

Hygiene and continence essay sample



**ASSIGN
BUSTER**

About this Unit

For this Unit you need to support individuals to maintain continence and to use equipment to enable them to manage continence.

Scope

The scope is here to give you guidance on possible areas to be covered in this Unit. The terms in this section give you a list of options linked with items in the performance criteria. You need to provide evidence for any option related to your work area.

Communicate using the individual's preferred spoken language, the use of signs, symbols, pictures, writing, objects of reference, communication passports; other non verbal forms of communication; human and technological aids to communication.

Continence equipment/management techniques: pads; toilet facilities; commodes; bedpan; urinal; pelvic exercises.

Take appropriate action when continence equipment/management techniques being used appear to be inappropriate or unsuitable. This could include: reporting this to your line manager; referring individuals to an appropriate person for a re-assessment of their needs.

Your knowledge and understanding will be specifically related to legal requirements and codes of practice applicable to your job; your work activities; the job you are doing (eg domiciliary, residential care, hospital settings) and the individuals you are working with.

Values underpinning the whole of the Unit

The values underpinning this unit have been derived from the key purpose statement[1], the statement of expectations from carers and people receiving services, relevant service standards and codes of practice for health and social care in the four UK countries. They can be found in the principles of care unit HSC24. To achieve this Unit you must demonstrate that you have applied the principles of care outlined in unit HSC24 in your practice and through your knowledge.

Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit – please see details overleaf.

| SPECIFIC Evidence Requirements for this unit | | Simulation: | | Simulation is NOT permitted for any part of this unit. | | The following forms of evidence ARE mandatory: | | Direct Observation: Your assessor or an expert witness must observe you in real work activities which provide a significant | | amount of the performance criteria for most of the elements in this unit. For example how you encourage individuals to express| | any concern they have about continence and how you encourage them to make regular use of toilet facilities. | | Reflective Account/professional discussion: You should describe your actions in a particular situation and explain why you did| | things for example what procedure you would follow to make sure an individual was assisted in going to the toilet or to use | | continence management aids, and how you maintain their dignity and respect. | | Competence of performance

and knowledge could also be demonstrated using a variety of evidence from the following: |

| Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which | | cannot be fully evidenced through direct observation or reflective accounts. In addition the assessor/expert witness may also| | ask questions to clarify aspects of your practice. | | Expert Witness: A designated expert witness may provide direct observation of practice, questioning, professional discussion | | and feedback on reflective accounts. | | Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor | | has not seen. This could be provided by a work colleague or service user. | | Products: If you have written a report for example an entry in the individual's care plan, or in an accident/incident book, | | input-output chart, your assessor may be able to use this as evidence for your SVQ. |

| You need not put confidential records in your portfolio, they can remain where they are normally stored and be checked by your| | assessor and internal verifier. If you do include them in your portfolio all names and identifying information must be | | removed to ensure confidentiality. | | These may also be assignments/projects: You may have been on a course for example First Aid, risk assessment training, | | infection control, continence management and have completed some assessment at the end of the course; you may be able to use | | this as evidence of knowledge. | |

GENERAL GUIDANCE | | Prior to commencing this unit you should agree and complete an assessment plan with your assessor which details the

assessment| | methods you will be using, and the tasks you will be undertaking to demonstrate your competence.

| | Evidence must be provided for ALL of the performance criteria, ALL of the knowledge and the parts of the scope that are | | relevant to your job role. | | The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the | | principles of best practice within the Care Sector. This will include the National Service Standards for your areas of work | | and the individuals you care for. | | All evidence must relate to your own work practice. |

Knowledge specification for this unit

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this unit.

When using this specification it is important to read the knowledge requirements in relation to expectations and requirements of your job role.

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘ knowledge evidence’ section of the Assessment Guidance.

| You need to show that you know, understand and can apply in practice: |
Enter Evidence Numbers | | Values | | | 1 Legal and organisational requirements on equality, diversity, discrimination and rights when | | | supporting individuals to manage continence. | | | 2 The effect which

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personal beliefs and preferences may have on washing and managing continence. | | | 3 How your own values in relation to hygiene and continence might differ from those of individuals | | | and how to deal with this. | | | 4 Conflicts which might arise between individual choice, good hygiene practices and the individual's | | | plan for their care and how to deal with these situations. | | | 5 How to provide active support and promote the individual's rights, choices and well-being when | | | supporting them to manage continence. | | | Legislation and organisational policy and procedures | | | 6 Codes of practice and conduct; standards and guidance relevant to your own and the roles, | | | responsibilities, accountability and duties of others when supporting individuals to manage | | | continence.

| | | 7 Current local, UK legislation, and organisational requirements, procedures and practices for: | | |(a) accessing records | | |(b) recording, reporting, confidentiality and sharing information, including data protection | | |(c) health, safety, assessing and managing risks associated with supporting individuals to manage | | | continence | | |(d) the management of risk from infection | | |(e) working intimately with individuals | | |(f) supporting individuals to manage continence | | | Theory and practice | | | 8 Key changes in the condition and circumstances of individuals which may occur when supporting | | | individuals to manage continence. | | | 9 the factors that may contribute to difficulties with continence | | | 10 the effects of diet and mobility on continence | |

| You need to show that you know, understand and can apply in practice: |

Enter Evidence Numbers | | 11 The range of options available for the promotion of continence (continence equipment, exercises, | | | lifestyle,

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environmental factors). | | | 12 Why you must exercise sensitivity to the individual's perception of the situation. | | | 13 Why the individual should be provided with a means of calling for help when using toilet | | | facilities or continence aids. | | | 14 The factors that will affect the level of assistance required (eg age, medical condition, | | | personal beliefs and preferences etc). | | | 15 Actions to take if there are any problems or you have any concerns about the individual. | | | 16 The role of others such as continence specialists and how to access specialist advice and | | | support. | | | 17 Why it is important to maintain your own cleanliness and hygiene prior to, during and following | | | any activities involved in managing continence of individuals. | |

HSC219. 1 Support individuals to maintain continence

| Performance criteria | | | DO | RA | EW | Q | P | WT | | 1 You encourage individuals to communicate any concerns about their | | | | | | continence needs and functioning and, where possible, highlight any | | | | | | changes. | | | | | | 2 You encourage individuals to make regular use of the toilet | | | | | | facilities to help them achieve a pattern of elimination in | | | | | | accordance with the plan of care. | | | | | | 3 You monitor and report on the individual's pattern of body waste | | | | | | and any changes that may have occurred. | | | | | | 4 You encourage and assist individuals to select and consume food | | | | | | and drink and take prescribed medication to facilitate bowel and | | | | | | bladder action. | | | | | | 5 You provide active support for individuals that promotes self | | | | | | respect, maximises privacy and is consistent with the plan of care. | | | | | |

HSC219. 2Support individuals to use equipment to manage continence |
 Performance criteria | | | DO | RA | EW | Q | P | WT | | 1 You encourage
 individuals to use recommended continence | | | | | | | equipment,
 management techniques and clothing. | | | | | | | 2 You support individuals to
 manage continence using continence | | | | | | | equipment and management
 techniques correctly. | | | | | | | 3 You provide continence equipment at a
 time and place convenient | | | | | | | to the individual’s needs and
 circumstances. | | | | | | | 4 You take appropriate action when the continence
 equipment and | | | | | | | management techniques being used appear to be
 inappropriate or | | | | | | | unsuitable. | | | | | | |
 | 5 You give individuals the opportunity to dispose of their own used | | | | | | |
 | equipment or soiled linen. | | | | | | | 6 You ensure that equipment and
 soiled linen is disposed of safely, | | | | | | | hygienically and in ways which
 minimise the risk of cross | | | | | | | infection. | | | | | | | 7 You ensure the
 environment is clean, fresh and ready for future | | | | | | | use. | | | | | | |

DO = Direct Observation RA = Reflective Account Q = Questions EW = Expert
 Witness P = Product (Work) WT = Witness Testimony

HSC219. 2Support individuals to use equipment to manage continence (cont)
 | Performance criteria | | | DO | RA | EW | Q | P | WT | | 8 You wash your hands
 and ensure your own cleanliness and hygiene | | | | | | | after supporting
 individuals to use continence equipment and | | | | | | | management
 techniques. | | | | | | | 9 You encourage and support individuals to promote
 their personal | | | | | | | hygiene whilst managing their continence | | | | | | |

DO = Direct Observation RA = Reflective Account Q = Questions EW = Expert Witness P = Product (Work) WT = Witness Testimony

| To be completed by the Candidate

|| I SUBMIT THIS AS A COMPLETE UNIT || || Candidate's name:

..... || || Candidate's signature:

..... || || Date:

..... |

| To be completed by the Assessor || It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the || assessor to ensure the accuracy/validity of each evidence claim and make the final decision. || || I certify that sufficient evidence has been produced to meet all the elements, pcS AND KNOWLEDGE OF THIS UNIT. || |

|| | Assessor's name:

|| || Assessor's signature:

|| || Date:

| Assessor/Internal Verifier Feedback || || || || || || || ||

|| || ||

| To be completed by the Internal Verifier if applicable || This section only needs to be completed if the Unit is sampled by the Internal Verifier || ||

Internal Verifier's name:

|| || Internal Verifier's signature:

|| || Date:

[1] The key purpose identified for those working in health and social care settings is “ to provide an integrated, ethical and inclusive service, which meets agreed needs and outcomes of people requiring health and/or social care”