

**WORKING DRAFT**

**Nursing associate skills  
annexe**

**Part of the draft standards of  
proficiency for nursing associates**

## **Working draft version of the nursing associate skills annexe, part of the draft nursing associate standards of proficiency**

This working draft of the skills annexe is being released to allow people to see how the skills annexe is developing and what it contains. We will update this draft and release a new version for consultation in April 2018. The skills annexe will form part of the standards of proficiency for nursing associates.

It's important to remember that this is an early draft of the skills annexe and it may change in response to the feedback we receive before the public consultation on the nursing associate standards of proficiency. Please be clear about the status of this draft when you are discussing them with your colleagues.

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## **Annexe A: Communication and relationship management skills**

### **Introduction**

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to demonstrate the communication and relationship management skills described in this annexe at the point of registration.

The ability to communicate effectively, with sensitivity and compassion, and to manage relationships with people is central to the provision of high quality person-centred care. These competencies must be demonstrated in practice settings and adapted to meet the needs of people across their lifespan. Nursing associates need a diverse range of communication skills and strategies to ensure that individuals, their families and carers are supported to be actively involved in their own care wherever appropriate, and that they are kept informed and well prepared.

Where people have special communication needs or a disability, it is essential that nursing associates make reasonable adjustments. This means they'll be able to provide and share information in a way that promotes good health and health outcomes and does not prevent people from having equal access to the highest quality of care.

The skills listed below are those that all nursing associates are expected to demonstrate at the point of registration.

## **Communication and relationship management for providing and monitoring care**

### **1. Underpinning communication skills**

- a) actively listen, recognise and respond to verbal and non-verbal cues
- b) use prompts and provide positive verbal and non-verbal reinforcement
- c) use appropriate non-verbal communication including touch, eye contact and sensitivity to personal space
- d) use appropriate open and closed questioning
- e) speak clearly and accurately
- f) use caring conversation techniques
- g) check understanding and use clarification techniques
- h) be aware of own potential bias in communication encounters
- i) write accurately, clearly and legibly
- j) provide clear verbal, digital or written information and instructions when delegating or handing over responsibility for care
- k) recognise the need for, and facilitate access to, translator services and material.

### **2. Communication skills for supporting people to prevent ill health and manage their health challenges**

- a) Share information and check understanding about:
  - preventative health behaviours that help people to make lifestyle choices and improve their own health and wellbeing
  - a range of common conditions including: anxiety, depression, diabetes, dementia, asthma, cardiac disease, chronic obstructive pulmonary disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis in accordance with care plans.
- b) clearly and confidently explain to the individual and family how their lifestyle choices may influence their future health. This includes the impact of common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use
- c) use clear language and appropriate written materials to support people's understanding of what has caused their health condition and the implications for care and treatments

- d) use repetition and positive reinforcement strategies
- e) recognise sensory impairments including sight, speech and hearing and adopt appropriate communication strategies
- f) support and monitor the use of personal communication aids including hearing aids, visual aids and voice enhancers
- g) address and respond to people's questions, recognising when to refer to others in order to provide accurate responses
- h) provide support to people so they can access and use a range of augmentative communication techniques including sign language, visual aids signage, magnification and digital communication
- i) engage in difficult conversations where relevant with support from others, helping people who are feeling vulnerable or in distress, conveying compassion, sensitivity and using appropriate communication strategies.

### **3. Communication skills for therapeutic intervention**

- a) identify the need for and use appropriate approaches to develop therapeutic relationships with people
- b) demonstrate the use of a variety of effective communication strategies:
  - reassurance and affirmation
  - de-escalation strategies and techniques
  - distraction and diversion strategies
  - positive behaviour support approaches.

### **4. Communication skills for working in professional teams**

Demonstrate effective skills when working in teams through:

- a) active listening when receiving feedback and when dealing with team members' concerns and anxieties
- b) timely and appropriate escalation
- c) a calm presence when exposed to situations involving conflict
- d) appropriate and effective confrontation strategies
- e) de-escalation strategies and techniques when dealing with conflict.

Demonstrate effective supervision and coaching skills by providing:

- a) clear instructions and explanations when supervising others
- b) clear instructions and checking understanding when delegating care responsibilities to others
- c) clear constructive feedback in relation to care delivered by others
- d) encouragement to colleagues that helps them to reflect on their practice.

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## **Annexe B: Procedures to be undertaken by the nursing associate<sup>1</sup>**

### **Introduction**

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to carry out the procedures described in this annexe at the point of their registration.

The ability to carry out these procedures, safely, effectively, with sensitivity and compassion (while demonstrating the communication and relationship management skills described in Annexe A) is crucial to the provision of person-centred care. These procedures must be demonstrated in a range of practice settings with people across their lifespan. They must be carried out in a way that reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of individuals and their families and carers are always valued.

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<sup>1</sup> In addition to the procedures included in this annexe, some people have proposed that the following should also be included (we have not included them in this current working draft but may consult on their inclusion in April 2018):

- insertion and removal of oral/ nasal gastric tubes
- insertion and removal of catheters (all genders)
- administration of medicines via the intramuscular route
- use or management of infusion pumps

## **1. Procedures to enable effective monitoring of a person's condition**

- a) demonstrate effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration and improvement

Demonstrate the ability to:

- b) accurately measure weight and height, calculate body mass index, recognise healthy ranges and the clinical significance of low and high readings
- c) use manual techniques and electronic devices to take, record and interpret vital signs including temperature, pulse, respiration (TPR), blood pressure (BP) and pulse oximetry in order to identify signs of improvement, deterioration or concern
- d) undertake venepuncture, cannulation, blood sampling, and routine ECG recording
- e) undertake urinalysis, and blood glucose monitoring and interpret results
- f) collect and observe sputum, urine and stool specimens
- g) recognise signs of mental, emotional or physical abuse
- h) undertake and interpret basic neurological observations
- i) recognise and take immediate action to manage burns, choking, haemorrhage, neck injury, fitting, seizures and anaphylaxis
- j) administer basic mental health first aid
- k) administer basic physical first aid.

## **Procedures for provision of evidence-based nursing care**

### **2. Meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity**

- a) observe and monitor comfort levels, rest and sleep patterns
- b) demonstrate appropriate techniques to support the comfort of people including those who are unconscious or who have limited mobility
- c) demonstrate appropriate positioning and pressure relieving techniques including pillows and other support aids
- d) take appropriate action to ensure privacy and dignity at all times
- e) take appropriate action to support maintain sleep hygiene.

### **3. Meeting needs for care and support with hygiene and the maintenance of skin integrity**

- a) observe and reassess skin and hygiene status using appropriate decision-making support tools and determine the need for ongoing intervention. Make sure that the person remains as independent and able to manage their own care as possible
- b) help with washing, bathing, shaving and dressing
- c) identify the need for and provide appropriate oral care, dental care, eye care and nail care and suggest to others when an onward referral is needed
- d) demonstrate the ability to use products to prevent and manage skin breakdown effectively
- e) undertake wound care using aseptic techniques.

### **4. Meeting needs for care and support with nutrition and hydration**

- a) use appropriate nutritional assessment tools
- b) help people to eat and drink and use appropriate feeding and drinking aids
- c) record fluid intake and output to identify signs of dehydration or fluid retention and escalate as necessary
- d) support the management of artificial nutrition and hydration using oral and enteral routes in line with person's care plan.

### **5. Meeting needs and support with bladder and bowel care**

- a) observe and monitor the level of urinary and bowel continence to determine the need for ongoing support and intervention, the level of independence and self-management of care that an individual can manage
- b) assist with toileting, maintaining dignity and privacy and use appropriate continence products including pads, sheaths and appliances
- c) care for and manage catheters for all genders and help with self-catheterisation
- d) recognise bladder and bowel patterns to identify incontinence, constipation, diarrhoea and urinary and faecal retention
- e) undertake stoma care and use best practice techniques and products.

## **6. Meeting needs for care and support with mobility and safety**

- a) use appropriate risk assessment tools to determine the ongoing need for support and intervention, the level of independence and the level of self-management of care that an individual can manage
- b) use appropriate assessment tools to determine and manage the ongoing risk of falls
- c) use a range of appropriate moving and handling techniques and mobility aids

## **7. Meeting needs for respiratory care and support**

- a) manage the administration of oxygen using a range of routes and approaches
- b) take and be able to identify normal peak flow and oximetry measurements
- c) use appropriate nasal and oral suctioning techniques
- d) manage inhalation, humidifier and nebuliser devices in line with prescription
- e) manage airway and respiratory processes and equipment.

## **8. Meeting needs for care and support with commonly encountered symptoms**

- a) using appropriate approaches, identify and support the management of a range of commonly encountered physical and non-physical symptoms including:
  - pain
  - nausea and vomiting
  - dehydration
  - restlessness
  - agitation
  - mood swings
  - anxiety
  - breathlessness
  - pyrexia and hypothermia
  - skin rashes and itching
  - fatigue
  - insomnia
  - angina
- b) assist with monitoring the above symptoms, observing and reporting signs of improvement or deterioration and escalate any concerns.

## **9. Meeting needs for care and support with the prevention and management of infection**

- a) observe and respond rapidly to potential infection risks using guidelines
- b) demonstrate the use of standard precautions protocols
- c) demonstrate the use of effective aseptic, non-touch techniques
- d) use personal protection equipment appropriately
- e) implement isolation procedures
- f) use hand hygiene techniques
- g) safely decontaminate equipment and environment
- h) safely use and dispose of waste, laundry and sharps
- i) safely manage commonly used medical devices.

## **10. Meeting needs for care and support at the end of life**

- a) recognise and take immediate steps to respond to uncontrolled symptoms and signs of distress including pain, nausea, thirst, depression, restlessness, anxiety and agitation. Update others on observations and actions taken
- b) review preferences and care priorities of the dying person and their family and carers, and ensure changes are communicated as appropriate
- c) work within organ and tissue donation protocols, forensic and infection protocols, advanced planning decisions, living wills and lasting powers of attorney for health
- d) understand 'do not administer resuscitation' decisions and verification of expected death
- e) care for the deceased person after death in a way that respects cultural requirements and protocols, involving families and carers.

## **11. Competencies required for evidence-based medicines management**

- a) demonstrate how to continually assess people receiving care and their ongoing ability to administer their own medications. Know when and how to escalate any concerns.
- b) recognise the various routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them

- c) undertake accurate drug calculations for a range of medications
- d) exercise professional accountability in administering medicines safely to those receiving care
- e) administer medication via oral, topical and inhalation routes. Administer injections using subcutaneous and intradermal routes and manage injection equipment
- f) administer and monitor medications using enteral equipment
- g) administer enemas and suppositories in line with prescription
- h) manage and monitor symptom relief medication
- i) recognise and respond to adverse or abnormal reactions to medications
- j) undertake safe storage, transportation and disposal of medicinal products.