

# Wirral University Teaching Hospital Healthcare Support Worker Pocket Guide



# Useful Contacts



<u>Name</u>	<u>Contact Information</u>	<u>Query</u>
<b>EMERGENCY</b> <ul style="list-style-type: none"> <li>• Met Call</li> <li>• Cardiac Arrest</li> </ul>	<b>2222</b>	<b>"MET CALL"</b> <ul style="list-style-type: none"> <li>• STATE: Ward, Bay, Bed Number"</li> </ul> <b>"CARDIAC ARREST"</b> <ul style="list-style-type: none"> <li>• STATE Ward, Bay, Bed Number"</li> </ul>
Care Certificate and Core Skills Lead	vauchinleck@nhs.net Ext. 2755	Contact for completion or enquiries into Care Certificate and Core Skills
Pastoral Support for HCSWs and Apprenticeships	georgia.taylor-plant@nhs.net Ext. 6939 / 7542	Contact for Pastoral Support and advice you may require.
Apprenticeship Team	wih-tr.Apprenticeships@nhs.net Ext. 4263	Contact for enquiries and queries for Apprenticeships.
NHS Professionals	wirral@nhsprofessionals.nhs.uk 0333 014 3738	Contact for advice and enquiries regarding NHS Professionals Bank.
Freedom to Speak Up Guardians	wih-tr.raisingconcerns@nhs.net  <a href="http://www.wuth.nhs.uk/your-wuth/speak-up-raising-a-concern/">www.wuth.nhs.uk/your-wuth/speak-up-raising-a-concern/</a>  <small>Georgia Taylor-Plant 14.12.2022</small>  0151 604 7766	Contact to speak up and raise any issues - whether it affects patients, other colleagues or something which affects you personally.



# Useful Contacts



<u>Name</u>	<u>Contact Information</u>	<u>Query</u>
IT Support Team	wih-tr.HR-selfservice@nhs.net Ext. 5233	To contact if you have any queries or issues regarding IT, ESR, Employee Online, Cerner Millenium.
Diversity & Inclusion Lead Freedom to Speak Up Lead	sharon.landrum@nhs.net Ext. 7475/7396	Contact for Equality, Diversity and Inclusion information and joining our Staff Networks.
Payroll	coc-tr.coch-wuth-payroll@nhs.net 0124 436 4466	Contact for queries into your pay / wages.
Pensions	coc-tr.cochhrpensions@nhs.net 0124 436 4466	Contact for queries with regards to accessing Pension benefits or general knowledge of the scheme.
Education, Learning & Development	<a href="http://www.wuth.nhs.uk/your-wuth/education-development/">www.wuth.nhs.uk/your-wuth/education-development/</a> Ext. 5025 or 0151 482 7981	Visit the WUTH intranet for Education, Learning & Development enquiries or queries.
Health & Wellbeing	<a href="http://www.wuth.nhs.uk/your-wuth/staff-health-and-wellbeing-resources/">www.wuth.nhs.uk/your-wuth/staff-health-and-wellbeing-resources/</a>	Visit the WUTH intranet for all Health & Wellbeing Resources available.
Chaplaincy	Call or bleep Ext. 2275  Georgia Taylor-Plant 14.12.2022	Contact for support with personal problems, pastoral and spiritual matters. If you are struggling with an issue or significant life event we are here to offer you comfort, emotional and spiritual support.

# caring

for everyone

Acting with kindness, compassion and empathy with everyone

Being friendly, welcoming, approachable and remembering the simple things like a greeting and a smile

Being considerate of the needs of others

Listening to ideas, opinions, thoughts and feelings of others

Taking personal responsibility and accountability for the care that you deliver

# embracing teamwork

Working within and across teams to provide the best possible quality of care and experience for our patients, families, carers and colleagues

Communicating effectively within teams

Recognising the value of everyone's role, contribution, skills and abilities

Supporting colleagues within the team when needed

Engaging in opportunities to develop and grow the team

## Our Vision and Values

# respect

for all

Being honest and open, including honesty about what we can and cannot do

Being polite and professional with everyone, introducing ourselves by name, saying please and thank you

Listening to patients, families and colleagues

Respecting cultural and individual differences

Ensuring we treat everyone the way we would want to be treated ourselves and dealing with poor behaviour

# committed to improvement

Actively seeking new ways of working to enable improvement

Working together to improve services for our patients, families and carers

Taking personal responsibility and ownership of things that need to improve

Being positively receptive to change and improvement

Celebrating our achievements

# WUTH Policies and Procedures



Scan QR Code or alternatively, go to the WUTH Intranet and Search for Policies and Procedures.

# Acronym Buster



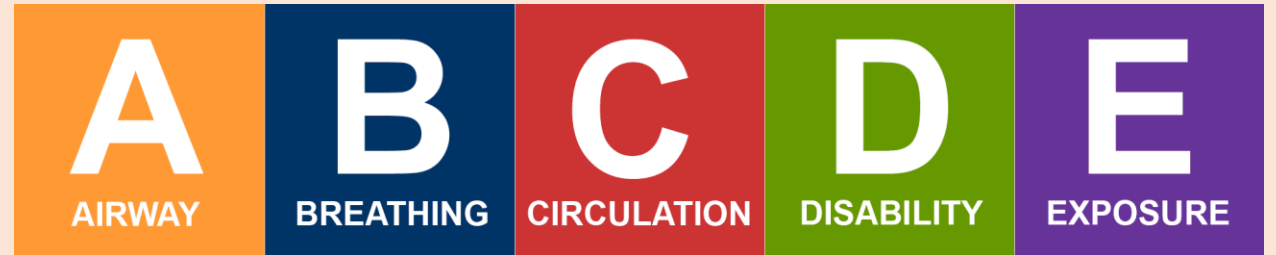
Download the Acronym Buster app, ask a colleague for advice or alternatively, visit: [www.nhsconfed.org/publications/acronym-buster](http://www.nhsconfed.org/publications/acronym-buster)

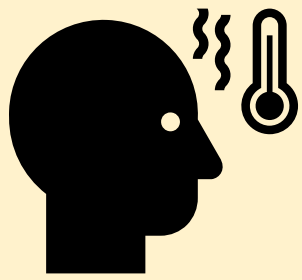
# Basic Life Support

**Dial 2222** - Give the exact incident location giving the ward/department name, bay and bed number is the patient COVID-19

*Do not perform CPR unless trained to do so!*

If you find a patient unresponsive and not breathing normally, **Press the red emergency buzzer** at the patient's bed side!  
**Shout for help and someone Dial 2222**





# Sickness Policy

If you are unable to attend work for any reason, you **MUST personally inform your manager by telephone call.**

You MUST do this as **early as is reasonably possible.**

If you are likely to go over the estimated length of absence, you **MUST contact your manager of any changes** to either the **duration of and / or the reason** for the absence.

Please read: Wirral University Teaching Hospital NHS  
Foundation Trust  
Policy 361 Attendance Management Policy  
Date Published: 4th August 2021

Text messages or emails are **not** an acceptable method of reporting an initial period of absence.

You should provide the Trust with as much information as possible when reporting, this includes:

- The **reason for absence** and / or symptoms at the time of reporting.
  - The **estimated length** of absence.
- **If a medical certificate (Fit Note) has been obtained** and the **duration** of this.
- When you are **next due on shift** after the absence.
- If applicable - The **details of any work that needs to be covered** during the absence.
- A **contact telephone number** and address details for the absence period.

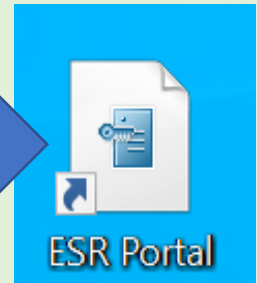
# ESR and Employee Online

Drop In Sessions  
available, ask your Line  
Manager.

For ESR – visit [www.my.esr.nhs.uk/dashboard/web/esrweb](http://www.my.esr.nhs.uk/dashboard/web/esrweb)

Or you can visit ESR through the Shortcut on your WUTH  
desktop.

For any other concerns, contact the IT Support Team (listed  
in Contacts) or visit: ESR Instructions via the WUTH Intranet.



## EMPLOYEE ONLINE

Log in

[Forgotten Password](#)

For Employee Online – visit [www.wuth.allocate-cloud.co.uk/EmployeeOnlineHealth/WUTHLIVE/Login](http://www.wuth.allocate-cloud.co.uk/EmployeeOnlineHealth/WUTHLIVE/Login)

Or you can visit Employee Online through the Shortcut on your  
WUTH desktop.

For any other concerns, contact the IT Support Team (listed  
in Contacts).







# Support Workers Core Skills & Care Certificate



- You will need to **attend in uniform for 2 days study**. This includes going through the **basics of your role, what you need to accomplish and how to conduct this**.
- You will also need your off duty in order to make an appointment date with the Care Certificate Lead to visit you in your working role.
- Care Certificate will be **completed through theory work on the computer or written**, discuss any issues with the Care Certificate Lead.
- **On completion you will receive a badge and certificate**, this is **national requirement to complete** and is monitored by the CQC (Care Quality Commission).
- If you have already completed the Care Certificate, simply email a picture of the certificate in full to the Care Certificate Lead, as you will not be required to repeat it.



# Health & Wellbeing

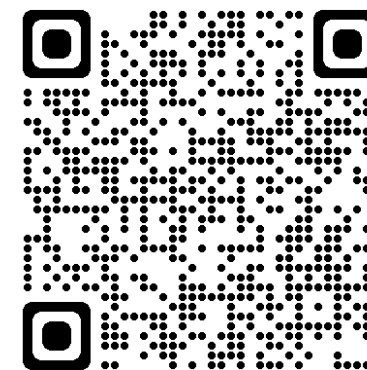
## Someone to Talk To:

- **Wellbeing Information Hub** - based Main Entrance corridor at APH and Firtrees at CGH.
- **Freedom to Speak Up Guardians** – For staff to raise any concerns: extension 7475/7396, bleep 7396 or by sending an email to them via the confidential email address - [wih-tr.raisingconcerns@nhs.net](mailto:wih-tr.raisingconcerns@nhs.net)
- **MIND** – Call 0300 123 3393 or visit <https://www.mind.org.uk/>
- **Samaritans** - call 116 123
- **Substance Misuse Team** – extension 2198
- Speak to your **line manager or trade union representative**

*Remember you are not alone, WUTH's Wellbeing Team are here to help!*



Georgia Taylor-Plant 14.12.2022



Our NHS People –  
Scan the QR Code

# Freedom to Speak Up

***Speaking up about any concern or worry you have at work is really important!***

In fact, it's a priority for the Board and all of our leaders that you feel comfortable and safe to speak up as we are truly committed to growing an open, honest and transparent culture here at WUTH.

You are able to speak up about any issue, whether it affects patients, other colleagues or something which affects you personally.

You will be listened to and you will be supported!

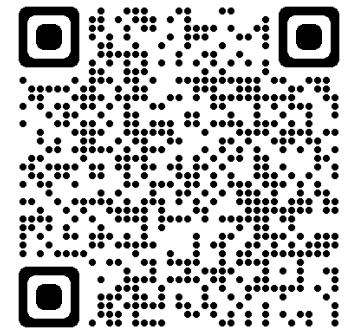
## **Freedom to Speak Up Guardians:**

Mobile: 07780 535 556

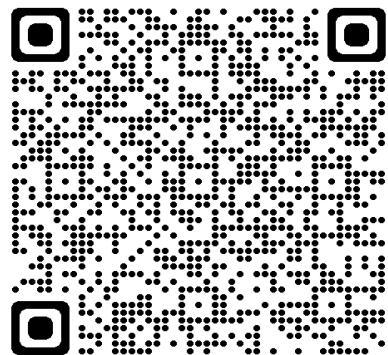
Direct Dial: 0151 604 7766

Email: [wih-tr.raisingconcerns@nhs.net](mailto:wih-tr.raisingconcerns@nhs.net)

**Scan QR Code for  
Raising a Concern  
and information /  
support available.**



**Scan QR Code for  
Freedom to Speak  
Up  
Guardians**

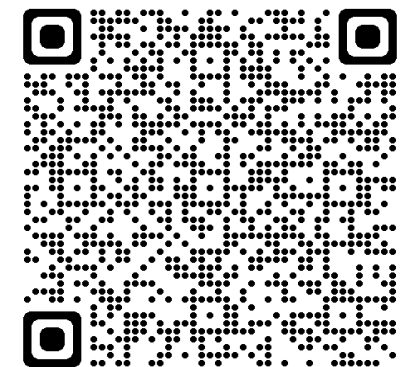


Freedom to  
Speak Up  
Guardians

Raising Concerns at WUTH  
It's a Priority!



**Scan QR Code for  
Freedom to  
Speak Up  
Champions**





# NEWS 2 Score Parameters

Chart 1: The NEWS scoring system

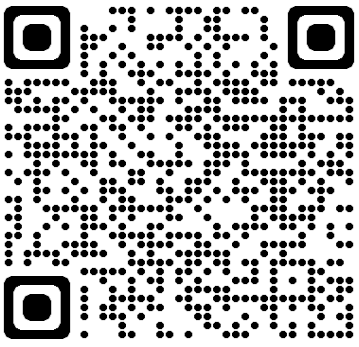
Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO <sub>2</sub> Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO <sub>2</sub> Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

NEWS Score	Clinical Risk	Response
0 - 4	Low	Ward based response
Score of 3 in any individual parameter	Low - Medium	Inform Nurse! Urgent ward-based response*
5 - 6	Medium	Urgent Response*
7 or more	High	Urgent or emergency response**

\* Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

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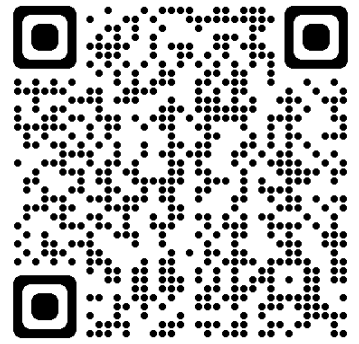
\*\*The response team must also include staff with critical care skills, including airway management.



WUTH NEWS2 Chart

# NEWS 2 Score

**NEWS stands for National Early Warning Score.**



NEWS2 Video –  
Scan the QR Code  
to Watch

- NEWS was reviewed and NEWS2 was released in December 2017.
- NHS England & NHS Improvement now approved and endorsed use across the health system.
- Standardised approach to detecting and grading illness severity in adult patients aged 16 and over.

**Scale 1** is the *default scale for most patients.*

**Scale 2** is designed for patients with hypercapnic (often termed type 2) respiratory failure (usually due to **COPD**) who have *clinically recommended oxygen saturation levels of 88–92%.*

**Early recognition and response to deterioration.**

**Improves patient safety and outcomes.**

## Consciousness Level: (ACVPU)

**Alert** – Score 0

**New Confusion / Delirium** – Score 3  
(new for first 24 hours)

**Responds to Voice** – Score 3

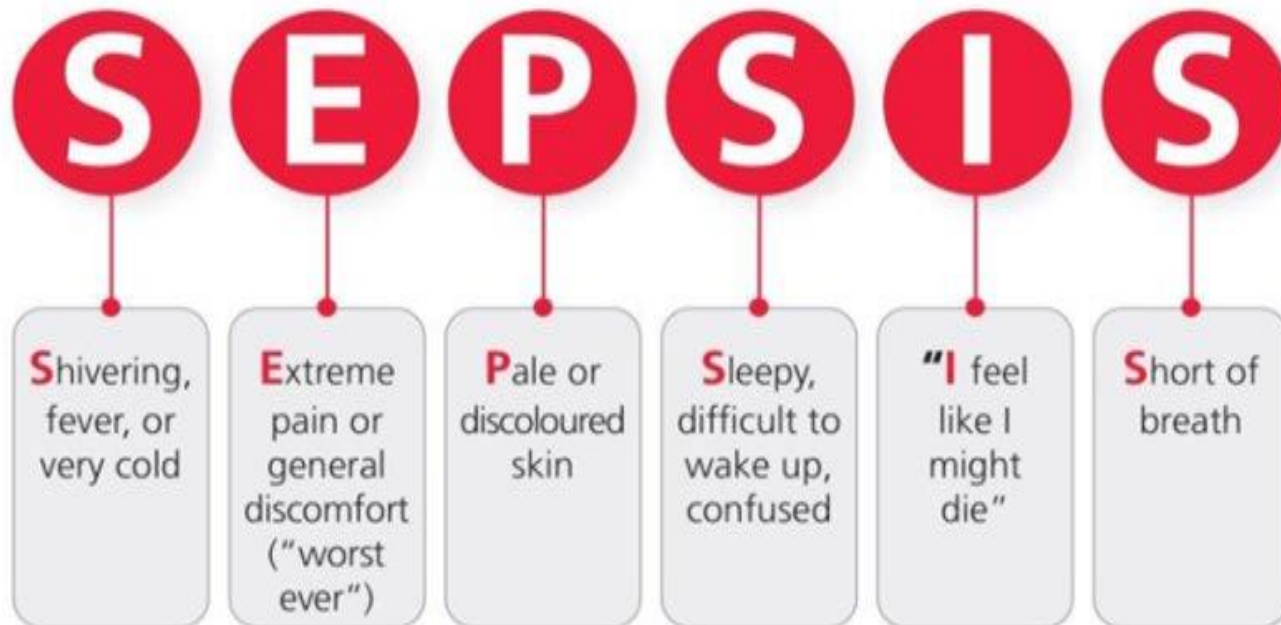
**Responds to Pain** – Score 3

**Unresponsive** – Score 3

# JUST ASK "COULD IT BE SEPSIS?"

## Sepsis Six

Inform your Staff Nurse if your patient is a score of 5 or a score of 3 in one category.



SEPSIS SCREENING TOOL TELEPHONE TRIAGE		AGE 12+
<p><b>01 ARE THERE CLUES THAT THE PATIENT MAY BE SERIOUSLY ILL?</b></p> <p>RISK FACTORS FOR SEPSIS INCLUDE:</p> <p><input type="checkbox"/> Age &gt; 75 <input type="checkbox"/> Impaired immunity (e.g. diabetes, steroids, chemotherapy) <input type="checkbox"/> Recent trauma / surgery / invasive procedure <input type="checkbox"/> Indwelling lines / IVDU / broken skin</p>		
<p><b>02 COULD THIS BE DUE TO AN INFECTION?</b></p> <p>LIKELY SOURCE:</p> <p><input type="checkbox"/> Respiratory <input type="checkbox"/> Urine <input type="checkbox"/> Skin / joint / wound <input type="checkbox"/> Indwelling device  <input type="checkbox"/> Brain <input type="checkbox"/> Surgical <input type="checkbox"/> Other</p>		<p><b>SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS</b></p>
<p><b>03 ANY RED FLAG PRESENT?</b></p> <p><input type="checkbox"/> Objective evidence of new or altered mental state  <input type="checkbox"/> Unable to stand / collapsed  <input type="checkbox"/> Unable to catch breath / barely able to speak  <input type="checkbox"/> Very fast breathing  <input type="checkbox"/> Skin that is very pale, mottled, ashen or blue  <input type="checkbox"/> Rash that doesn't fade when pressed firmly  <input type="checkbox"/> Recent chemotherapy</p>		<p><b>RED FLAG SEPSIS START BUNDLE</b></p>
<p><b>04 ANY AMBER FLAG PRESENT?</b></p> <p>IF UNDER 17 &amp; IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS</p> <p><input type="checkbox"/> Behavioural change / reduced activity  <input type="checkbox"/> Immunosuppressed  <input type="checkbox"/> Trauma / surgery / procedure in last 8 weeks  <input type="checkbox"/> Breathing harder work than normal  <input type="checkbox"/> Reduced urine output  <input type="checkbox"/> Temperature &lt;36°C  <input type="checkbox"/> Signs of wound infection</p>		
<p><b>NO AMBER FLAGS : ROUTINE CARE AND GIVE SAFETY NETTING ADVICE:</b></p> <p>CALL 111 IF CONDITION CHANGES OR DETERIORATES. SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE</p>		<p>FURTHER INFORMATION AND REVIEW REQUIRED:</p> <p><b>- ARRANGE URGENT FACE-TO-FACE ASSESSMENT USING CLINICAL JUDGEMENT TO DETERMINE APPROPRIATE CLINICAL ENVIRONMENT</b></p>
		<p>CALL 999 IF ANY OF:</p> <p>Slurred speech or confusion                  Extreme shivering or muscle pain                  Passing no urine (in a day)                  Severe breathlessness                  'I feel I might die'                  Skin mottled, ashen, blue or very pale</p>

# Stopping Preventable **FALLS**: A Multi-Disciplinary Approach

## Falls Risk Assessment: Complete within 6 hrs of admission and on transfer.

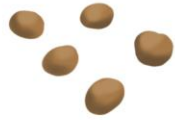
WUTH Falls Steering Group, December 2022

Ensure patient is aware of their physical limitations related to their clinical condition. Provide falls leaflets.

<b>Feet</b>	Ensure <b>footwear</b> is correctly fitted and a full shoe or slipper. Must be securely fastened.	Consider <b>condition</b> of the person's feet. Take appropriate action to resolve long nails, dry skin or any deformities.	Promptly recognise any changes in the person's <b>gait</b> . Check causal factors such as incorrect footwear and / or make referral for specialist assessment.
<b>Assessment</b>	Complete <b>Delirium—4AT assessment</b> for each person over 65 and for those under 65 where clinical need is apparent (substance mis-use).	Complete <b>bed rail assessment</b> daily – do not use for patients without capacity to consent. Consider alternative to bed rails such as low beds and assess optimal height of bed to enable person to safely mobilise.	Assess persons <b>medication</b> ; minimise usage to prevent falls where clinically safe to do so.
<b>Limitations</b>	Ensure person has <b>correct aids</b> to meet their needs. Person knows how to use the aids and that there are within reach.	Complete <b>lying and standing BP assessment</b> within 72 hours of admission and when clinical needs indicates. (Lying and sitting is acceptable until patient is mobilising). Take action if necessary.	<b>Pain</b> can limit safe mobility. Ensure pain management is effective and ensure pain relief is administered prior to therapy and activities that may cause pain on moving.
<b>Length of Stay</b>	Effective <b>discharge planning</b> to reduce long length of stay. Ensure person centred approach to balance risk and promote mobility to prevent deconditioning .	<b>Dress to progress</b> and <b>communicate</b> with carers and relatives to encourage their support to promote the patient's recovery. Refer to John's campaign.	<b>Bay tagging</b> is for patients at risk of coming to harm if left unobserved for any length of time. It requires constant uninterrupted observation to maintain safety <b>including in toilet/bathroom areas</b> , if lacking the capacity to understand falls prevention measures
<b>Situation</b>	<b>Orientate</b> the person to their environment and plan of care, including their risk of falling and what they can do to help. Ensure that the person has understood information provided. Consider need for MCA assessment and best interest decision	<b>Nutrition and hydration</b> is important to prevent dehydration and constipation that increases the person's risk of falling. Ensure drinks are in easy reach and promote balanced diet.	Promote continence by enabling effective frequent <b>toileting</b> ; ensuring mobility aids are at hand and intake of food and fluids. Complete continence assessment when necessary,

# Bristol Stool Chart

Type 1



Separate hard lumps, like nuts. Hard to pass

Type 2



Sausage-shaped but lumpy

Type 3



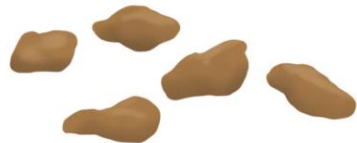
Like sausage but with cracks on the surface

Type 4



Like sausage or snake, smooth and soft

Type 5



Soft blobs with clear-cut edges. Passed easily

Type 6



Fluffy pieces with ragged edges, a mushy stool

Type 7



Watery, no solid pieces. Entirely liquid.

Georgia Taylor-Plant 14.12.2022

# Bristol Stool Chart

**All episodes of acute diarrhoea must be considered potentially infectious until proven otherwise.**

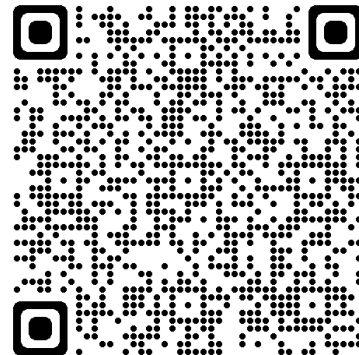
(Royal Marsden 10th Edition 2020)

The **cause of diarrhoea needs to be identified** before effective treatment can be instigated. This may include clinical investigations such as **stool cultures** for bacterial, fungal and viral pathogens or a more formal medical evaluation of the gastrointestinal tract.

***Type 5, 6 or 7 – Send for Faecal Culture & C Diff Culture.***

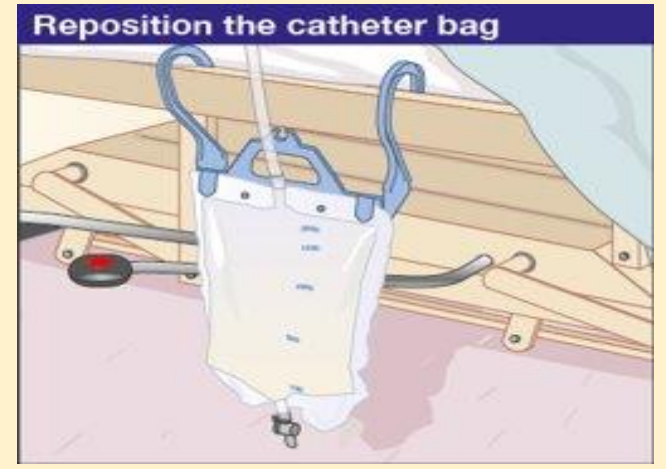
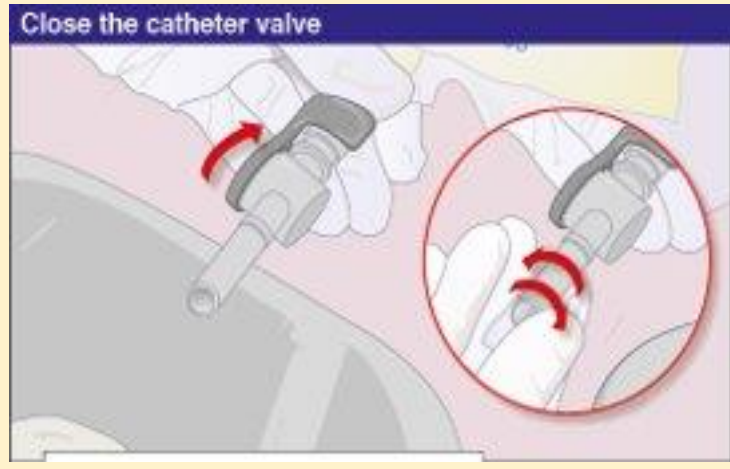
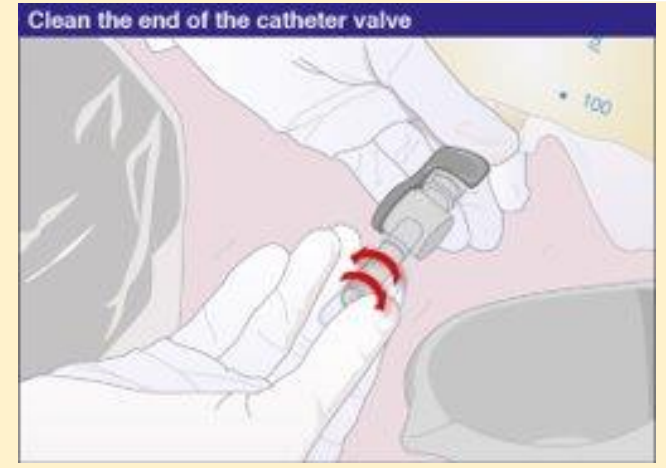
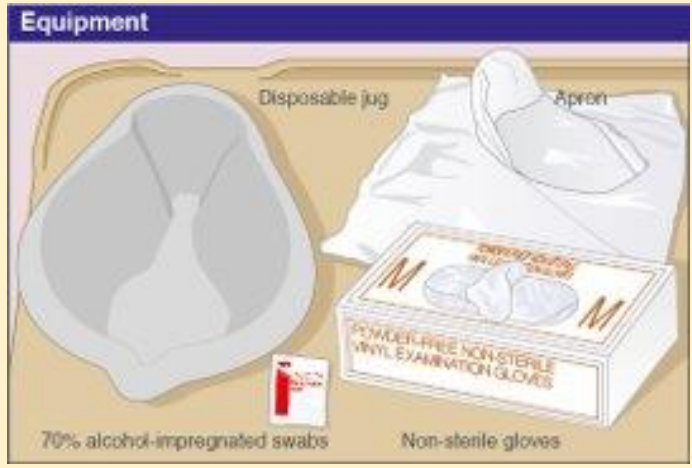
**Maintaining skin care and dignity** - Preserving the patient's privacy and dignity is essential during episodes of diarrhoea.

**Scan the QR Code** – for advice, guidance, policies and procedures for C.Diff.





# Catheter Care



# Urine Problems

Problem	Symptoms	How to alleviate the symptoms
<b><i>Incontinence</i></b>	Control Problems	Use of incontinence products, life-long catheter.
<b><i>Dysuria</i></b>	Painful urination, discomfort, burning, stinging or itching.	Increase water intake, diagnostic investigation required.
<b><i>Polyuria</i></b>	Condition where the body urinates more than usual and passes excessive/abnormally large amounts each time you urinate. One of the signs of diabetes.	Diagnostic investigations, diet and lifestyle changes.
<b><i>Nocturia</i></b>	Passing urine lots in the night, could be aging process, enlarged prostate or later stages of pregnancy.	When baby is born this should stop, diagnostic investigation to be conducted for enlarged prostates.
<b><i>Haematuria</i></b>	Blood (trauma, infection, kidney stones, cancer)	Antibiotics, catheter and fluid irrigation to clear the bladder of clots.
<b><i>Urinary tract infection</i></b>	Poor fluid intake, catheter associated, kidney stones, poor hygiene.	Increase fluid, either orally or intravenous, course of antibiotics to clear the infection.
<b><i>Retention of urine</i></b>	Post operative, fear, enlarged prostate, constipation, urethral strictures, nerve problems eg. MS, some medications, pain (bladder scanner).	Bladder scanner will show how much is in the bladder and determine the course of action.

# Skin Integrity

## Skin Check's

A skin check should be completed on every shift. Top to toe assessment should be completed.

## Communicate!!

- Everyone is responsible
- Handover
- Clear & concise documentation

## Keep Them Moving

- Encourage independence
- Complete patient focused rounding 2 hourly – encourage safe movement.

## Repositioning

- Frequent repositioning
- Document **every** reposition of the patient!
- Non-compliant patients - encourage and explain risks: document if patient is refused!

## Pressure Damage Prevention

### ASSKING

**A** = ASSESSMENT

**S** = SKIN

**S** = SUFACE

**K** = KEEP MOVING

**I** = INCONTINENCE

**N** = NUTRITION & HYDRATION

**G** = GIVING

## Surface

Ensure the patient is on the correct mattress.

Air mattress – for limited mobility / non-mobile.

Ensure to check sheets to avoid creasing on patient's skin – could result in skin deterioration.

Repositioning Chart – off load pressure with 30-degree tilt.

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## Incontinence

- Effective toileting
- Use the correct incontinence products:
  - Are they required?
  - Are they the correct absorbency?
- Skin Care:
  - Barrier Creams
  - Wash skin with PH cleanser
  - Make sure Skin is dried properly.



# Pressure Ulcers

## Category 1: Non-Blanching.

- Intact skin with a non-blanching erythema (redness) of a localised area usually over bony prominence.
- Discoloration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching.



## Category 2: Partial Thickness Skin Loss or Blister.

- Partial thickness skin loss of dermis presenting as a shallow open ulcer with pink wound bed without visible slough (Healthy Tissue).
- Category 2 ulcers may also present as intact or open/ruptured serous blister.



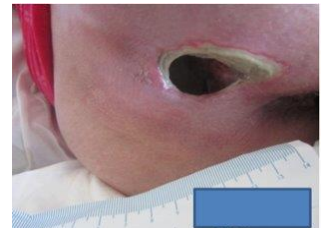
## Category 3: Full thickness skin loss fat visible.

- Category 3 pressure ulcers present as full thickness tissue loss. Subcutaneous tissue may be visible but bone, tendon or muscle is not exposed.
- Some Slough in the tissue may be present although 100% of the tissue bed is visible.
- Category 3 pressure ulcers may also contain tunnelling/undermining.



## Category 4: Full Thickness Tissue Loss (Muscle/Bone Exposed)

- Full thickness skin loss with muscle/bone/tendon exposed. Slough and eschar may be present along with tunnelling and undermining.



# Infection Prevention & Control

## **Keep it simple. Keep it clean. Keep it safe.**

IPC is everybody's business in our hospitals and our priority is to keep patients safe from harm by preventing and reducing the risk of infection.

We are fully committed to preventing health care associated infections and the Trust take Infection Prevention and Control very seriously.

## **DECLUTTER**

Removing the clutter in your work area will help provide a cleaner and safer environment.

## **CLEAN AND SAFE**

A clean and safe environment helps stop the spread of dangerous infections such as C.diff.

## **OWNERSHIP**

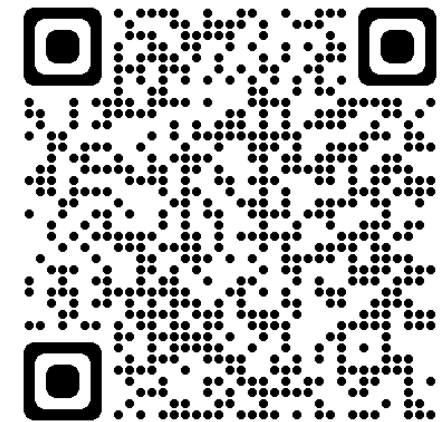
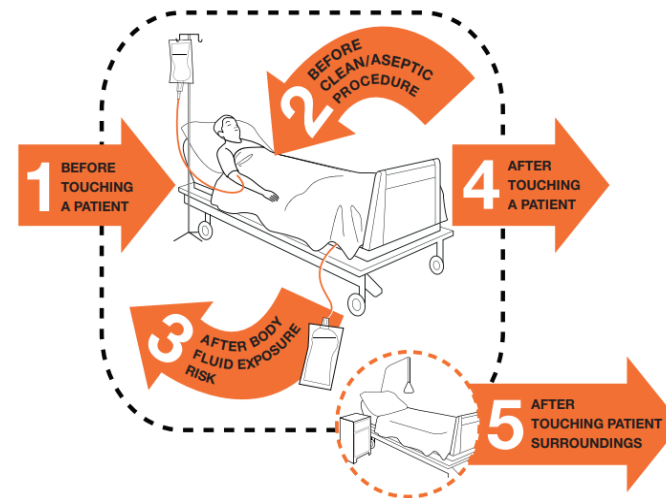
Stop the spread of infection in clinical areas by being bare below the elbows, washing your hands often and always following uniform policy.

**Hand Hygiene is very important!**  
**Please ensure you carry out hand hygiene regularly.**

**Hand Hygiene is also important for our patients! Please raise awareness and promote hand hygiene for our patients.**

**ie. before eating, when toileting, etc.**

## **Your 5 Moments for Hand Hygiene**



**Scan QR Code for  
IPC information  
and policies**

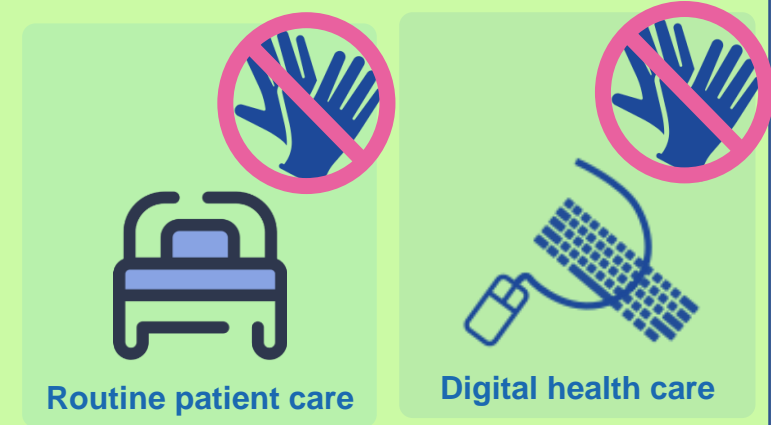
# WUThout Gloves

## Stop and think! Am I at risk?

**Gloves only protect you, not the patient!**

### Choose to wear gloves in the following circumstances:

1. If contact with blood, bodily fluids, mucous membranes or non-intact skin is likely.
2. If contact with chemical hazards is likely.
3. If caring for a patient under isolation precautions.



- Local audit findings have demonstrated poor compliance with hand hygiene where gloves are used and high risk of cross contamination.

- Glove use is often not necessary, and this is supported by national guidance/ recommendations.

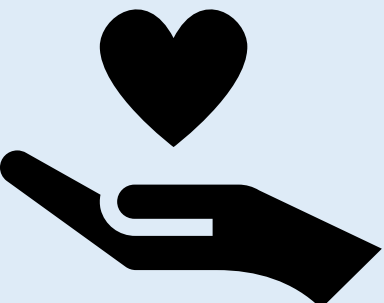
- Guidance at WUTH is being updated to reflect these recommendations and enable our staff to improve practice.



# WUTH Healthcare Support Worker Pocket Book

**If you have any questions, please do not hesitate to speak to or contact:**

- Your Line Manager / Departmental Manager
  - Matron
  - Pastoral Team
- Individuals identified in useful contacts



*“One of the deep secrets of life is that all that is really worth doing is what we do for others.”*

*- Lewis Carroll, Author.*

