads, commode, nappies) | ✓ | ✓ |
| Cleaning of continence aids (e.g. commode) | ✓ | ✓ |
| Catheters (Emptying of) | ✓ | ✓ Under direct supervision  |
| Catheters (Measuring Urine Output in Catheter Bag) | ✓ | ✓ Under direct supervision  |
| Catheter Care | ✓ | X |
| **D** |
| **DISCHARGE** |
|  | Observation | Assistance / Practice |
| Discharge Meetings | ✓ | ✓ |
| Personal Belongings | ✓ | ✓ Preparing personal belongings for dischargeX Preparing medication for discharge |
| Transport to Discharge Lounge | ✓ | X Taking patient to discharge lounge unsupervised✓ Telephone to arrange for Porter to take patient to discharge lounge under direction from staff member |
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| **DVT** |
|  | Observation | Assistance / Practice |
| Antiembolitic Stockings (Measurement & Application of) | ✓ | X |
| E |
| **EMERGENCIES** |
|  | Observation | Assistance / Practice |
| Using Emergency Call Systems | ✓ | ✓ |
| Responding to Emergency Call Bell | X | X |
| Cardiac Arrest Trolley | ✓ | ✓ Stocking up cardiac arrest trolley under direct supervision |
| Crash Calls / Medical Emergencies | X | X Take part / assist in any crash call or medical emergency  |
| Nurse call bells | ✓ | ✓ Respond to call bell. Assist by supporting whilst waiting for help where required. |
| **ENHANCED/ESCALATED OBSERVATIONS** |
|  | Observation | Assistance / Practice |
| Patient Watching/Bay Tagging | ✓ Observe another member of staff patient watching/bay tagging | X  |
| **F** |
| **FLUIDS & NUTRITION (Standard 8 of Care Certificate)** |
|  | Observation | Assistance / Practice |
| Recording of Fluid Balance | ✓ | ✓ Under supervision  |
| Administration of IV Fluids | ✓ | X |
| Completion of Food Charts | ✓ | ✓ Under supervision |
| Distribution of empty glasses, jugs, cutlery | ✓ | ✓ |
| Distribution of Meals/Drinks | ✓ | ✓ Under supervision✓ Consider diet and fasting needs✓ Feedback quantities eaten / drunk for recording purposes |
| Nasogastric / Peg Feeding | ✓ | X |
| Assisted Feeding (Babies and Children) e.g. bottle feeding | ✓ | X |
| Assisted Feeding (Adults) | ✓ | ✓ Under supervision once local “assisted feeding” competencies achieved |
| **G** |
| **GROUP THERAPY** |
|  | Observation | Assistance / Practice |
| Therapeutic Sessions | ✓ | ✓ Participate in therapeutic sessions for patients (e.g. in day room, PJ Paralysis activities, support Therapy staff with appropriate activities)✓ Under direct supervision  |
| **H** |
| **HOUSEKEEPING** |
|  | Observation | Assistance / Practice |
| Stock Control: Replenish Stock(e.g. gloves, aprons, paper towels) | ✓ | ✓ |
| General HousekeepingE.g. waste disposal, cleaning spillages, tidying to maintain clutter-free safe and tidy environment | ✓ | ✓✓ Cleaning identified spillagesX Cleaning unidentified spillagesX Sharps |
| Cleaning beds and bed areas in between patients | ✓ | ✓ |
| Stripping and making up beds | ✓ | ✓ |
| Cleaning equipment using chlor cleanE.g. Standing aids, pressure mattresses, commodes | ✓ | ✓ |
| I |
| **INFECTION PREVENTION & CONTROL (Standard 15 of Care Certificate)** |
|  | Observation | Assistance / Practice |
| Barrier Nursing | ✓ | ✓ Under direct supervision  |
| **INFORMATION HANDLING (Standard 14 of Care Certificate)** |
|  | Observation | Assistance / Practice |
| Completing patient electronic record | ✓ | x  |
| Documenting Intentional Roundings | ✓ | ✓ Under direct supervision ✓ Document on paper sheet *intentional rounding’s* taken by trained staff member |
| Documenting Observations | ✓ | ✓ Under direct supervision ✓ Document on paper sheet *observations* taken by trained staff member (to be observed, checked and countersigned by trained staff) |
| Patient files /notes | ✓ handling data / information exposed to according to principles of information governance | ✓ Minimal access to patient information as required by role✓ Access to blank templates e.g. blank admission documentation |
| Electronic Systems e.g. sunrise/EPR | ✓ | X Personal login to electronic patient record systems X Use of other staff login’s to access patient record systemsX Independent access to patient information |
| **INTER-DEPARTMENT TASKS** |
|  | Observation | Assistance/Practice |
| Ward Errands where *no clinical evidence / records will be compromised*e.g. take specimens to labs, take notes that are in sealed bags | ✓ | ✓ Under direct supervision✓ Under supervision – once local “inter-department tasks” competencies achieved |
| Ward Errands where *clinical evidence / records may be compromised* | X | X |
| Telephoning to arrange porter to take patient to other area of hospital | ✓ | ✓ Under direct instruction from staff  |
| Transfer of Patients to Other Hospital Areas | ✓ | X |
| Escorting of Patients | ✓ | ✓ Under direct supervision  |
| **M** |
| **MEDICAL GASES** |
|  | Observation | Assistance / Practice |
| Managing oxygene.g. setting patient up on oxygen, checking/adjusting supply, changing cylinder | ✓ | X |
| **MEDICATION** |
|  | Observation | Assistance / Practice |
| Medication related tasks (such as pain relief)e.g. giving out, touching, ensuring patients have taken or signing for medicationse.g. checking the “five R’s” | ✓ | X  |
| **M** |
| **MANUAL HANDLING** |
| Use of Moving and Handling Equipment: |
|  | Observation | Assistance/Practice |
| Ceiling Track Hoist | ✓ | ✓ Under direct supervision✓ Assisting only. ✓ Individual risk assessments should be taken into account for all staff manual handling |
| Full Body Hoist(Manual and Electric) | ✓ |
| Standing Hoist | ✓ |
| Re-turn | ✓ |
| E-tac | ✓ |
| PAT slide board | ✓ |
| Slide sheet | ✓ |
| Moving and Handling Activities: |
|  | Observation | Assistance/Practice |
| Rolling of patient on bed | ✓ | ✓ Under direct supervision ✓ Assisting only. ✓ Individual risk assessments should be taken into account for all staff manual handling |
| Sit ⬄ Stand | ✓ |
| Lie ⬄ Sit | ✓ |
| Bed ⬄ Chair | ✓ |
| Chair ⬄ ChairNB chairs include wheelchair, commode, high backed chair, porters chair but **not** evac chair, | ✓ |
| Supervision / Assistance With Mobility(e.g. unaided, using walking stick, quadstick, wheeled zimmer frame, 3 wheeled stoller, 4 wheeled delta frame, gutter frame) | ✓ | ✓ Under direct supervision ✓ Assisting only ✓ Individual risk assessments should be taken into account for all staff manual handling |
| Use of Wheeled Equipment (e.g. wheelchairs, commodes, porters chair, beds, patient transport trolleys, evac chair, plinth) |
|  | Observation | Assistance/Practice |
| Pushing of ***Empty*** Wheeled Devices (excluding evac chair) | ✓ | ✓ Individual risk assessments should be taken into account for all staff manual handling |
| Pushing of ***Patient Loaded*** Wheeled Devices(excluding evac chair) | ✓ | ✓ Under direct supervision ✓ Individual risk assessments should be taken into account for all staff manual handling  |
| Use of Evac Chair*NB In case of emergency – Cadets should direct mobile patients along the evacuation route giving aid by holding doors* | ✓ | X |
| Intervening / Assisting to lower patient to floor if patient falling | ✓ | ✓ Under direct supervision ✓ Individual risk assessments should be taken into account for all staff manual handling  |
| Assisting patient from floor | ✓ | ✓ Under direct supervision✓ Individual risk assessments should be taken into account for all staff manual handling  |
| **MEETINGS** |
|  | Observation | Assistance/Practice |
| Meetings | ✓ | ✓ Morning/Afternoon Handover Meetings✓ MDT Meetings✓ Discharge Planning MeetingsX Safeguarding Meetings |
| **THE WIDER MULTI-DISCIPLINARY TEAM (MDT)** |
|  | Observation | Assistance/Practice |
| MDT Roles | ✓ | ✓ Following the guidance in the rest of this document |
| **P** |
| **PATIENT CARE** |
|  | Observation | Assistance / Practice |
| Emotional Support | ✓ | ✓ Provide comfort and support to patients / relatives / carers✓ Escalate to senior staff as appropriate |
| Chaperone | ✓ | ✓ Act as chaperone during consultations (providing Cadet not exposed to any inappropriate situations as detailed in this document) |
| **PERSONAL CARE** |
|  | Observation | Assistance / Practice |
| Getting supplies from store cupboards for staff and patients (e.g. bowls, water, wipes, towels, clothes, linen bag) | ✓ | ✓ |
| Personal Caree.g. washing/bathing using shower, bath, bed-baths; oral hygiene, eye care, hair and nail care, grooming) | ✓ | ✓ Under direct supervision✓ Use of electric razorX Use of bladed razor |
| Dressing | ✓ | ✓ Under direct supervision✓ Individual risk assessments should be taken into account for all staff manual handling |
| Toileting | ✓ (Of other staff assisting patient with toileting) | ✓Assist with toileting needsX cannot independently supervise patients on the toilet |
| **PROCEDURES: NON-INVASIVE** |
|  | Observation | Assistance/Practice |
| Dressings | ✓ | X AdministrationX Removal |
| ECG | ✓ | ✓ Under direct supervision |
| Plasters of Paris (POPS) | ✓ | X |
| **PROCEDURES – INVASIVE** |
|  | Observation | Assistance/Practice |
| Cannulas – Insertion & Use | ✓ | X |
| Catheter Insertion | ✓ | X |
| Flexible Cystoscopies | ✓  | X |
| Injections | ✓ | X |
| Nasogastric insertion | ✓ | X |
| Nasogastric Feeding | ✓ | X |
| Operative Procedures | ✓ | X |
| PEG Insertion | ✓  | X |
| PEG Feeding | ✓ | X |
| Handling of Sharps | ✓ | X |
| Tracheostomy Related Procedures | ✓ | X |
| Trolley Preparation | ✓ | ✓ Under direct supervision |
| Venepuncture | ✓ | X |
| **R** |
| **RESPIRATORY FUNCTION** |
|  | Observation | Assistance/Practice |
| Tracheal Suction | ✓ | X |
| Oxygen Administration | ✓ | X |
| Non-Invasive Ventilation | ✓ | X |
| **V** |
| **VISITORS** |
|  | Observation | Assistance / Practice |
| Door Buzzer | ✓ | ✓ Open door to visitors / colleagues✓ Direct visitors following ward procedure |
| Greeting Visitors | ✓ | ✓ Monitoring and greeting of visitors to department |
| **W** |
| **WARD CLERK DUTIES** |
|  | Observation | Assistance / Practice |
| Ward Clerk Duties | ✓ | ✓ Duties which do not compromise confidentiality of patient care |
| **WASTE DISPOSAL** |
|  | Observation | Assistance / Practice |
| Sharps Waste | ✓ | ✓ Removal of closed sharps containers for disposalX Touch sharps X Engage in any activity (including the disposal of) relating to sharps |
| Spillages | ✓ | ✓ Escalate spillage to senior member of staff✓ Deal with / assist with spillages once identified by staff member and under direct supervision of staff memberX Initiate cleaning of unidentified spillage |
| Clinical Waste (disposal of) | ✓ | ✓  |
| Infected Waste (disposal of) | ✓ | ✓  |
| Linen – non-infected | ✓ | ✓ |
| Linen - infected | ✓ | ✓ |
| Household Waste Disposal | ✓ | ✓ |
| **WARD ROUNDS** |
|  | Observation | Assistance / Practice |
| Medical/Nursing | ✓ With support and debrief as required | X |