FAQ LEVEL 3 DIPLOMA FOR

HEALTH SCREENERS

FULL SPECIFICATION

Qualification Number: **601/8546/6**

Qualification Reference: **L3DHS**

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Version Control Information

Document details	
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Purpose of document	Qualification specification, Component contents, assessment guidelines and information for centres.
Change applied to existing version	L3DHS_V3_07/04/20
Document owner	Product Development Team

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New version number after amendment	**Date amended**	**Section**	**Details of change/s**
V4.0	June 2021	Section 2	Format in line with latest FutureQuals specification template. Barred Components section removed.
		Component 13	Assessment criterion (AC) 1.4 amended, AC 2.2 amended, AC 2.3, 2.5, 2.6, 2.7 & 2.9 removed, new/amended AC 2.3 – 2.8, AC3.2 removed, AC 4.2 amended, AC 4.3 removed.
		Component 14	Amended AC1.4 & 1.5, AC3.3, AC3.4 removed, AC4.3 removed, AC4.4 & 4.5 renumbered as AC4.3 & 4.4.
		Component 15	AC1.1 amended.
		Component 16	New AC2.1 – 2.4, new AC3.1 – 3.6, LO4 & LO5 combined to create amended LO4, new/amended AC4.2 – 4.9, LO6 renumbered as LO5, AC6.1 – 6.3 amended to become AC5.1 & 5.2, LO7 renumbered as LO6, new AC6.3.
		Component 17	AC5.1, macular holes added.
		Component 18	AC4.2 amended.
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		Component 21	AC1.2 – 1.4 amended, AC2.1 amended, AC3.2 – 3.5 amended, AC4.2 & 4.4 amended, AC5.2 removed and AC5.3 renumbered, new AC6.3 added.
		Component 22	AC2.2 amended, AC3.1 amended.
		Component 23	New AC1.2 added, AC1.2 & 1.3 renumbered as AC1.3 & 1.4 respectively, AC2.1 amended, new AC2.4 & 2.5, AC2.5 amended and renumbered as AC2.6, AC2.6 – 2.11 renumbered AC2.7 – 2.12, AC6.2 removed and AC6.3 renumbered AC6.2.
		Component 24	AC2.1 amended, new AC2.9, AC2.9 – 2.14 renumbered as AC2.10 – 2.15, AC2.15 amended and renumbered as AC2.16, AC3.1 amended, AC3.3 amended, AC3.5 amended, AC3.6 removed, AC3.7 renumbered as AC3.6.
		Component 25	AC2.13 amended, AC3.3 amended, AC3.5 amended, AC3.6 removed and AC3.7 renumbered as AC3.6, AC5.1 amended.

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Section One

Centre Requirements

1.1 Introduction

Introduction to FutureQuals

FutureQuals is forward thinking, learner and customer-focused, and committed to delivering inspiring learning and skills.

Our Values
"We are a Visionary, Supportive, Innovative and Professional Awarding Organisation that is committed to excellence."

Our Vision
"We envisage a place in which every learner realises their full potential."

Our Mission
"To provide respected and valued qualifications and assessment to enable quality assured learning."

FutureQuals is recognised to deliver regulated qualifications by Ofqual in England, CCEA Regulation in Northern Ireland, the Scottish Qualifications Authority (SQA Accreditation) and Qualifications Wales to offer a comprehensive and diverse range of qualifications across a wide range of vocational areas many of which are transferable across industries and sectors.

A full list of FutureQuals current qualifications can be accessed at https://www.futurequals.com

We have developed a genuine understanding and insight into all types of educational organisations, which ensures that we are highly responsive to their needs. We offer a wide range of benefits and support for our learners, our approved centres, and their assessment and quality assurance teams.

FutureQuals offers a wide range of benefits and support for all of our educational products and services including:

- Vocational qualifications accredited by the UK regulators and recognised by employers, universities and professional bodies
- 24/7 online management systems for the registration of learners, ensuring highly efficient services and access to assessment and results
- A diverse range of qualifications
- A flexible approach to assessment
- A network of professionals who examine and quality assure our regulated qualifications and assessments
- Regular updates on new developments in education and training
- Unrivalled customer service support and extensive guidance materials.

Introduction to Qualification Specification

Welcome to the FutureQuals Specification for the **FAQ Level 3 Diploma for Health Screeners.**

The aim of this specification is to provide our centres with guidance to assist in the administration, delivery and assessment of this qualification. It is recommended that you study this specification in detail and become fully conversant with the procedures and accompanying documents.

This specification is a live document and, as such, will be updated when required. Centres will be notified when changes are made. It is the responsibility of the approved centre to ensure the most up-to-date version of the Approved Specification is in use.

1.2 Data Protection

FutureQuals is registered with the Data Protection Act and handles all data in accordance with the required procedures of the Act.

1.3 Complaints

FutureQuals aims to constantly monitor the levels of service provided and report on performance indicators on a regular basis. We will endeavour to be open about the levels of service we aim to offer all our customers.

However, if we fall short of expectations or our own standards, we want to give the opportunity for those affected to provide feedback so we can put things right.

Our Complaints Policy, which includes information on how to make a complaint, can be found on the FutureQuals website.

1.4 Enquiries

Any enquires relating to this qualification should be addressed to:

Future (Awards and Qualifications) Ltd
EMP House
Telford Way
Coalville
Leicestershire
LE67 3HE

Tel: 01530 836662
E-mail: qualifications@futurequals.com
Website: https://www.futurequals.com/

Section Two

Qualification Information

2.1 Outline of Qualification

Purpose and Aims

The purpose of the FAQ Level 3 Diploma for Health Screeners is to provide learners with the skills, knowledge and understanding of a range of healthcare screening skills. The mandatory Components cover the role of health and social care workers; personal development; communication; health and safety; infection prevention and control; handling information and duty of care.
There are 5 pathways available, which cover the following:

- Abdominal Aortic Aneurysm
- Diabetic Eye (Screener)
- Diabetic Eye (Screener/Grader)
- Diabetic Eye (Grader)
- New-born Hearing

The qualification is aimed at individuals who work, or intend to work in, health screener job roles.

FAQ Level 3 Diploma for Health Screeners
The Total Qualification Time (TQT) for this qualification is: 500 - 670 hours
Guided Learning (GL) for this qualification is: 301 - 406 hours

Suitable for Age Ranges: 16+

Method of Assessment: The qualification consists of 26 Components, with each of the five available pathways covering a different range of the Components. The Components include both knowledge-based and competence-based assessment criteria, all of which are assessed by a Portfolio of Evidence.

An Evidence Log must be used to identify assessment methods used, evidence references and assessor decisions for each assessment criterion. The qualification is internally assessed, internally quality assured and externally quality assured and moderated by FutureQuals.

Assessment must be undertaken in line with the requirements set out in the FutureQuals *Instructions for Conducting Controlled Assessments* policy. This document is published on the 'Policies and Procedures' section of the FutureQuals website.

Grading: There is no specific grading criteria for this qualification.

The overall qualification is graded as Pass or Fail.

Entry Guidance: There are no formal entry requirements that a learner must have completed before taking this qualification.

2.2 Additional Information

This qualification is regulated by the Office of Qualifications and Examinations Regulation (Ofqual) in England https://register.ofqual.gov.uk/.

This qualification may be eligible for public funding as determined by the Department for Education (DfE) under Sections 96 and 97 of the Learning and Skills Act 2000.

For information regarding potential sources of funding, please visit the following websites:

https://hub.fasst.org.uk/Pages/default.aspx
https://www.gov.uk/government/organisations/education-and-skills-funding-agency

Alternatively, contact your local funding office.

You should use the Qualification Accreditation Number (QAN) when you wish to seek public funding for your learners. Each Component within a qualification will also have a unique reference number (Component Reference Number), which is listed in this specification. The qualification title and Component reference numbers will appear on the learner's final certification document. Learners need to be made aware of this detail when they are recruited by the centre and registered with FutureQuals.

2.3 Progression

This qualification can support progression to other health and health and social care qualifications.

2.4 Assessment Principles

The FAQ Level 3 Diploma for Health Screeners must be assessed according to both the Skills for Care and Development and the Skills for Health Assessment Principles.

2.5 Qualification Structure

To achieve the FAQ Level 3 Diploma for Health Screeners, learners must achieve the 13 Components from the Mandatory Group and the additional Components as required by the selected pathway.

Group M – Mandatory				
Component Number	URN	Component Name	Credit Value	Level
1	R/508/2562	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	3	3
2	L/508/2561	Promote Communication in Health, Social Care or Children's and Young People's Settings	3	3
3	J/508/2560	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	2	3
4	R/508/2559	Promote and Implement Health and Safety in Health and Social Care	6	3
5	L/508/2558	Principles of Safeguarding and Protection in Health and Social Care	3	2

6	J/508/2557	Promote Person-centred Approaches in Health and Social Care	6	3
7	F/508/2556	The Role of the Health and Social Care Worker	2	2
8	A/508/2555	Promote Good Practice in Handling Information in Health and Social Care Settings	2	3
9	T/508/2554	The Principles of Infection Prevention and Control	3	2
10	M/508/2553	Causes and Spread of Infection	2	2
11	K/508/2552	Cleaning, Decontamination and Waste Management	2	2
12	D/508/2550	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	1	3
13	A/508/0644	Health Screening Principles	2	3

Pathway 1 – Diabetic Eye (Screener)				
Component Number	URN	Component Name	Credit Value	Level
17	M/508/0642	Anatomy, Physiology and Pathology of the Eye	6	3
18	L/508/0650	Understanding Diabetes and Diabetic Retinopathy	4	3
19	F/508/0645	Prepare for Diabetic Retinopathy Screening	4	3
20	H/508/0654	Undertake Diabetic Retinopathy Imaging	5	3
26	H/508/2551	Understand how to Safeguard the Wellbeing of Children and Young People	3	3

Pathway 2 – Diabetic Eye – (Screener/Grader)				
Component Number	URN	Component Name	Credit Value	Level
17	M/508/0642	Anatomy, Physiology and Pathology of the Eye	6	3
18	L/508/0650	Understanding Diabetes and Diabetic Retinopathy	4	3
19	F/508/0645	Prepare for Diabetic Retinopathy Screening	4	3
20	H/508/0654	Undertake Diabetic Retinopathy Imaging	5	3
21	T/508/0643	Detect Retinal Disease and Classify Diabetic Retinopathy	8	4
26	H/508/2551	Understand how to Safeguard the Wellbeing of Children and Young People	3	3

Pathway 3 – Diabetic Eye (Grader)				
Component Number	URN	Component Name	Credit Value	Level
17	M/508/0642	Anatomy, Physiology and Pathology of the Eye	6	3
18	L/508/0650	Understanding Diabetes and Diabetic Retinopathy	4	3
21	T/508/0643	Detect Retinal Disease and Classify Diabetic Retinopathy	8	4
26	H/508/2551	Understand how to Safeguard the Wellbeing of Children and Young People	3	3

Pathway 4 – New-born Hearing				
Component Number	URN	Component Name	Credit Value	Level
22	Y/508/0649	The Ear and Hearing	2	3
23	J/508/0646	Prepare to Undertake a Newborn Hearing Screen	5	3
24	R/508/0651	Undertake an Automated Auditory Brainstem Response (AABR) Newborn Hearing Screen	4	3
25	Y/508/0652	Undertake an Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screen	5	3
26	H/508/2551	Understand how to Safeguard the Wellbeing of Children and Young People	3	3

Pathway 5 – Abdominal Aortic Aneurysm				
Component Number	URN	Component Name	Credit Value	Level
14	L/508/0647	Principles of Abdominal Aortic Aneurysm Screening and Treatment	3	3
15	R/508/0648	Principles of Ultrasound for Abdominal Aortic Aneurysm Screening	4	3
16	D/508/0653	Undertake Abdominal Aortic Aneurysm Screening	6	3

Section Three

Assessment Principles and Component Specifications

3.1 Assessment Principles

FutureQuals qualifications will always include Assessment Principles, whether they have been developed by a Sector Skills Council (SSC) or FutureQuals own. The latest version of the generic Assessment Principles is available on the FutureQuals website and should be used in conjunction with any qualification-specific assessment principles. You can view the principles here: https://www.futurequals.com/assets/AssessmentPrinciples.pdf.

Any Assessment Principles specific to a qualification will always be re-produced in the specification they relate to.

March 2016 Skills for Care and Development Assessment Principles

1. Introduction

1.1 Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via a partnership of four organisations: Care Council for Wales, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care (adult social care only).

1.2 This document sets out the minimum expected principles and approaches to assessment, and should be read alongside qualification regulatory arrangements and any specific requirements set out for particular qualifications. Additional information and guidance regarding assessment can be obtained from Awarding Organisations and from SfC&D partner organisations[1]

1.3 The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector.

1.4 Where Skills for Care and Development qualifications are jointly supported with Skills for Health, Skills for Health assessment principles should also be considered: http://www.skillsforhealth.org.uk/images/standards/qcf/Assessment%20of%20Competence%20-%20Skills%20for%20Health%20Assessment%20Principles.pdf

1.5 Throughout this document the term unit is used for simplicity, but this can mean module or any other similar term.

1.6 In all work we would expect assessors to observe and review learners practising core values and attitudes required for quality practice. These include embracing dignity and respect, rights, choice, equality, diversity, inclusion, individuality and confidentiality. All learners should follow the appropriate standards for conduct[2] and all those involved in any form of assessment must know and embrace the values and standards of practice set out in these documents.

[1] see appendix A for links to the SFC&D partner organisations' websites

[2] See appendix B for links to standards for conduct in UK nations

1.7 Assessors should ensure that the voices and choices of people who use services drive their practice and that of their learner. This will be apparent throughout the evidence provided for a learner's practice'.

2. Assessment Principles

Good practice dictates the following:

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

2.2 Assessors must be able to evidence and justify the assessment decisions that they have made.

2.3 Assessment decisions for skills-based learning outcomes must be made during the learner's normal work activity by an occupationally qualified[3], competent and knowledgeable assessor.

2.4 Skills based assessment must include direct observation as the main source of evidence, and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who use care and support, their families and carers.

2.5 Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

2.6 Assessment decisions for skills-based learning outcomes must be made by an assessor qualified to make assessment decisions. It is the responsibility of the Awarding Organisation to confirm that their assessors are suitably qualified to make assessment decisions.

2.7 Simulation may not be used as an assessment method for skills-based learning outcomes except where this is specified in the assessment requirements. In these cases, the use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

2.8 Where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation where they have occupational expertise in the specialist area. The use of expert witnesses should be determined and agreed by the assessor, in line with internal quality assurance arrangements and Awarding Organisation requirements for assessment of units within the qualification and the sector. The assessor remains responsible for the final assessment decision.

[3] See appendix C for links to guidance on qualifications for occupational competence in UK nations

2.9 Where an assessor is occupationally competent but not yet qualified as an assessor, assessment decisions must rest with a qualified assessor. This may be expressed through a robust countersigning strategy that supports and validates assessment decisions made by yet unqualified assessors, until the point where they meet the requirements for qualification.

2.10 Witness testimony from others, including those who use services and their families, can enrich assessment and make an important contribution to the evidence used in assessment decisions.

2.11 Assessment of knowledge-based learning outcomes

- may take place in or outside of a real work environment
- must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions
- must be robust, reliable, valid and current; any assessment evidence using pre-set automated tests, including e-assessment portfolios, must meet these requirements and can only contribute to overall decisions made by the assessor

2.12 It is the responsibility of the Awarding Organisation to ensure that those involved in assessment can demonstrate their continuing professional development, up to date skills, knowledge and understanding of practice at or above the level of the unit.

2.13 Regardless of the form of recording used for assessment evidence, the guiding principle must be that evidence gathered for assessment must comply with policy and legal requirements in relation to confidentiality and data protection. Information collected must be traceable for internal and external verification purposes. Additionally, assessors must ensure they are satisfied the evidence presented is traceable, auditable and authenticated and meets assessment principles.

3 Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the unit they are assuring and be qualified to make quality assurance decisions. It is the responsibility of the Awarding Organisation to confirm that those involved in internal quality assurance are suitably qualified for this role.

3.2 Those involved in internal quality assurance must have the authority and the resources to monitor the work of assessors. They have a responsibility to highlight and propose ways to address any challenges in the assessment process (e.g. to ensure suitable assessors are assigned to reflect the strengths and needs of particular learners)

3.3 Those carrying out external quality assurance must be occupationally knowledgeable and understand the policy and practice context of the qualifications in which they are involved. It is the responsibility of the Awarding Organisation to confirm that those involved in external quality assurance are suitably qualified for this role.

3.4 Those involved in external quality assurance have a responsibility to promote continuous improvement in the quality of assessment processes.

4 Definitions

4.1 **Occupationally competent:** This means that each assessor must be capable of carrying out the full requirements of the area they are assessing Occupational competence may be at unit level for specialist areas: this could mean that different assessors may be needed across a whole qualification while the final assessment decision for a qualification remains with the lead assessor. Being occupationally competent means also being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2 **Occupationally knowledgeable:** This means that each assessor should possess, knowledge and understanding relevant to the qualifications and / or units they are assessing. Occupationally knowledgeable assessors may assess at unit level for specialist areas within a qualification, while the final assessment decision for a qualification remains with the lead assessor. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3 **Qualified to make assessment decisions:** This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of skills under assessment. The Joint Awarding Body Quality Group maintains a list of assessor qualifications, see Appendix C.

4.4 **Qualified to make quality assurance decisions**: Awarding Organisations will determine what will qualify those undertaking internal and external quality assurances to make decisions about that quality assurance.

4.5 **Expert witness**: An expert witness must:

- have a working knowledge of the units for which they are providing expert testimony
- be occupationally competent in the area for which they are providing expert testimony
- Have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff within their area of expertise.

4.6 **Witness testimony:** Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner. Witness testimony has particular value in confirming reliability and authenticity, particularly in the assessment of practice in sensitive situations. Witness testimony provides supporting information for assessment decisions and should not be used as the only evidence of skills.

Appendix A: Skills for Care and Development partnership website links

- http://www.ccwales.org.uk
- http://www.niscc.info
- http://www.skillsforcare.org.uk
- http://www.sssc.uk.com
- http://www.skillsforcareanddevelopment.org.uk

Appendix B: Codes and Standards of Conduct

- http://www.ccwales.org.uk/code-of-professional-practice/
- http://www.niscc.info/files/Standards%20of%20Conduct%20and%20Practice/WEB_OPTIMISED_91739_NISCC_Social_Care_Workers_Book_NAVY__PINK.pdf
- http://www.skillsforcare.org.uk/Standards/Code%20of%20Conduct/Code-ofConduct.aspx
- http://www.sssc.uk.com/about-the-sssc/codes-of-practice/what-are-the-codes-ofpractice

Appendix C: Guidance on Occupational Competence Qualifications Wales

Qualification Framework for the Social Care Sector in Wales: http://www.ccwales.org.uk/qualification-framework/

List of the Required Qualifications for the Early Years and Childcare Sector in Wales: http://www.ccwales.org.uk/early-years-and-childcare-worker/

Northern Ireland:
http://www.niscc.info/files/Publications/WorkforceDevelopmentDocumentFinal_27_04_2015.pdf

England:
http://www.skillsforcare.org.uk/Qualifications-and-Apprenticeships/Adult-socialcare-qualifications/Adult-social-care-vocational-qualifications.aspx

Scotland:
http://www.sssc.uk.com/workforce-development/qualification-information-forproviders/scottish-vocational-qualifications

Appendix D: Joint awarding body quality group assessor qualifications

D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence
A1 Assess Candidate Performance Using a Range of Methods and A2 Assessing Candidates' Performance through Observation
QCF Level 3 Award in Assessing Competence in the Work Environment (for competence / skills learning outcomes only)
QCF Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only)
QCF Level 3 Certificate in Assessing Vocational Achievement
Qualified Teacher Status
Certificate in Education in Post Compulsory Education (PCE) Social Work
Post Qualifying Award in Practice Teaching
Certificate in Teaching in the Lifelong Learning Sector (CTLLS)
Diploma in Teaching in the Lifelong Learning sector (DTLLS)
Mentorship and Assessment in Health and Social Care Settings
Mentorship in Clinical/Health Care Practice
L&D9DI - Assessing workplace competence using Direct and Indirect methods (Scotland)
L&D9D - Assessing workplace competence using Direct methods (Scotland)
NOCN Tutor/Assessor Award

Level 3 Awards and Certificate in Assessing the Quality of Assessment
Level 4 Awards and Certificates in Assuring the Quality of Assessment
Level 3 Award in Education and Training JABQG Sept 2014 - Version 5
Level 4 Certificate in Education and Training
Level 5 Diploma in Educations and Training

Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence

November 2017

1. Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out principles and approaches to the assessment of regulated qualifications not already described by the qualifications regulators in England, Wales and Northern Ireland. This information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment, which require further interpretation and definition, and support sector confidence.

1.4 These principles apply to qualifications and the units therein that assess occupational competence. [1]

1.5 Throughout this document the term unit is used for simplicity but this can mean module or any other similar term.

2. Assessment Principles

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

2.2 Assessment decisions for competence-based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

2.3 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal assessor qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement

2.4 Competence based units must include direct observation[2] in the workplace as the primary source of evidence.

2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity.

[1] These are qualifications, which confirm competence in an occupational role to the standards required and/or confirm the ability to meet 'licence to practice' or other legal requirements made by the relevant sector, professional or industry body

Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

2.6 Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.7 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal internal quality assurance qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal internal quality assurance qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.

Direct observations[2] are face to face observation and must take place in the learner's workplace.

4. Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at unit level, which might mean different assessors across a whole qualification. Being occupationally competent means, they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

4.2 Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained through clearly demonstrable continuing learning and professional development.

[2] Direct observation is face to face observation and must take place in the learner's workplace

4.3 Qualified to make assessment decisions:

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy.

4.4 Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the qualification units on which their expertise is based;
- be occupationally competent in their area of expertise;

Have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

3.2 Component Specifications

Component 1: Engage in Personal Development in Health, Social Care or Children's and Young People's Settings

Component Reference Number: R/508/2562

Level: 3
Credit: 3

Component Summary

This component is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The component considers personal development and reflective practice, which are both fundamental to such roles.

Assessment Guidance

Assessment of this component must adhere to the requirements of Skills for Care and Development /Skills for Health assessment strategy

Relationship to Occupational Standards

CLD 304, GCU 6, GEN 12, GEN 13, HSC 33

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand what is required for competence in own work role	1.1 Describe the duties and responsibilities of own work role
	1.2 Explain expectations about own work role as expressed in relevant standards
2. Be able to reflect on practice	2.1 Explain the importance of reflective practice in continuously improving the quality of service provided
	2.2 Demonstrate the ability to reflect on practice
	2.3 Describe how own values, belief systems and experiences may affect working practice
3. Be able to evaluate own performance	3.1 Evaluate own knowledge, performance and understanding against relevant standards
	3.2 Demonstrate use of feedback to evaluate own performance and inform development
4. Be able to agree a personal development plan	4.1 Identify sources of support for planning and reviewing own development
	4.2 Demonstrate how to work with others to review and prioritise own learning needs, professional interests and development opportunities
	4.3 Demonstrate how to work with others to agree own personal development plan

5. Be able to use learning opportunities and reflective practice to contribute to personal development	5.1 Evaluate how learning activities have affected practice
	5.2 Demonstrate how reflective practice has led to improved ways of working
	5.3 Show how to record progress in relation to personal development

Component 2: Promote Communication in Health, Social Care or Children's and Young People's Settings

Component Reference Number: L/508/2561

Level: 3
Credit: 3

Component Summary

This component is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The component explores the central importance of communication in such settings, and ways to meet individual needs and preferences in communication. It also considers issues of confidentiality.

Assessment Guidance

Assessment of this component must adhere to the requirements of Skills for Care and Development /Skills for Health assessment strategy

Relationship to Occupational Standards

CCLD 301, GCU 1, GEN 22, HSC 31

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand why effective communication is important in the work setting	1.1 Identify the different reasons people communicate
	1.2 Explain how communication affects relationships in the work setting
2. Be able to meet the communication and language needs, wishes and preferences of individuals	2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals
	2.2 Describe the factors to consider when promoting effective communication
	2.3 Demonstrate a range of communication methods and styles to meet individual needs
	2.4 Demonstrate how to respond to an individual's reactions when communicating
3. Be able to overcome barriers to communication	3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways
	3.2 Identify barriers to effective communication
	3.3 Demonstrate ways to overcome barriers to communication
	3.4 Demonstrate strategies that can be used to clarify misunderstandings

	3.5 Explain how to access extra support or services to enable individuals to communicate effectively
4. Be able to apply principles and practices relating to confidentiality	4.1 Explain the meaning of the term confidentiality
	4.2 Demonstrate ways to maintain confidentiality in day to day communication
	4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns

Component 3: Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings

Component Reference Number: J/508/2560

Level: 3
Credit: 2

Component Summary

This component is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The component covers the topics of equality, diversity and inclusion, and how to promote these in the work setting.

Assessment Guidance

Assessment of this component must adhere to the requirements of Skills for Care and Development/Skills for Health assessment strategy.

Relationship to Occupational Standards

CCLD 305, GCU 5, HSC 34, HSC 35, HSC 3116

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the importance of diversity, equality and inclusion	1.1 Explain what is meant by: • Diversity • Equality • Inclusion
	1.2 Describe the potential effects of discrimination
	1.3 Explain how inclusive practice promotes equality and supports diversity
2. Be able to work in an inclusive way	2.1 Explain how legislation and codes of practice relating to equality, diversity and discrimination apply to own work role
	2.2 Show interaction with individuals that respects their beliefs, culture, values and preferences
3. Be able to promote diversity, equality and inclusion	3.1 Demonstrate actions that model inclusive practice
	3.2 Demonstrate how to support others to promote equality and rights
	3.3 Describe how to challenge discrimination in a way that promotes change

Component 4: Promote and Implement Health and Safety in Health and Social Care

Component Reference Number: R/508/2559

Level: 3
Credit: 6

Component Summary

This component is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote and implement health and safety in their work setting.

Assessment Guidance

This component must be assessed in accordance with Skills for Care and Development's Assessment Principles. Learning outcomes 2, 4, 5, 6, 7, and 8 must be assessed in a real work environment.

Relationship to Occupational Standards

HSC 32

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand own responsibilities, and the responsibilities of others, relating to health and safety	1.1 Identify legislation relating to health and safety in a health or social care work setting
	1.2 Explain the main points of health and safety policies and procedures agreed with the employer
	1.3 Analyse the main health and safety responsibilities of: • self • the employer or manager • others in the work setting
	1.4 Identify specific tasks in the work setting that should not be carried out without special training
2. Be able to carry out own responsibilities for health and safety	2.1 Use policies and procedures or other agreed ways of working that relate to health and safety
	2.2 Support others to understand and follow safe practices
	2.3 Monitor and report potential health and safety risks
	2.4 Use risk assessment in relation to health and safety
	2.5 Demonstrate ways to minimise potential risks and hazards
	2.6 Access additional support or information relating to health and safety

3. Understand procedures for responding to accidents and sudden illness	3.1 Describe different types of accidents and sudden illness that may occur in own work setting
	3.2 Explain procedures to be followed if an accident or sudden illness should occur
4. Be able to reduce the spread of infection	4.1 Explain own role in supporting others to follow practices that reduce the spread of infection
	4.2 Demonstrate the recommended method for hand washing
	4.3 Demonstrate ways to ensure that own health and hygiene do not pose a risk to an individual or to others at work
5. Be able to move and handle equipment and other objects safely	5.1 Explain the main points of legislation that relates to moving and handling
	5.2 Explain principles for safe moving and handling
	5.3 Move and handle equipment and other objects safely
6. Be able to handle hazardous substances and materials	6.1 Describe types of hazardous substances that may be found in the work setting
	6.2 Demonstrate safe practices for: • Storing hazardous substances • Using hazardous substances • Disposing of hazardous substances and materials
7. Be able to promote fire safety in the work setting	7.1 Describe practices that prevent fires from: • starting • spreading
	7.2 Demonstrate measures that prevent fires from starting
	7.3 Explain emergency procedures to be followed in the event of a fire in the work setting
	7.4 Ensure that clear evacuation routes are maintained at all times
8. Be able to implement security measures in the work setting	8.1 Demonstrate use of agreed procedures for checking the identity of anyone requesting access to: • Premises • Information
	8.2 Demonstrate use of measures to protect own security and the security of others in the work setting
	8.3 Explain the importance of ensuring that others are aware of own whereabouts
9. Know how to manage stress	9.1 Describe common signs and indicators of stress
	9.2 Describe signs that indicate own stress

	9.3 Analyse factors that tend to trigger own stress
	9.4 Compare strategies for managing stress

Component 5: Principles of Safeguarding and Protection in Health and Social Care

Component Reference Number: L/508/2558

Level: 2
Credit: 3

Component Summary

This component is aimed at those working in a wide range of settings. This component introduces the important area of safeguarding individuals from abuse. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. It considers when individuals might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

Assessment Guidance

This component must be assessed in accordance with Skills for Care and Development's Assessment Principles.

Relationship to Occupational Standards

HSC 24, HSC 240

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Know how to recognise signs of abuse	1.1 Define the following types of abuse: • Physical abuse • Sexual abuse • Emotional/psychological abuse • Financial abuse • Institutional abuse • Self neglect • Neglect by others
	1.2 Identify the signs and/or symptoms associated with each type of abuse
	1.3 Describe factors that may contribute to an individual being more vulnerable to abuse
2. Know how to respond to suspected or alleged abuse	2.1 Explain the actions to take if there are suspicions that an individual is being abused
	2.2 Explain the actions to take if an individual alleges that they are being abused
	2.3 Identify ways to ensure that evidence of abuse is preserved
3. Understand the national and local context of safeguarding and protection from abuse	3.1 Identify national policies and local systems that relate to safeguarding and protection from abuse
	3.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse

	3.3 Identify reports into serious failures to protect individuals from abuse
	3.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse
4. Understand ways to reduce the likelihood of abuse	4.1 Explain how the likelihood of abuse may be reduced by: • working with person-centred values • encouraging active participation • promoting choice and rights
	4.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse
5. Know how to recognise and report unsafe practices	5.1 Describe unsafe practices that may affect the well-being of individuals
	5.2 Explain the actions to take if unsafe practices have been identified
	5.3 Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response

Component 6: Promote Person-centred Approaches in Health and Social Care

Component Reference Number: J/508/2557

Level: 3
Credit: 6

Component Summary

This component is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to implement and promote person-centred approaches.

Assessment Guidance

This component must be assessed in accordance with Skills for Care and Development's Assessment Principles. Learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment.

Relationship to Occupational Standards

HSC 35, HSC 332, HSC 350

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the application of person-centred approaches in health and social care	1.1 Explain how and why person-centred values must influence all aspects of health and social care work
	1.2 Evaluate the use of care plans in applying person-centred values
2. Be able to work in a person-centred way	2.1 Work with an individual and others to find out the individual's history, preferences, wishes and needs
	2.2 Demonstrate ways to put person-centred values into practice in a complex or sensitive situation
	2.3 Adapt actions and approaches in response to an individual's changing needs or preferences
3. Be able to establish consent when providing care or support	3.1 Analyse factors that influence the capacity of an individual to express consent
	3.2 Establish consent for an activity or action
	3.3 Explain what steps to take if consent cannot be readily established
4. Be able to implement and promote active participation	4.1 Describe different ways of applying active participation to meet individual needs
	4.2 Work with an individual and others to agree how active participation will be implemented
	4.3 Demonstrate how active participation can address the holistic needs of an individual

	4.4 Demonstrate ways to promote understanding and use of active participation
5. Be able to support the individual's right to make choices	5.1 Support an individual to make informed choices
	5.2 Use own role and authority to support the individual's right to make choices
	5.3 Manage risk in a way that maintains the individual's right to make choices
	5.4 Describe how to support an individual to question or challenge decisions concerning them that are made by others
6. Be able to promote individuals' well-being	6.1 Explain the links between identity, self-image and self esteem
	6.2 Analyse factors that contribute to the well-being of individuals
	6.3 Support an individual in a way that promotes their sense of identity, self-image and self esteem
	6.4 Demonstrate ways to contribute to an environment that promotes well-being
7. Understand the role of risk assessment in enabling a person-centred approach	7.1 Compare different uses of risk assessment in health and social care
	7.2 Explain how risk-taking and risk assessment relate to rights and responsibilities
	7.3 Explain why risk assessments need to be regularly revised

Component 7: The Role of the Health and Social Care Worker

Component Reference Number: F/508/2556

Level: 2
Credit: 2

Component Summary

This component is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to understand the nature of working relationships, work in ways that are agreed with the employer and work in partnership with others.

Assessment Guidance

This component must be assessed in accordance with the Skills for Care and Development Assessment Principles. Learning Outcomes 2 and 3 must be assessed in a real work environment.

Relationship to Occupational Standards

HSC 23, HSC 227

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand working relationships in health and social care	1.1 Explain how a working relationship is different from a personal relationship
	1.2 Describe different working relationships in health and social care settings
2. Be able to work in ways that are agreed with the employer	2.1 Describe why it is important to adhere to the agreed scope of the job role
	2.2 Access full and up-to-date details of agreed ways of working
	2.3 Implement agreed ways of working
3. Be able to work in partnership with others	3.1 Explain why it is important to work in partnership with others
	3.2 Demonstrate ways of working that can help improve partnership working
	3.3 Identify skills and approaches needed for resolving conflicts
	3.4 Demonstrate how and when to access support and advice about: • partnership working • resolving conflicts

Component 8: Promote Good Practice in Handling Information in Health and Social Care Settings

Component Reference Number: A/508/2555

Level: 3
Credit: 2

Component Summary

This component is aimed at those working in a wide range of settings. It covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and accessing information.

Assessment Guidance

This component must be assessed in accordance with Skills for Care and Development's Assessment Principles.

Learning outcomes 2 and 3 must be assessed in a real work environment.

Relationship to Occupational Standards

HSC 31

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand requirements for handling information in health and social care settings	1.1 Identify legislation and codes of practice that relate to handling information in health and social care
	1.2 Summarise the main points of legal requirements and codes of practice for handling information in health and social care
2. Be able to implement good practice in handling information	2.1 Describe features of manual and electronic information storage systems that help ensure security
	2.2 Demonstrate practices that ensure security when storing and accessing information
	2.3 Maintain records that are up to date, complete, accurate and legible
3. Be able to support others to handle information	3.1 Support others to understand the need for secure handling of information
	3.2 Support others to understand and contribute to records

Component 9: The Principles of Infection Prevention and Control

Component Reference Number: T/508/2554

Level: 2
Credit: 3

Component Summary

To introduce the learner to national and local policies in relation to infection control; to explain employer and employee responsibilities in this area; to understand how procedures and risk assessment can help minimise the risk of an outbreak of infection. Learners will also gain an understanding of how to use PPE correctly and the importance of good personal hygiene.

Relationship to Occupational Standards

There are some relationships between this component and those of other standards such as Key Skills, Functional Skills and Skills for Life.
IPC4.2012 Minimise the risk of spreading infection by cleaning, disinfection and storing care equipment
IPC6.2012 Use personal protective equipment to prevent the spread of infection
IPC2.2012 Perform hand hygiene to prevent the spread of infection

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand roles and responsibilities in the prevention and control of infections	1.1 Explain employees' roles and responsibilities in relation to the prevention and control of infection
	1.2 Explain employers' responsibilities in relation to the prevention and control of infection
2. Understand legislation and policies relating to prevention and control of infections	2.1 Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection
	2.2 Describe local and organisational policies relevant to the prevention and control of infection
3. Understand systems and procedures relating to the prevention and control of infections	3.1 Describe procedures and systems relevant to the prevention and control of infection
	3.2 Explain the potential impact of an outbreak of infection on the individual and the organisation
4. Understand the importance of risk assessment in relation to the prevention and control of infections	4.1 Define the term risk
	4.2 Outline potential risks of infection within the workplace
	4.3 Describe the process of carrying out a risk assessment
	4.4 Explain the importance of carrying out a risk assessment

5. Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections	5.1 Demonstrate correct use of PPE
	5.2 Describe different types of PPE
	5.3 Explain the reasons for use of PPE
	5.4 State current relevant regulations and legislation relating to PPE
	5.5 Describe employees' responsibilities regarding the use of PPE
	5.6 Describe employers' responsibilities regarding the use of PPE
	5.7 Describe the correct practice in the application and removal of PPE
	5.8 Describe the correct procedure for disposal of used PPE
6. Understand the importance of good personal hygiene in the prevention and control of infections	6.1 Describe the key principles of good personal hygiene
	6.2 Demonstrate good hand washing technique
	6.3 Describe the correct sequence for hand washing
	6.4 Explain when and why hand washing should be carried out
	6.5 Describe the types of products that should be used for hand washing
	6.6 Describe correct procedures that relate to skincare

Component 10: Causes and Spread of Infection

Component Reference Number: M/508/2553

Level: 2
Credit: 2

Component Summary

This component is to enable the learner to understand the causes of infection and common illnesses that may result as a consequence. To understand the difference between infection and colonisation and pathogenic and non-pathogenic organisms, the areas of infection and the types caused by different organisms. In addition, the learner will understand the methods of transmission, the conditions needed for organisms to grow, the ways infections enter the body and key factors that may lead to infection occurring.

Assessment Guidance

N/A

Relationship to Occupational Standards

There are some relationships between this component and those of other standards such as Key Skills, Functional Skills and Skills for Life.
Health and Social Care NVQ level 2-component HCS22 Health NVQ level 2 component GEN 3.
Core dimension 3: Health, safety and security – Monitor and maintain health, safety and security of others.
Infection Control NOS.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the causes of infection	1.1 Identify the differences between bacteria, viruses, fungi and parasites
	1.2 Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites
	1.3 Describe what is meant by “infection” and “colonisation”
	1.4 Explain what is meant by “systemic infection” and “localised infection”
	1.5 Identify poor practices that may lead to the spread of infection
2. Understand the transmission of infection	2.1 Explain the conditions needed for the growth of micro-organisms
	2.2 Explain the ways an infective agent might enter the body
	2.3 Identify common sources of infection
	2.4 Explain how infective agents can be transmitted to a person

	2.5 Identify the key factors that will make it more likely that infection will occur

Component 11: Cleaning, Decontamination and Waste Management

Component Reference Number: K/508/2552

Level: 2
Credit: 2

Component Summary

To explain to the learner, the correct way of maintaining a clean environment in accordance with national policies; to understand the procedures to follow to decontaminate an area from infection; and to explain good practice when dealing with waste materials.
This component does not cover the decontamination of surgical instruments.

Assessment Guidance

N/A

Relationship to Occupational Standards

There are some relationships between this component and those of other standards such as Key Skills, Functional Skills and Skills for Life.
General Healthcare Competence GEN3. Maintain health and safety in a clinical/therapeutic environment (K5).
Knowledge and Skills Framework Core 3 Health, Safety and Security.
Health and Social Care NOS HSC246, 230, 0032.
Infection Prevention and Control NOS IPC1, 3,4,6,7.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand how to maintain a clean environment to prevent the spread of infection	1.1 State the general principles for environmental cleaning
	1.2 Explain the purpose of cleaning schedules
	1.3 Describe how the correct management of the environment minimises the spread of infection
	1.4 Explain the reason for the national policy for colour coding of cleaning equipment
2. Understand the principles and steps of the decontamination process	2.1 Describe the three steps of the decontamination process
	2.2 Describe how and when cleaning agents are used
	2.3 Describe how and when disinfecting agents are used
	2.4 Explain the role of personal protective equipment (PPE) during the decontamination process
	2.5 Explain the concept of risk in dealing with specific types of contamination

	2.6 Explain how the level of risk determines the type of agent that may be used to decontaminate
	2.7 Describe how equipment should be cleaned and stored
3. Understand the importance of good waste management practice in the prevention of the spread of infection	3.1 Identify the different categories of waste and the associated risks
	3.2 Explain how to dispose of the different types of waste safely and without risk to others
	3.3 Explain how waste should be stored prior to collection
	3.4 Identify the legal responsibilities in relation to waste management
	3.5 State how to reduce the risk of sharps injury

Component 12: Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings

Component Reference Number: D/508/2550

Level: 3
Credit: 1

Component Summary

This component is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. It considers how duty of care contributes to safe practice, and how to address dilemmas or complaints that may arise where there is a duty of care.

Assessment Guidance

Assessment of this component must adhere to the requirements of Skills for Care and Development/ Skills for Health assessment strategy

Relationship to Occupational Standards

CCLD 305, GCU 2, HSC 24, HSC 34, HSC 35

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand how duty of care contributes to safe practice	1.1 Explain what it means to have a duty of care in own work role
	1.2 Explain how duty of care contributes to the safeguarding or protection of individuals
2. Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care	2.1 Describe potential conflicts or dilemmas that may arise between the duty of care and an individual's rights
	2.2 Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care
	2.3 Explain where to get additional support and advice about conflicts and dilemmas
3. Know how to respond to complaints	3.1 Describe how to respond to complaints
	3.2 Explain the main points of agreed procedures for handling complaints

Component 13: Health Screening Principles

Component Reference Number: A/508/0644

Level: 3
Credit: 2

Component Summary

The aim of this component is to enable learners to develop their knowledge and understanding of the principles of the NHS health screening programmes.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the policies, procedures and principles of health screening	1.1 Define the following terms related to Health Screening: • Prevalence • Sensitivity • Specificity • False positives • False negatives
	1.2 Describe what is meant by a screening pathway
	1.3 List the current NHS Screening Programmes
	1.4 Outline the UK National Screening Committee (NSC) criteria which should be met for screening programmes to be recommended for national roll-out
	1.5 Outline health screening policies and procedures within own area of work
	1.6 Explain the difference between screening and diagnosis
	1.7 Explain the benefits and limitations of NHS screening programmes
2. Be able to follow the requirements for informed choice and consent in health screening	2.1 Summarise the legal requirements regarding: • Data Protection • Confidentiality
	2.2 Explain what is meant by informed consent including – the legal principles for obtaining informed consent
	2.3 Explain the importance of personal informed choice within screening
	2.4 Explain the role of the screener in facilitating personal informed choice and gaining consent for the screening episode

	2.5 Explain the screen to an individual/carer and check their understanding using open questions
	2.6 Facilitate personal informed choice and gain consent from an individual/carer for the screening episode
	2.7 Gain consent from the individual/carer for the use of personal and healthcare data
	2.8 Describe the reasons why individuals may not give consent or withdraw their consent
3. Understand the impact screening may have on individuals	3.1 Describe the impact screening may have on individuals and their families
	3.2 Describe the responsibilities of health care staff in ensuring individuals are looked after along the whole screening pathway
4. Understand the importance of quality assurance, standards and key performance indicators in health screening	4.1 Describe the internal and external quality assurance policies and procedures for own screening programme
	4.2 Explain the importance of quality assurance and standards in health screening including – own programme's key performance indicators and equipment quality assurance checks
	4.3 Summarise the importance of failsafe systems within health screening
	4.4 Explain the importance of maintaining accurate records of the screening cohort
5. Understand the importance of clinical governance within own area	5.1 Explain what is meant by clinical governance
	5.2 Explain the following within own role: • Practice limitations • Scope of practice

Additional Information

New screening programme

- Risks, benefits and limitations
- Defining target population
- Concept of "balance between benefit and harm"
- Quality assurance mechanisms.

Consent

This should include informed consent

Legal principles

- Why consent must be obtained
- When to obtain consent
- Who can obtain consent
- Who can legally give consent

- Use of interpreters

Individuals may include:
- Individual undergoing screening
- Partner/spouse
- Family
- Friends
- Carers

Indicative Content

Assessment Criterion 1.1

- **Prevalence**: the number of individuals in the population who have the target condition
- **Sensitivity**: the screen's ability to find people who do have the target condition
- **Specificity**: the screen's ability to exclude people who do not have the target condition
- **False positive**: someone with a positive screening result who **does not** have the target condition
- **False negative**: someone with a negative screening result who **does** have the target condition

The e-Learning resource Introduction to population screening covers the terminology used in screening

Assessment Criterion 1.2

In the NHS screening programmes screening is not just a 'test' it is a **pathway** whereby the individual offered screening is looked after appropriately from the invitation to be screened right through to the point of referral for treatment if he/she is found to have the condition being screened for.
The pathway has to include all the steps needed, e.g. giving the right information to help the individual decide if they wish to accept or decline the offer of screening, having trained professionals, making the service accessible, making sure the test and follow up treatment is of high quality, safe and accessible and making sure there is support available for the individual along the whole pathway.
An NHS screening programme will only be put in place if all areas of the pathway can be covered safely. All areas of the pathway are subject to Quality Assurance also.

Assessment Criterion 1.3

There are 11 NHS screening programmes:
1. NHS abdominal aortic aneurysm (AAA) programme
2. NHS bowel cancer screening (BCSP) programme
3. NHS breast screening (BSP) programme
4. NHS cervical screening (CSP) programme
5. NHS diabetic eye screening (DES) programme

6. NHS fetal anomaly screening programme (FASP)
7. NHS infectious diseases in pregnancy screening (IDPS) programme
8. NHS newborn and infant physical examination (NIPE) screening programme
9. NHS newborn blood spot (NBS) screening programme
10. NHS newborn hearing screening programme (NHSP)
11. NHS sickle cell and thalassaemia (SCT) screening programme

The 11 NHS screening programmes are described on the Gov.uk webpage: All our health: population screening

Assessment Criterion 1.4

There are clearly defined criteria for the recommendation of a screening programme.
They cover:

- **Condition**, which must be important as judged by its frequency or severity
- **Intervention**, ensuring that screening provides benefits through treatment or information
- **Screening programme itself**, including evidence that both the test and whole pathway are acceptable to health professionals and the public
- **Implementation criteria**, ensuring that screening can be implemented and maintained to a high quality
- **Cost effectiveness**, a screening programme must do more good than harm at affordable cost.

Assessment Criterion 1.5

Most local screening programmes will have a handbook for screeners outlining local policies and guidance. This guidance will reflect the national service specifications which are available for each of the NHS screening programmes:

- AAA screening: professional guidance
- Diabetic eye screening: professional guidance
- Newborn hearing screening programme (NHSP operational guidance

Assessment Criterion 1.6

Screening is a choice. It is important that individuals have access to up-to-date and accurate information in a format that they can understand to help them decide if they wish to accept or decline the offer of screening.

Screening is not diagnosis. Screening comprises a test, offered to an individual, to assess the risk of them being affected by the condition being screened for. If the screening test suggests the individual higher chance of having the condition, then they will be offered a diagnostic test to determine if they do have the condition.
Diagnosis establishes whether an individual has the condition following appropriate clinical examination and investigations.

Assessment Criterion 1.7

Screening is the process of identifying healthy people who may be at increased risk of a disease or condition.
The individual can then be offered information, further tests and/or treatment to reduce associated risks or complications and to improve outcome.
Limitations:

- Screening cannot detect all conditions
- Screening is not 100% accurate:
    - Some individuals who are affected by the condition being screened for may be missed (false negatives)
    - Some individuals will be picked up as having a higher chance of having the condition when in fact they do not have the condition being screened for (false positives).
        - False negatives may result in false reassurance and positives may cause anxiety

Benefits:

Screening is the process of identifying healthy people who may have an increased chance of having a disease or condition. The individual can then be offered information and/or earlier treatment to improve outcomes. Screening programmes can improve health, prevent disability and save thousands of lives each year.

Assessment Criterion 2.1

Everyone involved in screening will be exposed to data, so it is very important that the correct procedures are followed at all times. Staff will have to undertake some form of mandatory training regarding local and national policy on data protection and confidentiality pertinent to their area of work.
The Data Protection Act (DPA) controls how personal information can be used and your rights to ask for information about yourself.

The **General Data Protection Regulation (GDPR)** became law in the UK in May 2018. It underpins how everyone, including the health service, should handle people's personal information. It sets out people's rights and the rules that screeners and screening providers must abide by.
GDPR means that people have a right to be informed. That means they are entitled to know how their data is collected and used. This applies to private companies as well as government.
Information has to be provided in a clear and simple way, so people can understand what we're doing with their data.

Everyone responsible for using data has to follow strict rules called 'data protection principles'. They must make sure the information is:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people's data protection rights
- kept safe and secure

- not transferred outside the European Economic Area without adequate protection

A duty of confidence arises when one person discloses information to another (e.g. patient to clinician, person to screener) in circumstances where it is reasonable to expect that the information will be held in confidence.
It:

a. is a legal obligation that is derived from case law
b. is a requirement established within professional codes of conduct
c. must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures.

Confidentiality: NHS code of practice

PHE screening blog: Data protection, GDPR and screening

Assessment Criterion 2.2

Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination. NHS UK: Consent to treatment

The principle of consent is an important part of medical ethics and international human rights law. It can be given:

- Verbally – for example, by saying they are happy to have an X-ray
- In writing – for example, by signing a consent form for surgery

Patients may passively allow treatment to take place – for example, by holding out an arm to show they are happy to have a blood test. However, since the capacity to consent has not been tested, and the benefits and risks have not been explained, this is not the same as consent (see below).
For consent to be valid, it must be **voluntary and informed**, and the person consenting must have the **capacity** to make the decision.

- **Voluntary** – the decision to either consent or not to consent to treatment must be made by the person themselves and must not be influenced by pressure from healthcare practitioners, friends or family.
- **Informed** – the person must be given all of the information in terms of what the screen involves, including the benefits and risks, whether there are reasonable alternative treatments and what will happen if treatment does not go ahead.
- **Capacity** – the ability to understand the information given to them, and they can use it to make and communicate an informed decision.

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse the screen, their decision must be respected.
Consent should be given to the healthcare practitioner directly responsible for the individual's current treatment. In the case of screening this may be the screener carrying out the screening test.

Assessment Criterion 2.3

Personal informed choice is at the very heart of population screening in the UK.
Screening is a choice. To help individuals decide if they wish to accept or decline the offer of screening, it is important that they have access to information that is:

- up-to-date
- accurate
- balanced/unbiased

- accessible in a format that they can understand

The information should cover:

- the condition being screened for
- the testing process
- the risks, limitations, benefits and uncertainties
- the potential outcomes and resulting decisions

The NHS screening programmes put a lot of effort and resource into providing information for people offered screening. This information needs to be supported by trained professionals who are knowledgeable about the whole screening pathway and can discuss areas with individuals in more detail.

Assessment Criterion 2.4

The screener needs to be knowledgeable about the whole screening pathway, so they can offer up-to-date and accurate information to help people make their decisions re screening and to ensure they have all the information they need prior to consent. The screener should be able to determine if the individual needs information in alternative formats (e.g. translations) or further support in facilitating informed choice (e.g. an interpreter or further written information/decision making aids).
The screener also needs to make sure they are familiar with the screening programmes written information for the public and any other resources that may be available (e.g. decision-making aids). They should ensure the person offered screening has received and had the opportunity to process this information.
The information learners give needs to be unbiased and factual. The screener needs to document the decision re consent in the appropriate format as per the screening programme protocol and local procedures.

Assessment Criterion 2.5

Refer to national screening programme specific training, e-resources and documentation.
Explanation of the screen should include:

- the condition and why the screen is offered
- what the test involves
- the risks, limitations, benefits and uncertainties
- the potential outcomes and the next steps

Open question example: 'What questions do you have?'

Closed question (yes/no answer) example: 'Do you have any questions?'

Assessment Criterion 2.5 & 2.7

Refer to programme specific national training, e-resources and documentation.
Assessment Criterion 2.8

Individuals may not consent or withdraw their consent for a variety of reasons including:

- previous experiences
- not wishing to make challenging decisions
- no concerns regarding the condition screened for

- issues of confidentiality
- privacy

Whatever their reasons they are to be respected and actioned.
Consent can be withdrawn at any time.

Assessment Criterion 3.1

Screening always aims to do more good than harm but there are occasions where cases will be missed, or people may be offered interventions which they don't need. Such instances can cause harm, anxiety and distress. There is also the possibility that screening may give false reassurance and individuals may ignore symptoms in the future. This is why well trained and knowledgeable staff and high-quality information are so vital to the NHS screening programmes.

Individual choice may be affected by:
- culture
- religion
- past experiences
- personal values and beliefs
- friend/relative experience
    - fears and phobias.

Issues surrounding this area and patient can be found on the NHS UK webpages: NHS screening
The Health Knowledge interactive e-Learning resource - screening discusses the possible outcomes of screening in personal terms.

Assessment Criterion 3.2

A screening programme supports people throughout the process, from invitation to referral (of anyone who is found to have a particular condition) for treatment and advice.
The screener needs to be aware of, and understand, the whole pathway so they can:
- facilitate the initial decision to accept or decline screening and
- be aware of 'who does what and when' so that they can refer appropriately, seek advice and communicate effectively with the whole multidisciplinary team involved.

Understanding the whole pathway and not just one small part of it will help support individuals throughout the whole screening process.

Assessment Criterion 4.1

Each NHS screening programme has a defined set of standards to ensure that services are of a high quality.

The role of the Screening Quality Assurance Service (SQAS) is to:

- assess the quality of local screening programmes
- monitor compliance with standards
- support services with improving quality
- undertake regional level quality assurance visits

Quality assurance assessment is important in ensuring services provide high quality care. It supports the maintenance of standards by ensuring local providers:

- have internal processes in place for managing service quality
- take part in quality assurance assessment and reviews

Assessment Criterion 4.2

Learners should be able to explain the potential consequences of using equipment that does not meet national quality assurance criteria.
Key performance indicators (KPIs) for the NHS screening programmes measure how the screening programmes are performing. Each screening programme has KPIs attached to it which are collected locally and fed into a national reporting system every quarter. The KPIs will have been selected as areas where performance can be specifically monitored, and improvements made.
Learners should know and understand their own programme's KPIs and why they are important.

Assessment Criterion 4.3

Failsafe processes minimise the risks of anything going wrong in the screening pathways used by the NHS population screening programmes.

A failsafe is a mechanism in addition to usual care. It explains what action is necessary to ensure a safe outcome for the programme and patient.

Each screening programmes has its own detailed failsafe process.

Assessment Criterion 4.4

Accurate and appropriate record keeping is essential in the NHS as detailed in the data and confidentiality section. In screening it is specifically important that the records are accurate so that individuals can be matched to their results (and in the case of maternity that mothers' results can be accurately matched to their babies) and cohorts can be tracked. In the case of a screening incident arising it may be necessary to track a whole cohort of individuals who may have been affected by a particular test for example.

Assessment Criterion 5.1

Clinical governance covers activities that help maintain and improve high standards of patient care. Organisations providing healthcare have a duty to the individuals they serve for maintaining the quality and safety of care.

Trusts and organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which **clinical** excellence will flourish. They should have their own clinical governance structure and processes.

These should specify areas such as:

- Ensuring that risk management systems and processes are incorporated into everyday practice.
- Building and promoting an open and fair safety culture.
- Encouraging staff, patients and stakeholders to actively participate in improving the quality of service delivery.
- Learning from mistakes, share knowledge, implement solutions and monitor success.
- Promoting methods of assessing clinical effectiveness and quality of service delivery.

- Continuously looking at innovative and effective ways of delivering the national governance agenda.
- Ensuring staff caring for individuals have the knowledge and skills they need to do a good job and are given opportunities to update their skills to keep up with the latest developments.

Assessment Criterion 5.2

Learners can identify their role and scope of practice/limitations by discussing their job description with their supervisor and then looking at their scope in relation to the clinical governance points above to further discuss some areas. For example, in terms of this area 'Encouraging staff, patients and stakeholders to actively participate in improving the quality of service delivery', this may not be detailed in the learner's job description specifically, but it is an area they may wish to support actively by gaining user feedback and feeding it back locally and nationally to improve services.

Suggested Resources

e-learning

- Introduction to population screening
- All our health: population screening

Gov.uk pages

- NHS population screening explained
- NHS population screening standards
- NHS population screening: role and functions of quality assurance
- Data protection
- Confidentiality: NHS code of practice
- NHS screening programmes checks and audits for failsafe
- Criteria for appraising the viability, effectiveness and appropriateness of a screening programme
- Population screening: applying all our health
- Population screening programmes: detailed information

PHE screening blogs

- Guidance on informed choice in screening
- Helping health professionals support informed choice in screening
- Data protection, GDPR and screening

Component 14: Principles of Abdominal Aortic Aneurysm Screening and Treatment

Component Reference Number: L/508/0647

Level: 3
Credit: 3

Component Summary

The aim of this component is to enable learners to develop knowledge and understanding of the main principles related to abdominal aortic aneurysm screening and treatment options for abdominal aortic aneurysm.

Delivery:

This component should be taught by a suitably qualified professional, an e-learning resource will be available to support the learner on the Public Health England (PHE) screening CPD website. Additional learning could be covered utilising the internet, and subject related text books and journal articles.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Learners must successfully complete the PHE screening e-learning module test in order to complete this component.

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the test.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the circulatory system	1.1 List the components of the circulatory system
	1.2 Compare the structure of arteries and veins
	1.3 Compare the function of arteries and veins
	1.4 Describe the anatomical structure of the abdominal aorta and its branches
	1.5 Describe the function of the abdominal aorta
2. Understand the medical terms relevant to Abdominal Aortic Aneurysm Screening	2.1 Define the medical terms relevant to Abdominal Aortic Aneurysm Screening, including: • Use of prefixes and suffixes • Anatomical planes • Terminology relating to positioning of the individual • **Anatomical positions**
3. Understand the pathophysiology and formation of arterial disease	3.1 Explain the pathophysiology of the different **types of arterial disease**
	3.2 Describe the different **types of aneurysms**
	3.3 Describe the formation of Abdominal Aortic Aneurysms, including:

	• prevalence • causes • growth rates
4. Understand the treatment options for Abdominal Aortic Aneurysms	4.1 Explain the options available for managing and treating Abdominal Aortic Aneurysms
	4.2 Explain the factors, which influence an individual's choice of treatment
	4.3 Explain the implications of Abdominal Aortic Aneurysm repair
	4.4 Explain the implications for an individual declining treatment

Additional Information

Anatomical positions:
- Distal
- Proximal
- Lateral
- Medial
- Superior
- Inferior
- Superficial
- Cranial
- Infra
- Supra
- Caudal
- Coronal
- Sagittal
- Anterior
- Posterior

Types of arterial disease:
- Atherosclerotic
- Embolism
- Thrombosis
- Non-atherosclerotic lesions

Types of aneurysms (AC3.2 and AC3.4):
- Fusiform
- Saccular
- Mycotic
- Dissecting

Amplification

Assessment Criterion 1.1 Learners need to be able to list the following in relation to the circulatory system:
- Arteries
- Arterioles
- Capillaries
- Venules

● Veins

Assessment Criterion 1.2 Be able to compare the structure of arteries and veins to include descriptions of the three main constituent layers of arteries and veins and the differences:
● Adventitia
● Media
● Intima
● Lumen size and shape
● Vessel wall thickness
● Venous valves

Assessment Criterion 1.3 Learners should be able to compare the major functional differences between arteries and veins:
● Carries oxygenated / deoxygenated blood
● Carries blood to / away from the heart
● Venous system carries waste products away from the cells and organs

Assessment Criterion 1.4 Learners should be able to describe:
● Origin of abdominal aorta
● Distal extent, including the aortic bifurcation
● Anatomical landmarks in respect to AAA screening, including the inferior vena cava
● Major branches to include, superior mesenteric artery, coeliac axis, renal arteries and iliac arteries

Assessment Criterion 1.5 Learners need to be able to describe the function of the abdominal aorta and its branches, this should include:
● The aorta is the main artery of the body
● It distributes oxygenated blood from the heart to lower parts of the body

Assessment Criterion 2.1 Learners should define the following terms with relation to AAA screening:
Prefixes:
● Haem
● Hyper
● Hypo
● basic understanding of other medical prefixes

Suffixes:
● ectomy
● itis
● scopy
● ostomy
● otomy

Anatomical planes:
● Sagittal plane
● Coronal plane
● Axial (transverse) plane
● Longitudinal plane

Anatomical positions:
● Distal
● Proximal

● Lateral
● Medial
● Superior
● Inferior
● Superficial
● Cranial
● Infra
● Supra
● Caudal
● Coronal
● Sagittal
● Anterior
● Posterior

Assessment Criterion 3.1 Explain the basic pathophysiology associated with:
● Atherosclerotic
● Non-atherosclerotic lesions: o Embolism o Thrombosis

Assessment Criterion 3.2 Learners should describe the following types of aneurysm and how they relate to AAA screening:
● Fusiform aneurysms
● Saccular aneurysms
● Mycotic aneurysms
● Dissecting aneurysms
Learners will not be expected to identify mycotic and dissecting aneurysms however an understanding of them is required

Assessment Criterion 3.3 This should include:
● Basic mechanisms of aneurysm formation
● Factors associated with an increased risk of aneurysm formation

Assessment Criterion 3.4 This should include a general understanding of:
● Prevalence of all aneurysms
● Potential complications of AAA
● Rupture
● Dissection

Assessment Criterion 4.1 Learners should explain the differences in open repair and endovascular aneurysm repair. Learners should show an understanding of when a man is unfit for surgery and the conditions that may make a man unsuitable for surgical intervention. Learners should describe the pathways of care for NHS AAA Screening Programme patients depending on aneurysm size.

Assessment Criterion 4.2 Learners should explain the different factors that may influence an individual's choice of treatment:
● Age
● Risk factors
● Personal factors
● Surgical risk factors

Assessment Criterion 4.3 This should include:
● Risks associated with each procedure

● Preoperative assessments
● Peri-operative risks
● Post-operative complications
● Follow up for both treatments including radiological investigations and potential re-interventions ● Costs associated with each procedure and follow up
● Risks of different management and treatment strategies

Assessment Criterion 4.4 This should include:
● Reasons for declining treatment
● Risks of declining treatment e.g. death, implications for driving, travel insurance, psychological impact
● Learners understanding personal choice in treatment decisions

Suggested Resources

The NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) has produced an eLearning component to help support this component and it is available on the PHE screening CPD website http://cpd.screening.nhs.uk/. This e-learning resource provides the basic principles of the component and learners are expected to undertake additional learning to gain a more in depth understanding of the learning outcomes.

Textbook(s)

- Abrahams, Craven & Lumley (2005) Illustrated Clinical Anatomy, Hodder Arnold
- Waugh A & Grant A (2010) Ross & Wilson's Anatomy & Physiology in Health & Illness 11th edn. Churchill Livingstone
- Porter (2002) The Anatomy Workbook, Elsevier
- Thrush and Hartshorne (2009) Vascular Ultrasound: How, Why and When, 3rd ed. Churchill Livingstone, Elsevier

Component 15: Principles of Ultrasound for Abdominal Aortic Aneurysm Screening

Component Reference Number: R/508/0648

Level: 3
Credit: 4

Component Summary

The aim of this component is to provide learners with a basic understanding of the principles of ultrasound for imaging the abdominal aorta within a screening environment.

Delivery

This component should be taught by a suitably qualified professional, an e-learning resource will be available to support the learner on the Public Health England (PHE) screening CPD website. Additional learning could be covered utilising the internet, and subject related textbooks and journal articles.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Learners must successfully complete the PHE screening e-learning module test in order to complete this component.

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the test.

Relationship to Occupational Standards

Partially meets:-
CHS195 Undertake ultrasound guided interventional procedures
CHS218 Obtain images to assist healthcare interventions

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the theory of diagnostic B-mode ultrasound	1.1 Define ultrasound and explain how it is used in your role as a screener in the National Abdominal Aortic Aneurysm screening programme (NAAASP)
	1.2 Explain how ultrasound is produced
	1.3 Describe longitudinal and transverse waves
	1.4 Explain how ultrasound propagates through tissue

	1.5 Explain how sound is measured, to include the relationship between: • Power • Frequency • Wavelength • Speed • Define the following ultrasound terms: • Artefacts • Echogenic • Anechoic • Acoustic enhancement • Acoustic shadowing
	1.6 Define the following ultrasound terms: • Artefacts • Echogenic • Anechoic • Acoustic enhancement • Acoustic shadowing
	1.7 Explain how a transducer works to produce images
	1.8 List the main applications of ultrasound
	1.9 Evaluate the advantages and disadvantages of ultrasound
2. Understand the main functions of ultrasound equipment controls	2.1 Describe the functions of the following controls: • Frequency • Depth • Focus (position and multi focal zones) • Overall gain • Time gain compensation • Image freeze • Zoom • Callipers/measurement • Image recording and annotation • Harmonic imaging • Compound imaging • Dynamic range • Preset • Sector width
3. Understand ultrasound safety and the potential biological effects	3.1 Explain the potential biological effects of ultrasound
	3.2 Explain how the potential biological effects of ultrasound can be minimised

Amplification

Assessment Criterion 1.1
Learners need to be able to define ultrasound and explain its use in their role as a screener in NAAASP. Learners should include a reference to:
● Wavelength

● Amplitude
● Frequency
Learners need to understand the frequencies required for diagnostic ultrasound. Learners must also appreciate that sound travels in waves and is the transfer of energy.

Assessment Criterion 1.2
Learners need to be able to explain how ultrasound is produced and should include:
● Piezo electric effect
● Transmitting and receiving the ultrasound
● How crystal thickness determines the frequency.

Assessment Criterion 1.3
Learners need to be able to describe the differences between longitudinal and transverse waves and how they relate to ultrasound production.
They need to include:
● Differences in shape
● Compression and rarefaction
● Wavelength and frequency.

Assessment Criterion 1.4
Learners need to understand and explain how ultrasound propagates through tissue. This should include:
● Transmission
● Reflection
● Scatter
● Attenuation.

Assessment Criterion 1.5
Learners need to include the following:
● Power/decibels
● Frequency
● Wavelength
● Speed (learners need to know the average speed of sound in the body is 1540 m/s)
Learners must be able to understand the relationship between frequency and wavelength in relation to image resolution for AAA imaging.

Assessment Criterion 1.6 Learners need to be able to define the following in terms of scanning the abdominal aorta:
● Artefacts
● Echogenic
● Anechoic
● Acoustic enhancement
● Acoustic shadowing
● Wall edge shadowing
● Reverberation.

Assessment Criterion 1.7 Learners need a basic understanding of how the transducer and ultrasound machine works to produce the image on the screen. This should include:
● Transducer design
● Ultrasound machine design
● Ultrasound transmission via piezoelectric effect

● Echo formation in the body
● Returning echo detection
● Frame rate
● Processing of reflections in the ultrasound machine
● Intensity of reflection determines the greyscale
● Image production.

Assessment Criterion 1.8 Learners must be able to list the following:
● Obstetrics
● General
● Abdominal
● Musculo-skeletal
● Cardiac
● Physiotherapy
● Vascular.

Assessment Criterion 1.9 Learners should include the following:
Advantages:
● Non-invasive
● Non-ionising radiation (safe)
● Real time
● Well tolerated by patients
● Good reproducibility of AAA diameter measurements when performed by trained individuals.

Disadvantages:
● Operator dependent
● Bowel gas
● Prone to artefacts
● Body habitus dependent
● Potential risk of repetitive strain injuries to operators
● Work related upper limb disorder (WRULD).

Assessment Criterion 2.1
Describe the functions listed in relation to performing an aneurysm screen under as required by NHS AAA Screening Programme https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-andscope-ofpractice Detail should be sufficient for the assessor/expert witness to ensure that the learner fully understands the controls, and how they relate to performing AAA screening accurately to the required standard.

Assessment Criterion 3.1
Learners need to be aware that the potential biological effects in AAA screening are very low, but they must be aware of the potential effects. Learners need to include the following:
● How ultrasound interacts with tissue
● Heating (within the path of the beam)
● Cavitation
● As low as reasonably achievable (ALARA) principle.
Learners should be able to describe how potential biological effects are displayed on the ultrasound machine. This should include:
● Mechanical index (MI)
● Thermal index (TI).

Assessment Criterion 3.2
AAA screeners would not be expected to alter the controls to minimise Mechanical Index (MI) or Thermal Index (TI), however as ultrasound practitioners they must have an understanding of the potential bio-effects.

Suggested Resources

The NHS AAA Screening Programme (NAAASP) has produced an e-learning resource to help compliment this component. Learners are expected to gain additional knowledge and understanding to complete the required learning hours.

The link below provides a very detailed overview of the use of ultrasound in medical diagnostics; learners could use this resource for additional learning. It has been produced by the British Medical Ultrasound Society and the British institute of radiology.
https://issuu.com/efsumb/docs/safe_use_of_ultrasound?viewMode=magazine&mode=embed

Textbook(s)
Thrush and Hartshorne (2009) Vascular Ultrasound: How, Why and When, 3rd ed. Churchill Livingstone, Elsevier

Component 16: Undertake Abdominal Aortic Aneurysm Screening

Component Reference Number: D/508/0653

Level: 3
Credit: 6

Component Summary

The aim of this component is to provide learners with the practical skills and knowledge to undertake high quality and accurate abdominal aortic aneurysm screening under the auspices of the NHS abdominal aortic aneurysm screening programme (NAAASP).

Delivery

Delivery of this component will predominantly be carried out in a clinical environment under supervision of appropriately trained individuals who have undertaken the required training from the NHS abdominal aortic aneurysm screening programme

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

To accompany this component and as a method of assessment, learners must complete the NAAASP Trainee Screening Technician log book as provided by Public Health England (PHE).

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the logbook.

Relationship to Occupational Standards

CHS218 Obtain images to assist healthcare interventions

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Be able to minimise risk of injury within the health screening setting	1.1 Explain how to minimise risk of injury to individuals, self and others during the screening episode.
	1.2 Explain the importance of using ergonomically correct scanning positions to minimise the risk of work-related upper limb and musculoskeletal disorders
	1.3 Use the correct scanning position to minimise the risk of work-related upper limb and musculoskeletal disorders
2. Be able to assess the environment and equipment for an Abdominal Aortic Aneurysm screening episode	2.1 Upload worklist to ultrasound machine
	2.2 Assess that the environmental conditions are optimal for the screening episode

	2.3 Check the ultrasound equipment is functioning correctly prior to each screening session as per national guidance
	2.4 Explain the consequences of using unchecked equipment
3. Be able to prepare the individual for an Abdominal Aortic Aneurysm screening episode	3.1 Welcome the individual to the screening session including: introducing self and confirming the individual's identity
	3.2 Explain the abdominal aortic aneurysm screen to the individual and check their understanding using open questions
	3.3 Facilitate personal informed choice and gain consent for the screening episode
	3.4 Gain consent for the use of the individual's personal and screening episode data
	3.5 Check that the individual is correctly positioned on the couch
	3.6 Confirm the identity of the individual matches that recorded on the National IT software
4. Be able to use an ultrasound transducer and equipment controls to acquire optimal diagnostic images of the abdominal aorta	4.1 Apply the transducer to the abdomen, manoeuvring it to obtain images in both transverse and longitudinal planes
	4.2 Manipulate the equipment controls to optimise the image whilst scanning the abdominal aorta, to include: • Depth • Gain • Focus • Dynamic range
	4.3 Interpret an ultrasound image to correctly identify the abdominal aorta using appropriate anatomical landmarks
	4.4 Image the abdominal aorta from the proximal segment to level of the bifurcation in Longitudinal and Transverse planes
	4.5 Position the electronic callipers and measure maximum aortic diameter from the inner anterior wall to the inner posterior wall as per national protocols
	4.6 Capture an ultrasound image at the widest point as per national guidance
	4.7 Explain how incorrect calliper placement can lead to inaccurate results
	4.8 Explain the protocols to follow if imaging is unclear or inadequate
	4.9 Interpret an ultrasound image to correctly identify an abdominal aortic aneurysm
5. Be able to accurately save, record and store results of the screening event	5.1 Record and store the results of the screening event on the National IT software

	5.2 Upload the ultrasound images to the National IT software according to local protocol
6. Be able to follow agreed protocols following the screening event to determine the appropriate course of action	6.1 Determine the correct pathway to follow based on the outcome of the screening event
	6.2 Inform the individual of the results and appropriate next steps
	6.3 Check the individual's understanding of results and next steps using open questions

Additional Information

Environmental conditions:
- Space
- Lighting
- Ambient temperature
- Equipment
- Infection control.

Landmarks:
- Spine
- Inferior Vena Cava
- Superior Mesenteric Artery
- Aortic bifurcation.

Indicative Content

Assessment Criterion 1.1
Learners must include the following:
- Patient positioning
- Screener positioning and posture
- Health and safety requirements (trip or fall hazards)
- Scan room set up
- Ultrasound machine position.

Assessment Criterion 1.2
Explain the importance of using ergonomically correct scanning positions to minimise the risk of work-related upper limb and musculoskeletal disorders.

Assessment Criterion 1.3
Learners must demonstrate they are able to scan patients throughout their training period in correct positions to minimise the risk of work-related upper limb and musculoskeletal disorders.

Assessment Criterion 2.2 Learners must be able to assess the following where appropriate:
- Space
- Lighting
- Ambient temperature
- Equipment
- Infection control (including decontamination of equipment between screening episodes).

Assessment Criterion 2.3 Learners must include:
- Electrical safety

● Control functions
● Image appearance
Learners must also check ultrasound machine and transducer integrity / damage. https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-ultrasoundequipment-guidance/abdominal-aortic-aneurysm-screening-ultrasound-equipment-qualityassurance-guidance

Assessment Criterion 2.4
Learners must include:
• Impact on staff safety and safety of individuals screened
• Impact on quality of images produced
• Potential impact on the screening pathway an individual is assigned to, based on images produced.

Assessment criteria 3.1
• Use of NHS number against SMaRT and the ultrasound machine
• Asking the individual to state their name, address and date of birth
• Screeners must not ask the individual to confirm their details as read to them by the screener
Learners should refer to national AAA screening programme standard operating procedure and local protocols on establishing patient identity.
https://www.gov.uk/government/publications/aaa-screening-standard-operating-procedures

Assessment Criterion 3.2
Clarify the procedure to the individual and answer any questions they have following national and local guidelines where appropriate.
Open questions give the individual opportunity to describe what they understand and raise any concerns they may have:
• Open question = 'What questions do you have?'
• Closed question = 'Do you have any questions?'

Assessment Criterion 3.3
Learners must facilitate personal informed choice and gain consent for the screening procedure as outlined in the Standard operating procedures. https://www.gov.uk/government/publications/aaa-screening-standard-operating-procedures
• Screening is a personal choice based on information provided
• Attending a screening appointment should not be used to assume consent to the procedure
• Individuals can withdraw consent at any time.

Assessment Criterion 3.4
Learners must gain consent for the use of the data as outlined in the Standard operating procedures this must include:
• Which data is saved on the national IT system
• How the individual's information is kept confidential and who has access to this data
• Use of data to ensure that screening services are effective
• What rights the individual has about their data
• Consent for data transfer
• Consent for research/further study.
Learners should understand the PHE and NAAASP guidance on how information is used and why: https://www.gov.uk/government/publications/patient-confidentiality-in-nhs-population-screeningprogrammes/nhs-population-screening-confidential-patient-data
https://www.gov.uk/government/publications/aaa-screening-how-we-use-personal-information

Assessment Criterion 4.2
Learners must manipulate the equipment controls to optimise the image whilst scanning the abdominal aorta, to include:
● Depth
● Gain and time gain compensation
● Focus
● Dynamic range.
Learners must take into account Harmonic imaging, Compound imaging, frequency etc as stated in the Clinical guidance and scope of practice document.

Assessment Criterion 4.3
Learners should be able to identify:
● Spine
● Inferior Vena Cava
● Anterior branches* o Superior Mesenteric Artery o Coeliac axis
● Aortic bifurcation

(*Please note the anterior vessels may not be visible on every scan, but learners must be able to identify them when possible.)

Assessment Criterion 4.7
Learners should include:
● Over estimation of vessel diameter due to incorrect angulation/oblique angles
● Under estimation of vessel diameter due to presence of thrombus within the lumen
● Incorrect identification of the inner walls
● Incorrect identification of the aorta.

Assessment Criterion 4.8
Learner must understand the Non-visualisation policy https://www.gov.uk/government/publications/aaa-secondary-ultrasound-screening

Assessment criterion 5.1
Learners should utilise the National IT software for recording and storing the results of the screening event as per national and local protocols. Learners should demonstrate an understanding of what process to follow if they realise they have saved the wrong result against a record.

Assessment Criterion 5.2 Learners should utilise the National IT software for uploading the results of the screening event as per national and local protocols.

Assessment Criterion 6.1
Learners should use NAAASP standard operating procedures and resources to determine the correct pathway.

Suggested Resources

Learners should use the following resources to provide specific protocols required to undertake abdominal aortic aneurysm screening.
Standard operating procedures
https://www.gov.uk/government/publications/aaa-screening-standard-operating-procedures

Clinical guidance and scope of practice - https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-and-scope-of-practice

Non-visualisation - https://www.gov.uk/government/publications/aaa-secondary-ultrasound-screening

Component 17: Anatomy, Physiology and Pathology of the Eye

Component Reference Number: M/508/0642

Level: 3
Credit: 6

Component Summary

The aim of this component is to enable learners to develop knowledge of the anatomy and physiology of the eye in relation to diabetic eye disease.

Delivery

This component should be taught by a suitably qualified tutor. Additional learning could be covered using interactive resources, such as, DVDs, e-learning materials and the internet and anatomy and physiology textbooks.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

For AC 1.1, 1.2 and 1.3, learners should refer to the relevant images on the Public Health England CPD website.
For AC 3.2 learners must successfully complete the relevant Test and Training online test in order to complete this component.

Assessors must ensure that evidence is collated for assessment criterion which are not covered by the test.

Learning Outcomes and Assessment Criteria

Learning Outcome – The learner will:	Assessment Criterion – The learner can:
1. Understand the basic anatomy of the eye	1.1 Describe the following parts of the anterior segment of the eye: • cornea • iris • lens
	1.2 Describe the following parts of the posterior segment of the eye: • the vitreous body • the retina • the retinal vasculature • the retinal pigment epithelium • the optic nerve • choroid
	1.3 Define the following areas of the retina: • the macula • the fovea

2. Understand how the physiology of the eye is affected in individuals with diabetes	2.1 Outline how diabetes may affect the structure and function of the retinal vasculature and the retina
	2.2 Describe how diabetic retinopathy may affect vision
3. Understand how to recognise all of the features of diabetic retinopathy	3.1 Describe the abnormal changes seen in the retina in diabetic retinopathy
	3.2 Identify the following features of diabetic retinopathy from an image: • retinal haemorrhages • microaneurysms • cotton wool spots • multiple blot haemorrhages • venous loops • venous reduplication • venous beading • intraretinal microvascular anomalies • new vessels • pre-retinal haemorrhage • vitreous haemorrhage • fibrovascular proliferation • hard exudate • iris rubeosis
	3.3 Describe the following features of feature-based grading of diabetic retinopathy: • pan retinal photocoagulation • macular laser
	3.4 Explain the significance of the retinopathy grades
	3.5 Explain the potential significance of changes within one disc diameter of the centre of the fovea
	3.6 Explain the potential significance of changes in the peripheral retina
4. Understand how diabetes may be associated with abnormal changes in the anterior eye	4.1 Explain the effects that diabetes may have on the lens including transient refractive changes and cataract

5. Understand how to recognise other significant diseases of the retina	5.1 Describe the following and how they present on a fundal image: • Dry Age Related Macular Degeneration • Wet Age Related Macular Degeneration • Choroidal Naevus • Choroidal Melanoma • Myelinated nerve fibres • Myopic Degeneration • Old Choroiditis • Rhegmatogenous Retinal Detachment • Asteroid Hyalosis • Vein Occlusions • Arterial Occlusions • Emboli • Retinal Macroaneurysm • Glaucomatous optic discs • Optic disc swelling • Macular holes • Hypertension • Retinitis Pigmentosa • Systemic Blood Disorder
	5.2 Describe how the **fundal image findings** may impact on the individual
	5.3 Explain the difference between confounders and true diabetic retinopathy

Additional Information

Fundal image findings:
● Dry Age Related Macular Degeneration ● Wet Age Related Macular Degeneration ● Choroidal Naevus ● Choroidal Melanoma ● Myelinated nerve fibres ● Myopic Degeneration ● Old Choroiditis ● Rhegmatogenous Retinal Detachment ● Asteroid Hyalosis ● Vein Occlusions ● Arterial Occlusions ● Emboli ● Retinal Macroaneurysm ● Glaucomatous optic discs ● Optic disc swelling ● Hypertension ● Retinitis Pigmentosa ● Systemic Blood Disorder

Indicative Content

Assessment Criterion 1.1
The learner should be able to identify the following structures on a diagram of the eye and describe the function of each structure:
● Cornea
● Iris
● Lens

Assessment Criterion 1.2
The learner should be able to identify the parts the following structures on a diagram of the eye and describe the function of each structure:
● The vitreous body
● The retina
● The retinal vasculature

● The retinal pigment epithelium
● The optic nerve
● Choroid

Assessment Criterion 1.3
The learner should be able to identify the following structures on a photograph of a retina and delineate their boundaries:
● The macula
● The fovea

Assessment Criterion 2.1
The learner should be able to outline how diabetes affects the capillaries and blood flow of the retina. This should include:
● Microaneurysm formation
● Ischaemia
● Growth factors
● Proliferation
● Macular oedema

Assessment Criterion 2.2
The learner should describe the visual effects of:
● Diabetic macular oedema
● Proliferative retinopathy
The learner should understand that often the vision is not affected until the disease process is advanced.

Assessment Criterion 3.1
The learner should describe the appearance of the following features of diabetic retinopathy:
● Microaneurysm
● Retinal Haemorrhages
● IRMA
● Venous beading
● Reduplication
● Multiple blot haemorrhages
● Venous loops
● Cotton Wool Spots
● Exudate
● NVE
● NVD
● Pre-retinal haemorrhages
● Vitreous haemorrhages
● Fibrovascular proliferation
● Tractional retinal detachment.

Assessment Criterion 3.2
NB. Intra-retinal microvascular anomalies should be described as intra-retinal microvascular abnormalities.

Assessment Criterion 3.3
Learners should be able to recognise the features of laser and when laser treatment is required in diabetic retinopathy.

Assessment Criterion 3.4
The learner should be able to list the retinopathy features found in each retinopathy grade:
● R0
● R1M0
● R1M1
● R2M0
● R2M1
● R3AM0
● R3AM1
● R3SM0
● R3SM1
● U
● P0
● P1
The learner should understand what the appropriate follow up is for each of the retinopathy grades in terms of:
● Routine digital screening
● Digital surveillance
● Referral to Ophthalmology
● Referral to slit lamp bio-microscopy.

Assessment Criterion 3.5
The learners should be able to explain:
● The type of vision produced by the macula and the photoreceptor that achieves this
● How diabetic macular oedema affects the photoreceptors and the vision
● What the surrogate markers for Diabetic macular oedema are
● Why we need the surrogate markers in a screening program that uses 2D images.

Assessment Criterion 3.6
The learners should discuss the photoreceptor found in the peripheral retina and the type of vision it produces.
Learners should explain the visual effects of diseases of the peripheral retina and give an example.
Learners should know that certain changes in the peripheral retina, such as retinal detachment and previous scatter peripheral laser treatment may cause defects in a patient's field of vision and night vision.
Learners should understand that in contrast diabetic new blood vessels in the periphery often give no visual symptoms until they are advanced.

Assessment Criterion 4.1
Learners should be able to explain how patients with diabetes have a higher risk of developing cataracts, and why.
Learners should discuss the impact of fluctuations of blood glucose levels on the lens causing transient refractive changes.
Learners should explain what advice should be given to a patient who has newly diagnosed diabetes in relation to getting new glasses - patients with newly diagnosed diabetes may notice blurring of vision during the period of stabilisation of blood glucose levels and should wait until stabilisation is complete before seeing their optometrist.
Learners should be able to discuss the longer-term effects of diabetes on the lens.
Learners should describe the types of cataract:
● nuclear

● cortical
● posterior subcapsular cataract
Learners should describe the potential problems of cataracts in achieving retinal screening.

Assessment Criterion 5.1
The learner should be able to describe the appearance of the lesions mentioned in 5.1.

Assessment Criterion 5.2
The learners should be able to identify within the protocols of their local programme which of those findings listed in 5.1 require:
● Urgent action
● Routine action
● Annual recall
● Notification to GP
● Referral to another speciality clinic.

Assessment Criterion 5.3
The learner should be able to describe the common confounders for diabetic retinopathy and describe how to tell these from true diabetic retinopathy.

Suggested Resources

The appropriate images will be available on the Public Health England CPD website
http://cpd.screening.nhs.uk/

Component 18: Understanding Diabetes and Diabetic Retinopathy

Component Reference Number: L/508/0650

Level: 3
Credit: 4

Component Summary

The aim of this component is to enable learners to understand diabetes and its implications within diabetic retinopathy.

Delivery

This component should be taught by a suitably qualified tutor. Learning should be covered using internet, subject related text books and appropriate local resources.

Assessment Guidance
This component must be assessed in line with Skills for Health Assessment Principles.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the difference between type 1 and type 2 diabetes	1.1 Outline the differences between type 1 and type 2 diabetes
	1.2 Describe the treatment options for type 1 and type 2 diabetes
2. Understand hypoglycaemia	2.1 Describe the signs and symptoms of hypoglycaemia
	2.2 Explain how to respond in a situation where an individual could be hypoglycaemic
	2.3 State situations when individuals are most at risk from hypoglycaemia
3. Understand the long-term complications of diabetes	3.1 Describe the macrovascular and microvascular complications of diabetes in the following: • heart disease • stroke • peripheral vascular disease • nephropathy • neuropathy • retinopathy
	3.2 Explain how the macrovascular and microvascular complications of diabetes may impact on screening
4. Understand the relevance of risk factors in development of diabetic retinopathy	4.1 Explain modifiable and non-modifiable risk factors in the development of retinopathy
	4.2 Explain the importance of monitoring individuals regularly for risk factors in the development of retinopathy including: diabetes in remission

	4.3 Describe own role in signposting individuals to appropriate information about diabetes

Indicative Content

Assessment Criterion 1.1
Learners should understand the differences between type 1 and type 2 diabetes, this should include:

Type 1
● Often diagnosed in childhood and young adults
● Not associated with excess body weight
● Treated with insulin injections or insulin pump
● Results from the pancreas not producing insulin – i.e. autoimmune disease.

Type 2
● Usually diagnosed in those over 30 but does present in younger people
● Often associated with excess body weight
● Ethnicity
● Family history
● Treated with the following:
    o Lifestyle modification
    o Oral agents / injectable therapies
    o Insulin
● Body fails to respond to insulin properly – insulin resistance.

Assessment Criterion 1.2
Learners should be able to describe the different management options for diabetes and should include:
● Lifestyle
● Medications
● Bariatric Surgery.

Assessment Criterion 2.1
Learners should be able to understand hypoglycaemia and should include:
● A definition of hypoglycaemia
● Determine the level of plasma blood glucose at which symptoms of hypoglycaemia may be experienced by the patient
● Describe the symptoms and signs of hypoglycaemia from a patient perspective and a those that might be observed by a health professional.

Assessment Criterion 2.2
Learners should describe how they would respond. This may include:
● Hypokit or glucagon gel
● Glucose tablets
● Sugary drinks (non-diet)
For hypoglycaemic patients, the learner should be aware of the local emergency procedures.
Learners should include:
● The individual should be given complex carbohydrate after to prevent further hypoglycaemic episodes

Assessment Criterion 2.3
Learners should describe: An understanding of which patients are most at risk of becoming hypoglycaemic. This should include:
● Hypo awareness – patients who are long-term diabetic may ignore or be unaware of early hypoglycaemia.
The situations that may exacerbate an episode of hypoglycaemia:
● Reduced oral intake
● Increased exercise
● Sulphonylureas
● Insulin dosage.

Assessment Criterion 3.1
Learner should understand the differences in microvascular and macrovascular and use this to describe the macrovascular and microvascular complications of diabetes in the following:
● Heart disease
● Stroke
● Peripheral vascular disease
● Nephropathy
● Neuropathy
● Retinopathy.

Assessment Criterion 3.2
● Macrovascular - coronary heart disease (myocardial infarction/heart attack), cerebrovascular accident (stroke), peripheral vascular disease;
● Microvascular - nephropathy, neuropathy and retinopathy.
Learners should explain how these complications affect the patient and any impact this may have on the screening episode e.g. mobility issues, pain, shortness of breath, reduced vision, dialysis, communication etc.

Assessment Criterion 4.1
This should include:
Modifiable:
● Glycaemic control and glycosylated haemoglobin
● Blood pressure
● The learner may also include lifestyle issues such as tobacco, alcohol etc.
Non-modifiable:
● Pregnancy
● Renal disease
● Age and duration of diabetes
● Insulin treated.

Suggested Resources

Diabetes UK have produced an introductory diabetes educational tool for healthcare professionals that provides a useful foundation to this component and can be found here; https://www.diabetes.org.uk/Professionals/Training--competencies/Diabetes-in-Healthcare/ (please note this does not cover all the learning outcomes for this component and requires additional learning)

Component 19: Prepare for Diabetic Retinopathy Screening

Component Reference Number: F/508/0645

Level: 3
Credit: 4

Component Summary

The aim of this component is to enable learners to develop their knowledge about how to prepare the environment and individual for diabetic retinopathy screening.

Delivery

This component should be taught by a suitably qualified tutor. Learning should be covered using internet, subject related textbooks and appropriate local resources.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Relationship to Occupational Standards

Diab HC3 Instil eye drops to dilate the pupil prior to image capture

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Be able to prepare the environment and individual for retinopathy screening	1.1 Welcome the individual to the screening episode including: introducing self and confirming the individual's identity
	1.2 Facilitate personal informed choice and gain consent for the screening episode.
	1.3 Gain consent for the use of personal and screening episode data.
	1.4 Explain the implications of inaccurate data input
	1.5 Assess the environmental conditions are optimal for the screening episode
	1.6 Ensure the optimal comfort of the individual
	1.7 Check the individual's understanding of the diabetic eye screen using open questions
	1.8 Explain the relevance of recording ocular and medical history in the pre- screening of an individual
2. Understand the ways in which screening is affected by individual needs	2.1 Explain how the following factors may influence the examination process: • age • cultural • language • physical ability

	• cognitive ability
	2.2 Describe the importance of privacy during a retinal screen
3. Understand the purpose of visual acuity measurement	3.1 Explain why the accurate measurement and recording of visual acuity should be used in a National screening programme for diabetic retinopathy
4. Be able to select and carry out the most appropriate visual acuity test	4.1 Explain the strengths and limitations of the different visual acuity tests
	4.2 Select the appropriate visual acuity test
	4.3 Carry out the visual acuity test
	4.4 Ensure that the individual is at the correct distance from the test chart
	4.5 Explain the importance of the individual being at the correct distance from the test chart
	4.6 Explain the appropriate use of an individual's spectacles and/or pinhole in testing visual acuity
5. Understand the purpose of dilatation of the pupils and the action and contra-indications of drops	5.1 Explain the reasons for pupil dilatation for diabetic retinopathy screening
	5.2 Explain the action of mydriatic eye drops and contra-indications to their use
	5.3 Identify situations in which pupil dilatation is contra-indicated
6. Be able to store and instil eye drops	6.1 Determine which type of eye drop(s) should be used in your own local screening service
	6.2 Explain the correct procedures for storage of eye drops
	6.3 Explain the infection control procedures necessary in the instillation of eye drops
	6.4 Explain how to confirm that the eye drops are safe to use
	6.5 Inform the individual of potential adverse effects and the action to be taken
	6.6 Instil eye drops correctly
	6.7 Explain how to identify and manage an adverse or critical incident

Additional Information

Environmental conditions:
- Space
- Lighting
- Ambient temperature
- Equipment
- Infection control

Others:
- Colleagues
- Supervisor
- Clinical lead.

Indicative Content

Assessment Criterion 1.1
Learners should be able to demonstrate they are able to confirm individual's identity according to their organisation's local protocols.

Assessment Criterion 1.2
Learners should show how to facilitate personal informed choice and gain consent. How to record consent and the actions to take if the individual does not consent to screening.

Assessment Criterion 1.3
Learners should demonstrate gaining consent to use personal and screening data.

Assessment Criterion 1.4
Learners should understand the implications of inaccurate data input in relation to the:
● Patient
● Organisation.

Assessment Criterion 1.5
Environmental conditions should include:
● Space
● Lighting
● Ambient Temperature
● Equipment
● Infection Control.

Assessment Criterion 1.7
Learners should demonstrate the use of open questions. Examples:
• Open question = 'What questions do you have?'
• Closed question (requires just a yes/no answer) = 'Do you have any questions?' Learner should be able to answer questions within their scope of practice and escalate any outside their scope of practice.

Assessment Criterion 1.8
Learners should be able to explain the relevance of accurate and up to date data in order to ensure the appropriate outcome for the grading process.

Assessment Criterion 2.2
Learners should explain why privacy is important for the individual.

Assessment Criterion 3.1
Learners should be able to explain the importance of accurate measurement and the implications of inaccurate measurement

Assessment Criterion 4.1
Be able to explain the strengths and limitations of visual acuity chart and when these should be used. The types of charts may include:
● Snellen
● LogMAR
● Sheridan Gardiner
● Kay pictures

● Tumbling E.

Assessment Criterion 4.3
Learners should be observed undertaking at least 16 tests over more than one clinic.

Assessment Criterion 4.5
Learners should explain the importance of the individual being at the correct distance from the test chart and the implications of incorrect positioning.

Assessment Criterion 6.1
Learners should understand the different types of eye drops available and when these should be used according to local policies.

Assessment Criterion 6.2
Learners should understand the storage procedures according to local policies.

Assessment Criterion 6.3
Learners should understand the local policies for infection control.

Assessment Criterion 6.4
Learners should be able to explain how to check that the eye drops are safe to use including:
● Expiry date
● Unopened vial
● Stored at correct temperature.

Assessment Criterion 6.5
Learners should be able to inform the individual of potential adverse effects and the action to be taken according to local protocols.

Assessment Criterion 6.6
Learners should be aware of the different adverse reactions that may occur when using different types of eye drops and how these should be managed according to their own local protocols and within their scope of practice.

Component 20: Undertake Diabetic Retinopathy Imaging

Component Reference Number: H/508/0654

Level: 3
Credit: 5

Component Summary

The aim of this component is to provide learners with the skills to undertake diabetic eye imaging.

Delivery

This component should be taught by a suitably qualified tutor. Learning should be covered using internet, subject related text books and appropriate local resources.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Assessment criteria 1.1, 1.2, 1.3, 2.2, 3.3, 4.3, 5.1, 6.1, 6.2 should be carried out through observation in the workplace on a minimum of 16 patients.

Relationship to Occupational Standards

Diab HC4 Obtain images of the retina
Diab HC5 Assess images of the fundus for evidence of disease

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Be able to prepare the retinal camera and screening equipment for obtaining images of the eye	1.1 Verify that the screening equipment is working correctly
	1.2 Use the appropriate imaging software package on the retinal camera's computer
	1.3 Update the individual's record
2. Be able to obtain images of the retina	2.1 Describe the field positions for imaging in NHS diabetic eye screening programme (DES)
	2.2 Obtain colour retinal images of sufficient quality and quantity and in the correct positions for both eyes
	2.3 Explain why it might be necessary to take additional retinal images to inform diagnosis including: what those additional images may be
3. Be able to address difficulties in obtaining retinal images of sufficient quality or quantity	3.1 Explain why imaging may be unsuccessful including: the actions to be taken
	3.2 Outline what to do if gradable fundus images are not obtainable
	3.3 Obtain an anterior segment image of the eye

4. Be able to assess images for clarity, positioning and gradability	4.1 Describe the NHS diabetic eye screening programme (DES) criteria for assessment of images for: • clarity • field position • gradeability
	4.2 Assess images according to national standards for: • clarity • field position • gradability
	4.3 Recognise and process pathology requiring urgent action
5. Be able to accurately save the results of the screening episode	5.1 Save the images of the screening episode
6. Be able to follow agreed protocols following the screening episode to determine the appropriate course of action	6.1 Determine the correct pathway to follow based on the outcome of the screening episode
	6.2 Inform the individual of appropriate aftercare and how they will receive their results

Additional Information

Reasons:
- Ocular
- Age
- Physical
- Cognitive
- Language.

Indicative Content

Assessment Criterion 1.1
Learners should be able to ensure that the equipment is suitable for screening.
Learners should be able to demonstrate who to approach if there are equipment malfunctions.

Assessment Criterion 1.2
Learners should be able to access the software and access patient record. Learners should know who to contact if there are software issues which prevent screening.

Assessment Criterion 1.3
Learners should be able to access patient record and demonstrate how to maintain records so that they are accurate.

Assessment Criterion 2.1
Describe the NHS diabetic eye screening programme (DES) criteria required within the learner's programme for screening Diabetic eye screening: retinal image grading criteria

Assessment Criterion 2.2
Learners should ensure that retinal images are obtained in line with national requirements.

Assessment Criterion 2.3
Describe the reasons why additional images may be required e.g. suspicious areas of pathology or glare within the macular region.
The learner should be able to describe the additional images and how they are undertaken:
• jig sawing of images
• peripheral views
• anterior chamber views.

Assessment Criterion 3.1
Learners should list all the following categories and the actions that they and the local DES service may undertake:
• Media opacities (including cataracts, corneal opacity, vitreous opacity such as asteroid hyalosis etc)
• Small pupil (giving reasons why the pupil may not be adequately dilated, naturally or with the use of mydriatic drops.)
The individual's inability to comply with the procedure due to:
• Ocular
• Age
• Physical
• Cognitive problems
• Language barriers.

Assessment Criterion 3.2
The learner must describe how they would provide accurate notes and triage. Learners must be aware of local protocols in dealing with ungradable fundus images.

Assessment Criterion 4.1
Learners should explain the terms adequate and inadequate with respect to image quality. Learners should follow the national guidelines. Learners must describe the image quality definitions according to national guidelines. Diabetic eye screening: pathway for images and where images cannot be taken

Assessment Criterion 4.2
Learners should assess the quality of the images taken to ensure they are in line with national criteria.

Assessment Criterion 4.3
The learner should be able to describe proliferative pathology, and explain the process required for the individual's referral. Learner should be able to explain the timescale required for urgent referral. This may be written or oral evidence.

Assessment Criterion 5.1
The learner should be able to record results on local service provider software prior to the individual leaving the clinic room.

Assessment Criterion 6.1
The learner should be able to undertake appropriate triage.

Assessment Criterion 6.2
The learner should follow the local criteria of what to say to the individual, when the results will be sent, and who will receive the results.
Learners may also discuss, according to local criteria, what to say to individuals requiring urgent referral.

Suggested Resources

Diabetes UK have produced an introductory diabetes educational tool for healthcare professionals that provides a useful foundation to this component and can be found here; https://www.diabetes.org.uk/Professionals/Training--competencies/Diabetes-in-Healthcare/ (please note this does not cover all the learning outcomes for this component and requires additional learning)

Component 21: Detect Retinal Disease and Classify Diabetic Retinopathy

Component Reference Number: T/508/0643

Level: 4
Credit: 8

Component Summary

The aim of this component is to enable learners to develop and demonstrate competence in Grading of Retinal Photographs of diabetic retinopathy for Retinal Screening. This will include recognising the all lesions of diabetic retinopathy and understanding how they are grouped into the various grades of Diabetic Retinopathy.

Delivery

This component should be taught by a suitably qualified tutor. Additional learning could be covered using the internet and subject related text books.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Supervised grading and the Test and Training Sets should be used to assess this component.

Relationship to Occupational Standards

Diab HC6 Assess images of the fundus to establish the degree of diabetic retinopathy or other abnormality
Diab HC7 Assess the eye for evidence of disease or abnormality using slit-lamp biomicroscopy

Learning Outcomes and Assessment Criteria

Learning Outcome – The learner will:	Assessment Criterion – The learner can:
1. Be able to use grading software to record result	1.1 Navigate correctly through the grading software
	1.2 Save the grading result where appropriate for review
	1.3 Describe the importance of accurate feature-based grading including: P and U grades
	1.4 Explain how to report IT issues within own area of competency and authority
2. Understand the criteria for assessment of image quality and outcome for the individual	2.1 Describe how assessment of images for gradeability relates to the NHS diabetic eye screening programme (DES) standards for quality assurance
	2.2 Identify the reasons a result is classed as unassessable
	2.3 Explain how the unassessable results are managed
	3.1 Identify the lesions of diabetic retinopathy

3. Be able to identify and record the presence or absence of diabetic or other eye disease according to National standards	3.2 Identify diabetic retinopathy requiring urgent referral
	3.3 Identify diabetic retinopathy requiring routing referral
	3.4 Describe the following and how they present on a fundal image: • Dry Age-Related Macular Degeneration • Wet Age-Related Macular Degeneration • Choroidal Naevus • Choroidal Melanoma • Myelinated nerve fibres • Myopic Degeneration • Old Choroiditis • Rhegmatogenous Retinal Detachment • Asteroides Hyalosis • Vein Occlusions (branch and central) • Arterial Occlusions (branch and central) • Arterial emboli • Retinal Macroaneurysm • Glaucomatous optic discs • Optic disc swelling • Macular holes • Hypertension • Retinitis Pigmentosa • Systemic Blood Disorder
	3.5 Identify eyes without disease
	3.6 Record features as per features-based grading
	3.7 Check the correct grade of diabetic retinopathy has been recorded on the computer software programme
4. Understand the Grading pathway and related quality assurance	4.1 Describe the grading internal quality assurance process
	4.2 Describe the National grading pathway including slit lamp biomicroscopy
	4.3 Describe how the results of a final assessment will affect the management of the individual
	4.4 Assess how own role influences the ability of the screening service provider to meet the NHS diabetic eye screening programme (DES) performance indicators
5. Be able to classify the grade of diabetic retinopathy	5.1 Distinguish the clinical signs and symptoms, which may act as surrogate markers for the presence of clinically significant macular oedema
	5.2 Explain why review of images from a previous screening event may help in the assessment process

6. Understand the process for communicating grading results including the impact on individual referral and management	6.1 Analyse how the grade of retinopathy influences the management of individuals
	6.2 Describe how the examination results are communicated
	Describe the appearance of the following features of diabetic retinopathy: • Microaneurysm • Retinal Haemorrhages • IRMA • Venous beading • Reduplication • Multiple blot haemorrhages • Venous loops • Cotton Wool Spots • Exudate • NVE • NVD • Pre-retinal haemorrhages • Vitreous haemorrhages • Fibrovascular proliferation • Tractional retinal detachment

Indicative Content

Assessment Criterion 1.1
Learners should be observed accurately navigating through the grading software.

Assessment Criterion 1.2
Learners should be observed accurately saving the results appropriately for review.

Assessment Criterion 1.3
Learners should be able to explain what feature-based grading is and its importance according to the National Grading requirement.
Learners should be able to explain the consequences of not providing accurate grading for:
● The individual
● The Screening Programme
● The grader.

Assessment Criterion 2.1
Learners should be able to demonstrate an understanding of the criteria for images being classed as assessable. Learners should be able to explain why standardised assessment of image quality is important within a quality-controlled screening programme.

Assessment Criterion 2.2
Learners should be able to demonstrate an understanding of the reasons for unassessable images that are:
● Long term
● Those which are due to poor photographic skills.

Assessment Criterion 2.3
Learners should be able to explain the possible outcomes for a patient with unassessable images in line with local policy.

Assessment Criterion 3.1
Learners should be able to identify all the lesions of diabetic retinopathy as required by the National Screening Programme.
This will include achieving a score of 80% on a minimum of three online Test and Training sets. Learners must also complete a minimum number of 200 supervised gradings and achieve satisfactory 'inter-grader agreement' level as per local protocol.

Assessment Criterion 3.2
Learners should be able to demonstrate that they can differentiate levels of retinopathy which require urgent referral from images that need routine referral or annual recall. This will be evidenced by Test and Training sets and supervised grading.

Assessment Criterion 3.3
Learners should be able to demonstrate that they can differentiate levels of retinopathy which require routine referral from images that need urgent referral or annual recall. This will be evidenced by Test and Training sets and supervised grading.

Assessment Criterion 3.4
Learners should be able to identify all the lesions listed in the assessment criteria of 3.4 on retinal images.
According to local protocols, learners should be able to demonstrate a knowledge of which lesions listed in 3.4 need:
● Urgent action
● Routine action
● GP referral
● No specific action.

Assessment Criterion 3.6
Learners should be able to demonstrate the ability to accurately record the features of diabetic retinopathy seen on retinal images on the appropriate grading software. This will be evidenced by Test and Training sets and supervised grading.

Assessment Criterion 4.1
Learners should be able to describe the internal quality assurance processes which form an integral part of the National Screening Programme.

Assessment Criterion 4.2
Learners should be able to describe the current National grading pathway as defined by national requirements. Including:
• the single common pathway
• digital surveillance
• pathway for SLB
• pregnant patient pathway.

Assessment Criterion 4.3

The learner should be able to describe the appropriate management for each level of Diabetic Retinopathy detected on screening photographs. This should include the timescales for referrals to be seen in order to comply with Pathway Standards for the NHS Diabetic Eye Screening Programme.

Assessment Criterion 4.4
The learner should demonstrate an understanding of the importance of timely grading and how this is delivered within a Screening Programme.
Learners may describe holiday / sick leave arrangements in relation to the impact on grading.
Learners should demonstrate how the QA assessment tools can be used to benchmark their grading performance. This could include Test and Training sets, 'inter-grader' agreement using an appropriate mechanism.

Assessment Criterion 5.1
The learner should have an understanding of:
● What the surrogate markers are
● Why surrogate markers are needed with two-dimensional retinal photography
● How effective each surrogate marker is in predicting the presence of diabetic macular oedema in terms of specificity and sensitivity.
The learner should be able to:
● Classify maculopathy levels by the use of surrogate markers.

Assessment Criterion 5.2
The learner should be able to explain:
● What the common confounders for diabetic retinopathy on retinal photographs are
● How previous images can help to establish whether features seen on images are diabetic retinopathy or confounders.

Assessment Criterion 6.1
The learner should be able to describe the different treatment options depending on the grade of retinopathy. This could include:
● Patient management
● Therapies e.g. medical and non-medical
● Intravitreal injections
● Laser
● Vitrectomy.

Assessment Criterion 6.2
Learners should be able to describe how understanding is facilitated and retinal screening results are communicated to:
● The individual
● The GP/practice nurse
● Other health care professionals

Assessment Criterion 6.3
Learners should be able to describe each feature accurately and how it presents on a fundal image
Diabetic eye screening: retinal image grading criteria

Suggested Resources

Test and Training Sets

National Screening Programme website: https://www.gov.uk/topic/population-screening-programmes/diabetic-eye

Component 22: The Ear and Hearing

Component Reference Number: Y/508/0649

Level: 3
Credit: 2

Component Summary

The aim of this component is to enable learners to develop knowledge of the structures that make up the hearing pathway and how they function.

Delivery

This component should be supported by a suitably experienced New-born Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. audiologists; teachers of the deaf.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the structure and function of the ear	1.1 Identify the structures of the ear
	1.2 Explain the functions of each of the structures of the ear
	1.3 Describe the hearing pathway
2. Understand the types and causes of hearing loss	2.1 Explain the different types and degrees of hearing loss
	2.2 Define what parts of the hearing pathway are affected by different hearing losses including impact on the ability to record AOAEs and AABRs
	2.3 Explain the causes of hearing loss
	2.4 Describe how hearing loss at different sound frequencies impacts on an individual's ability to understand speech
3. Know different methods for assessing hearing	3.1 Outline different **methods** for assessing hearing in young children
4. Know different strategies for managing hearing loss	4.1 Outline the different **strategies** for managing hearing loss

Additional Information

Methods:
- OAE (Oto Acoustic Emissions)
- ABR (Auditory Brain Stem Response)

● Tympanometry
● Distraction
● VRA (Visual Reinforcement Audiometry)
● PTA (Pure Tone Audiometry.)

Strategies:
● Communication tactics (Lip Reading, Baby Sign and British Sign Language)
● Deaf Awareness (Gaining Attention, Visual Positioning)
● Amplification (Hearing Aids, Implants)
● Assistive Devices.

Indicative Content

Assessment Criterion 1.1
The ear can be divided into three sections:
● The outer ear which consists of
    o The pinna
    o The ear canal.

● The middle ear which consists of:
    o The eardrum (tympanic membrane)
    o 3 ossicles
        ▪ Hammer (Malleus)
        ▪ Anvil (Incus)
        ▪ Stirrup (Stapes)
    o The Eustachian tube.

● The inner ear which consists of:
    o The semi-circular canals
    o The cochlea
    o The hearing nerve (auditory nerve).

Assessment Criterion 1.2
The outer ear function is to gather, concentrate and conduct sound energy to the eardrum.
● The pinna functions are to:
    o collect and funnel sound down the ear canal
    o help determine sound direction.
● The ear canal functions are to:
    o protect the ear
    o make certain pitches of sound louder.

The middle ear should be air filled and its main function is to conduct sound energy to the inner ear.
● The eardrum function is to vibrate when sound energy has travelled down the ear canal and transmit this energy to the ossicles
● The 3 ossicles function as a linked chain to transmit sound energy to the fluid filled cochlea
● The Eustachian tube functions are to:
    o to ventilate the middle ear space
    o to equalise the air pressure on both sides of the eardrum.

The inner ear functions are to amplify and fine tune sound waves, convert sound energy into electrical energy and stimulate the hearing nerve.

● The semi-circular canals function is for balance and they are not actively involved in the hearing pathway
● The cochlea is the sensory organ of hearing and has 2 types of hair cell:
    o Outer hair cells function is to amplify and fine tune the sound waves
    o Inner hair cells function is to stimulate the hearing nerve.
● The hearing nerve relays the electrical energy, that has been converted from sound energy in the cochlea, to the brain.

Assessment Criterion 1.3
The sound energy that has been funnelled into the ear canal by the pinna and has travelled down the ear canal, 'hits' the eardrum that is at the end of the canal.
The 3 ossicle bones are arranged in a linked chain that straddles the middle ear. The first bone, the hammer, is attached to the eardrum; when the eardrum vibrates it moves the hammer. The middle bone, the anvil, links the hammer to the last bone in the chain, the stirrup. The stirrup sits in the entrance to the fluid-filled inner ear. As all the bones in the middle ear are linked, when the hammer moves so does the anvil and the stirrup.
The Eustachian Tube connects the middle ear to the back of the nose and throat. It is normally closed but opens temporarily when we swallow, chew or yawn. By opening in this way air, from the outside, enters the middle ear space. Sound travels more easily in air, so the Eustachian tube allows the eardrum to vibrate maximally when struck by sound waves.
The cochlea is the sensory organ of hearing. It is fluid filled and the transmission of sound energy is more difficult, and it is converted into electrical energy. In the cochlea there are thousands of special hair cells. The outer hair cells amplify and fine tune the sound waves. The inner hair cells stimulate the hearing nerve.
The electrical energy that has been converted from sound energy in the cochlea is relayed to the brain by the hearing nerve. The area of the brain dedicated to the interpretation of these electrical signals is called the auditory cortex.
Hearing is the sense by which sound is perceived; this can then be interpreted in the auditory cortex to have meaning for the individual.

Assessment Criterion 2.1
Hearing loss can be either temporary or permanent. Learners should know what parts of the hearing pathway are affected by different hearing losses.

Types of hearing loss:
● Conductive = outer and middle ear
● Sensory = cochlea
● Neural = hearing nerve
● Mixed = combination of outer, middle ear, cochlea and/or hearing nerve.

Degrees of hearing loss:
Learners should know the levels of hearing loss and features of sound.
● Mild = 21–40 dB
● Moderate = 41–70 dB
● Severe = 71–95 dB
● Profound = more than 95dB

Sound has two main features:
● Intensity or loudness – measured in decibel (dB)
● Frequency or pitch – measured in Hertz (Hz or kHz).

Loudness is related to the amount of energy in the sound. The higher the number of decibels, the more energy and the louder the sound.
Examples:
● Very loud = an aeroplane taking off, approximately 120dB
● Quiet = a whisper; approximately 20dB
● Normal conversational speech = approximately 55dB, varying between 30dB and 70dB
A person is likely to experience discomfort when sounds are louder than approximately 100dB.

Pitch of a sound is measured in units called Hertz. Hertz is usually written as Hz. The higher the number of Hz, the higher pitch the sound.
Examples:
● High pitch = birds twittering; approx. 5000Hz
● Low pitch = diesel engine; approx. 250Hz
● Speech range = 250Hz to 6000Hz
A person with normal hearing can hear sounds between approximately 20Hz and 20,000Hz (20kHz).

Assessment Criterion 2.2
Learners should know what parts of the hearing pathway are affected by different hearing losses and the impact these have on the ability to record AOAEs and AABRs.
● Conductive Impact: intensity of stimulus reaching the cochlea reduced AOAE impeded, reducing the ability of microphone in the AOAE earpiece to record the response
● Sensory Impact: AOAEs are generated in the outer hair cells. If these are not functioning no AOAEs would be recorded
● Neural Impact: If the hearing nerve is not functioning sound energy would not be transmitted to the brain. There would be no response from the brainstem and no AABRs would be recorded.

Assessment Criterion 2.3
Causes of conductive hearing loss
The outer ear:
● The pinna: this can be malformed or absent. This will reduce the amount of sound energy that is funnelled into the ear canal.
● The ear canal: this can be completely absent, which is called atresia, or it can be very narrow, which is called stenosis. Also, the ear canal can become blocked by the build-up of wax. These conditions will reduce the amount of sound energy reaching the ear drum.

The middle ear:
● The Eardrum: this may have a hole in it. This is called a perforation. A perforation will reduce how effective the ear drum is in transmitting sound energy to the 3 bones of the middle ear, the ossicles.
● The Ossicles: these can be fused together, dislocated or absent. All of these will reduce the effectiveness of sound energy transmission to the cochlea.
● Middle ear space: this space should normally be filled with air. In a condition called 'Glue Ear' this space becomes filled with fluid which reduces the transmission of sound energy to the cochlea.
Glue ear causes a temporary conductive hearing loss. In young children, glue ear can lead to delayed speech development, affect their behaviour and their educational progress.
Colds, allergies and passive smoking can all contribute to glue ear. Some children with genetic conditions, such as Down's Syndrome, are more susceptible to glue ear as they may have smaller Eustachian tubes.

Causes of sensory neural hearing loss include:

● Genetic – Around half of children with permanent childhood hearing impairment (PCHI) born in the UK are deaf because of a genetic reason. Deafness can be passed down in families even though there appears to be no family history of deafness.

● Maternal infection e.g.
    - o Rubella
    - o Cytomegalovirus (CMV)
    - o Toxoplasmosis

● Perinatal/Neonatal problems e.g.
    - o Lack of oxygen
    - o Hyperbilirubinaemia
    - o Use of drugs that can be toxic to the cochlea

● Childhood infection e.g.
    - o Mumps
    - o Measles
    - o Meningitis.

Assessment Criterion 2.4

High frequency tones are very important for speech understanding as most of the consonants and the quiet parts of speech (e.g. sh,s,t,p,th etc) are found in this area.

● Vowel sounds - a,e,i,o,u
    - o lower in pitch
    - o usually said louder than consonants

● Consonants - s,t,p,h, etc.
    - o higher in pitch
    - o usually said quieter than vowels

Consonants are critical for understanding speech, for example making sense of the difference between 'cat', 'hat' and 'sat'.

As we get older it is the high frequencies that become more difficult to hear. It is more difficult to follow speech in situations where there is a lot of background noise. An individual with a severe hearing loss would be unable to hear normal conversational speech without hearing aids or other technology. They may rely on lip-reading or use sign language as a communication method.

Assessment Criterion 3.1

Assessment hearing tests are intended to find the quietest sound that an individual can hear at different frequencies, in each ear. The quietest sound a person can hear is known as their hearing threshold. A

n individual is not able to hear sounds that are above their hearing threshold as these sounds are all quieter than the quietest sounds they can hear. They are able to hear sounds below the threshold line.

Methods for assessing hearing include:

● Pure tone audiometry, including Bone conduction testing
● Distraction
● Tympanometry
● Otoacoustic emissions (OAEs)

● Auditory brainstem response (ABR)
● Visual reinforcement audiometry (VRA)
Results are recorded on an audiogram, a chart that maps a hearing loss. An audiogram shows how loud and at what pitch a sound must be before a person can hear it.

Pure tone audiometry: Sounds are generated at different volumes and frequencies. The sounds are played through headphones or speakers and the individual is asked to respond when they hear them by pressing a button. By changing the level of the sound, the quietest sounds the individual can hear is determined.

Bone conduction testing: Instead of using speakers or headphones a small vibrating device placed behind the ear. This device passes sound directly to the inner ear through the bones in the head, which can help identify which part of the ear isn't working properly.

Distraction: The distraction test is a behavioural test that can be used once the baby is able to sit unsupported and has good head control; about 6-7 months of age.
There are many factors, other than hearing status, which can influence the result, e.g.
● the child's interest in the type of sound
● the child's vision
● experience of testers to recognise 'false' turns

Tympanometry: This test assesses how flexible the eardrum is. A soft rubber tube is placed at the entrance of the individual's ear. Air is gently blown down the tube and a sound is played through a small speaker inside it. The tube then measures the sound that's bounced back from the ear.

OAEs: A soft earpiece is placed in the baby/child's ear and sounds are played through it; the earpiece picks up the response from the inner ear and a computer analyses the results.

ABR: Sensors are placed on the baby's head and neck, and soft headphones or inserts are used to play sounds. The sensors detect how the baby's hearing nerves respond to the sound. Unlike AABRs the sound level and pitch can be varied.

VRA: This is usually used to test hearing in children from approximately seven months of age up to two-and-a-half years old. During the test, the child will sit on the carer's lap or a chair while sounds are presented. The volume and pitch of the sound can be varied to determine the quietest sounds the child is able to hear.

Assessment Criterion 4.1
It is common for someone with a hearing loss to hear low frequencies better than they hear the higher frequencies. Also, it can be common for people to have a different level of hearing loss in each ear.
The ability to communicate is important as it is how we learn about, understand and influence the world around us. It is also the key to developing personal and social skills. Deaf people can, dependent upon their hearing, use hearing aids, lip reading, sign language or a combination of these methods to communicate.

Surgery: Some conductive hearing losses can be treated by surgery e.g. Glue ear, perforated ear drum, problems with the ossicles. Persistent glue ear may require surgically placing a tiny plastic tube called a grommet into the ear drum to aerate the middle ear.

Amplification (Hearing Aids, Implants) Hearing aids: The purpose of a hearing aid is to make sounds louder (amplify). They have no effect on an individual's hearing threshold. Audiologists will adjust the settings of the hearing aids to suit the individual's specific needs so that sounds are made loud enough for the person to hear, but not so loud that they cause discomfort, or the sound is distorted.

Types of hearing aids: Behind the ear (BTE) hearing aids are the most common type. In the ear (ITE) hearing aids are suitable for most people with hearing loss but are trickier to use than BTE hearing aids.
A Bone anchored hearing aid (BAHA) is like other hearing aids, but instead of being inserted into the ear canal or held behind the ear, it is attached to a soft band worn on the head or fixed to a metal implant inserted into the skull. They are indicated for conductive or, mixed hearing loss.

Cochlear implants: Where hearing aids are not successful, a cochlear implant (CI) may be considered. A cochlear implant is a sophisticated hearing aid and consists of external parts (a speech processor, microphone and leads) and an internal part (consisting of an array of electrodes) which is surgically implanted in the cochlea and directly stimulates the hearing nerve.

Communication tactics (Lip Reading, Baby Sign and British Sign Language)
Lip reading: This is a technique of understanding speech by visually interpreting the movements of the lips, face and tongue. Although lip reading is used most extensively by deaf and hard-ofhearing people, most people with normal hearing process some speech information from sight of the moving mouth.
Sign Language: Sign language is a visual language using facial expressions, gestures of hands and the rest of the body. British sign language (BSL) is the sign language used in the UK.
Baby sign: A baby's understanding of language and ability to make gestures develops much faster than their ability to speak. Baby signs can be taught to babies to help them communicate with their carers.

Deaf Awareness:
Deaf awareness is about improving communications between deaf and hearing people; to reduce the everyday barriers and increase positive attitudes towards deaf people. In the UK it is estimated that deafness affects approximately 8 million people (about 1 in 7 of the population).

Approximately:
- 6.5 million are over 60 years of age
- 23,000 are aged 0 to 15 years
- 70,000 use British Sign Language
- 90% of deaf children are born to hearing parents

Even if someone is wearing a hearing aid it doesn't necessarily mean they can hear well.

Deaf or hard of hearing people need the following for good communication:
- Good lighting
- Quiet environment away from distractions
- Make sure you have the person's attention before you start speaking
- Good eye contact
- One person to speak at any one time
- Easy distance between people who are communicating
- Stick to one point at a time
- Use sentences rather than words as these are hard to lip-read
- Speak clearly but not too slowly, and don't exaggerate lip movements
- Use natural body language, facial expressions and gestures

- Take time and be patient
- Check that the person you are talking to can follow you
- Use plain language and don't waffle
- Avoid jargon and unfamiliar abbreviations
- Use paper and pen to support communication
- Keep trying
- BSL interpreters should always be used if required

Suggested Resources

e-Learning - e-learning for healthcare NHSP e-learning module

Websites:
NHS UK
National Deaf Children's Society

Textbook
Northern J.L. and Downs M.P. (2014) Hearing in Children (6th edition); Plural Publishing Inc

Component 23: Prepare to Undertake a Newborn Hearing Screen

Component Reference Number: J/508/0646

Level: 3
Credit: 5

Component Summary

The aim of this component is to enable learners to develop knowledge of the Newborn hearing-screening programme and confidently provide information to parents, professionals and others.

Delivery

This component should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. midwives; nurses; doctors.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Relationship to Occupational Standards

CHS18 Undertake a Newborn hearing screen

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Be able to identify the Newborn hearing population	1.1 Check the baby is eligible for a hearing screen
	1.2 List babies excluded for a hearing screen
	1.3 Explain action to take if baby is not eligible for a hearing screen
	1.4 Outline the appropriate screening protocol to be followed
2. Be able to offer the new parent the Newborn hearing screen	2.1 Describe who has parental responsibility
	2.2 Explain factors to consider prior to approaching parents to discuss screening
	2.3 Check identity of parent and accuracy of recorded details
	2.4 Facilitate personal informed choice and gain consent for the screening episode
	2.5 Gain consent for the use of personal and screening episode data
	2.6 Inform the midwifery team of any changes
	2.7 Explain to the parent what the screening procedure involves
	2.8 Explain to the parent the reasons for screening Newborn babies' hearing

	2.9 Explain to the parent the potential outcomes of the screen
	2.10 Check the parent's understanding of the Newborn hearing screen by the use of open questions
	2.11 Explain the importance of warning the parent of the possibility of a 'no clear response' outcome of the newborn hearing screen
	2.12 Explain the process to follow if a parent declines the offer of screening or withdraws consent
3. Be able to identify newborn hearing programme risk factors	3.1 Describe the different types of newborn hearing programme risk factors
	3.2 Obtain a family history of any permanent childhood hearing loss
	3.3 Explain how the presence of risk factors**,** other than family history, are established
	3.4 Record the identified newborn hearing programme risk factors
4. Be able to provide a family-centres service	4.1 Describe a family-centred hearing service
	4.2 Establish a rapport with the parent
	4.3 Handle the baby in a safe and confident manner
	4.4 Explain how to respect the parents' privacy and dignity
	4.5 Explain how to respect the baby's privacy and dignity
5. Be able to check and prepare newborn hearing screening equipment	5.1 Carry out routine equipment quality assurance checks
	5.2 Explain the action to take if the equipment does not meet quality assurance checks
	5.3 Explain the consequences of using unchecked equipment
	5.4 Record equipment quality assurance checks
	5.5 Ensure all equipment and consumables necessary to undertake the screen are available
6. Be able to prepare the clinical area and optimise screening conditions	6.1 Check **clinical area** meets all local infection control policy requirements
	6.2 Optimise the screening conditions

Additional Information

Clinical Area: this refers to the area where the screen is carried out. This may be in hospital, clinic, other out-patient setting or someone's home

Indicative Content

Assessment Criterion 1.1
NHSP objectives are to:
● Offer the screen to all babies whose parents reside in England (including armed forces babies).

● Offer the screen to most babies within the first week of life and complete the screen by the age of four weeks in hospital-based programmes and 5 weeks in community-based programmes.

Assessment Criterion 1.2
Some babies are excluded from the hearing screen as they have a higher risk of hearing impairment or clear evidence that hearing impairment will be present:
● Microtia or Atresia - unilateral or bilateral
● Confirmed Congenital Cytomegalovirus (cCMV)
● Confirmed or strongly suspected Bacterial Meningitis
● Meningoccocal septicaemia
● Programmable ventriculo-peritoneal (PVP) shunt in place.

Assessment Criterion 1.3
Babies who are excluded (see 1.1.) from the hearing screen should not be screened and should be directly referred to Audiology for assessment.
Screener actions:
● Make referral
● Provide parent with appropriate documentation
● Record in:
    o NHSP national IT data system
    o Mother/baby notes/Personal Child Health Record (PCHR)
● Inform maternity staff.

Assessment Criterion 1.4
Learners should know which babies should be screened using the Well baby or NICU baby protocol and the practical screening details associated with both protocols.

The newborn hearing screen is offered to all babies*, however the process for delivery differs depending upon:
● Baby status
    o Well baby
    o NICU (or SCBU) baby. A Neonatal Intensive Care Unit (NICU) / Special Care Baby Unit (SCBU) BABY is a baby who HAS spent 48 hours or more in a Neonatal Intensive Care Unit or Special Care Baby Unit, irrespective of why they were admitted to the NICU/SCBU.

A WELL BABY is a baby who HAS NOT spent 48 hours or more in a Neonatal Intensive Care Unit or Special Care Baby Unit, irrespective of any medical conditions the baby may have.
Some hospitals have what is known as a 'Transitional Care Ward' (TCW). Babies from a TCW should follow the Well Baby NHSP protocol unless they have, at some point, spent 48 hours or more in a NICU or SCBU.

The NICU protocol:
Ideally NICU/SCBU babies should be screened as close as possible to their discharge from hospital.

NICU/SCBU babies should be screened when:
● they are over 34 weeks gestational age
● treatment or intervention has been completed
● medical advice considers them well enough.

Babies who are being transferred to another hospitals NICU/SCBU unit should not be screened unless they meet the criteria above.

The Well baby protocol Ideally well babies should be screened prior to their discharge from hospital (hospital programme) or screen completion by 4 weeks of age (hospital), 5 weeks of age (community.)

Assessment Criterion 2.1
Only a person who has parental responsibility can give Parental responsibility. This is defined by law and described in The Children Act 1989; amended Dec. 2003.

A mother always has parental responsibility even if she is under 16 years of age unless she is deemed not competent; parental responsibility is then decided by a court order.

A father will only have automatic parental responsibility if he is MARRIED to the mother. An UNMARRIED father will only have parental responsibility if he:
● has registered the child's birth jointly with the mother
● has obtained a parental responsibility order from the court
● has registered a parental responsibility agreement with the court.

Local Authority - Social Services In some circumstances consent for screening must be gained from local Social Services e.g.
● If there is a care order placed on the baby the designated Local Authority will have been given parental responsibility.
● If a baby is to be adopted. Until parental responsibility has been assigned to the Local Authority it remains with the mother.

Other - It is more than likely that the child is 'out of newborn hearing screening age' for this group.
● A legally appointed guardian of the child
● An authorised person who holds an emergency protection order in respect of the child
● A person who has a residence order concerning the child.

Grandparents, Foster parents, Child-minder or nanny do not have automatic parental responsibility unless it has been granted to them by a court order.

Assessment Criterion 2.2
Preferred language: Information should be accessible to mother and family and therefore be provided in their preferred language. Local interpreting services should be used where necessary and if not available, informed consent is not possible. The screen should not take place and the reason why recorded on the NHSP national data system.

Mother’s full name: Required for correct identity of parent and accuracy of recorded details.

Location of baby: Has the baby been transferred to NICU/SCBU?

Gender of the baby: It's always nice to correctly refer to the baby as 'he' or 'she'.

Adoption or care orders: This may have implications about parental responsibility and who can give consent for the screening episode.

Hospital model
● When was baby delivered and when is mother expecting to go home?
● Mode of delivery and any complications
● Mother’s emotional state
● Infection.

Assessment Criterion 2.3
For screeners working in the community some of the following information may not directly apply, but the principles do apply.
The screener should check with the parent all recorded details:
● Full name – not just Mrs Jones as there may be more than one Mrs Jones on the ward
● Baby name – if decided
● Address – needs to be up-to-date as many parents change address at this time
● Telephone – mobile is useful for 'reminders' if further appointments are necessary
● G.P. – name and surgery as may be required for referral notification.
NHS number – NHSP screening equipment requires baby or babies NHS number. Accuracy is particularly important when screening twins, triplets etc.

Assessment Criterion 2.4
A key part of newborn hearing screener role is to offer the support and information that enables parents to make a personal informed choice about the newborn hearing screen. Screening is offered and there is no pressure for parent to take up the offer.

Parents should only be asked if they wish to have their baby's hearing screened if:
● they are aware that they may not clear responses from the screen
● any childhood family history of permanent hearing loss has been ascertained
● all of their questions have been answered to their satisfaction
● all relevant NHSP information has been provided to enable them to make a fully informed decision about the screen o signpost to 'Screening tests for you and your baby' – URL or QR code (paper version as necessary).
Consent may be withdrawn.

Assessment Criterion 2.5
Screening cannot take place without the person with parental responsibility consenting to the use of personal and screening data.

Assessment Criterion 2.6
It is the screener's responsibility to report any concerns they may have about the condition of the mother and/or the baby to a member of the midwifery team. This also includes any concerns the mother has mentioned to the screener about herself or her baby. Screeners are not expected to make clinical judgments or offer advice relating to maternity care.

It is important that screeners know how to summon help in an emergency.

Assessment Criterion 2.7
The explanation should include the following:
● A small soft tipped earpiece is placed in the baby's ears. Screener can show parent the actual earpiece and allow them to feel it.
● Gentle clicking sounds are played. Baby may 'settle' to the soothing sounds.
● A hearing ear should make small sounds in response; these sounds can be picked up by the tiny microphone in the earpiece.
● Because the sounds are small it is best if the baby is settled, ideally asleep, and the room as quiet as possible.
● The earpiece needs to fit snugly to reduce the effect of external sounds. Settles. The baby may therefore wriggle during earpiece fitting.

● The ear-tip is specially designed for babies. It is disposable, made from hypoallergenic material and a new one is used for each baby.
● Parents should be made aware that their baby is not expected to visibly react to the clicking sounds. Some parents may become anxious when they do not see their baby respond.
● The AOAE screen usually takes only a couple of minutes to complete. This may seem longer as need quiet during the screen.
● When the screen might be carried out i.e. Hospital site - before going home, when baby is settled; Community site - at today's visit.

Parents need to know that the screener may not be able to answer their questions immediately due to the need for quiet during the screen.

The screener will explain the outcome of screening testing:
• If AOAE clear responses not obtained, further screening tests discussed
• If AABR clear responses not obtained as referral to Audiology arranged

Assessment Criterion 2.8
The learner should explain why a newborn hearing screen is offered, including the advantages and potential disadvantages.
One to 2 babies in every 1,000 are born with a permanent hearing loss in one or both ears. Permanent hearing loss can significantly affect a baby's development.
Around 650 babies every year are diagnosed with a permanent hearing loss which affects both their ears. Most of these babies are born into families with no history of childhood hearing loss.
Finding out about hearing loss early gives babies a better chance of developing language, speech and communication skills as well as making sure their families receive the support they need. Potential disadvantages:
● Takes time
● Baby needs to be settled
● Potential anxiety if CR not recorded.

Assessment Criterion 2.9
Screeners should ensure parents understand:
● that clear responses may not be recorded from their baby
● the possible reasons why
● the next steps and the associated timescales.

Assessment Criterion 2.10
The use of open questions allows the screener to check what the parent has understood about the newborn hearing screen.
Open questions can start with 'why', 'what', 'how'' 'where' and 'when'. Closed questions are those that invite only a yes or no answer.
Examples: Open question 'What questions do you have?' Closed question 'Do you have any questions?'

Assessment Criterion 2.11
The majority of parents have probably not thought about their baby's hearing and may accept the hearing screen simply because they trust the health professionals involved. Also, many parents agree to have their baby screened because they want to be reassured that 'all is well' with their baby's hearing.
It is therefore vital that the screener ensures that parents are aware, before any decisions are made about the screen, of:

● the likelihood of not getting clear responses from the screen
● what this may mean
● their next choices.
Discussing with parents why Clear Responses may not be recorded, and a referral for further tests might be required, BEFORE it happens makes the situation more comfortable for parents if it does happen.

Assessment Criterion 2.12
Parents have a right to defer or decline a hearing screen for their baby. It doesn't happen very often, but the decision should be respected.
If a parent does not wish to have their baby screened or withdraws their consent during the screening process:
● they should be given the NHSP national IT system letter
● they should be advised to monitor their baby's hearing using the checklists in the PCHR
● the baby's GP and HV should be notified
● a record should be made on the NHSP national IT system.

Assessment Criterion 3.1
There are a number of risk factors that are known to indicate an increased chance that a baby may have a hearing loss. Learners should know the current NHSP risk factors.

Assessment Criterion 3.3
Learners should be able to explain how they establish whether NHSP risk factors are present, in their own NHSP service.

Assessment Criterion 4.1
High quality, accessible information is a key component to family friendly practice and underpins informed decision making. It should be inclusive, accessible to all and meets the needs of mothers, their partners and families. Inclusiveness means treating everyone as individuals with varying needs; sometimes tailoring services to meet the needs of those who may otherwise be excluded.
Information should be provided in the preferred language of each family. Local interpreting services should be used where necessary. If not available this should be recorded on NHSP national IT data system.
The 11 key Family Friendly principles are:
1 Families are different
2 Families and professionals should work in partnership
3 There should be partnership between agencies
4 Families have the right to accurate, up-to-date and comprehensive information
5 Families deserve continuity of care
6 The Family-Professional dialogue should be undertaken in appropriate language
7 The Family Friendly Hearing Services should be responsive
8 When a family cannot go to the Service, the Family Friendly Hearing Service should go to the family
9 Family representatives should be involved in the strategic management of the service
10 The physical environment of the Service should be family-friendly
11 Meeting the needs of the family is more important than adhering to targets and standards.

NHSP Family Friendly service
To limit the potential anxiety a parent may feel when their baby requires a referral for further tests, they should be provided with the following written information in their preferred language:
● time of their appointment
● exact details of where their appointment will be, together with directions and map

● helpful information about parking, costs and public transport
● explanation about what will happen during the appointment
● why it is important for their baby to be settled during the appointment
● the length of time they need to allow for the appointment
● what they should bring with them to the appointment e.g. feed, nappies etc.
● advice about what is available for siblings
● a name and contact number

A family friendly clinic should include:
● reception by a person who is knowledgeable, warm, friendly, and skilled in communicating with potentially anxious parents
● clinic staff should be deaf aware*
● child safe and friendly areas
● activities for siblings e.g. toys, videos, drawing materials
● feeding and baby changing facilities
● comfortable chairs

Assessment Criterion 4.2
A screener must ensure that the parent knows who they are and what their role is.
The screener should check that it is a convenient time for them to talk to the parent about the NHSP. It is possible that mother has some knowledge of the NHSP and this should be acknowledged. However, it is key to note that mother's feelings may be different now that baby is here, or the experience may differ significantly from her previous baby.
A screener must successfully communicate with parents throughout the whole screening process. Screeners must remember that:
● the baby is very new, and this may be a very new experience for the parents
● this is a very sensitive and emotional time, especially for the mother
● the screening outcome has the potential to raise parental anxiety
● that parents need to be, and feel, fully involved throughout the screening process.

Communication is a two-way process where equal importance is placed on receiving as well as sharing information, i.e. listening is key.

Assessment Criterion 4.3
Confident and sensitive handling of babies helps reassure parents that their baby is in safe hands and can influence how the parents feel about the screening episode.
Screeners should adhere all national and local policies and procedures

Assessment Criterion 4.4
Should use an open and a friendly manner.
Parents should be treated with respect and consideration and interest shown in their care.
Screeners are entrusted to gather sensitive and personal information. This information is held under legal and ethical obligations of confidentiality and should not be used or disclosed in any form that might identify a patient without his or her consent.
The screener has access to personal details and health information; this information is totally confidential and must not be disclosed to unauthorised individuals.
The screener needs to be mindful of being overheard by others in the ward and 'idle chat'.
Screeners need to be aware that breach of confidentiality is a serious offence.
Screeners should respect mother’s wishes with regard to the use of:
● ward bed curtains
● a private room

Where possible the baby and equipment screen should always be visible to the parent.

Assessment Criterion 4.5
The screener should always treat the baby with the same respect and care as they would an adult.
If the covers need to be rearranged the baby should be exposed as little as possible for the least amount of time.
Information relating to the baby should be kept confidential and only disclosed to authorised individuals, or with parent permission.

Assessment Criterion 5.1
All the AOAE and AABR screening equipment used by NHSP sites have associated written NHSP protocols.
It is the responsibility of the screener to ensure equipment QA checks and calibrations are carried out and logged as detailed in the NHSP Equipment protocols.

Assessment Criterion 5.2
It is the screener's responsibility to report and isolate equipment suspected of being faulty. The screener should follow the appropriate NHSP policy for the specific equipment type.

Assessment Criterion 5.3
Failure to carry out equipment quality assurance checks, or using faulty equipment, may result in babies with a hearing loss not being referred for full audiological assessment or babies without a hearing loss being referred unnecessarily.
Too many referrals would reduce available capacity in audiology services and is not family friendly and too few referrals may mean that babies with a hearing loss may be missed or delayed.

Assessment Criterion 5.4
All equipment checks should be logged in the locally determined records. These logs should be available to local and national governance groups.

Assessment Criterion 5.5
The screener should ensure the following available:
● Appropriate equipment
● Equipment battery power is adequate
● AOAE consumables
● AABR consumables
● Equipment cleaning materials
● Waste arrangements adequate

Assessment Criterion 6.1
The prevention of the spread of infection is paramount. Mothers and new babies are a very vulnerable population.
Screeners must be aware of and follow agreed local infection control procedures at all times.
Failure to follow the correct handwashing or equipment cleaning procedures may result in cross infection of disease between babies.

Suggested Resources

E Learning
- NHSP e-learning screener module: http://cpd.screening.nhs.uk/elearnfront.php?folder=4168 - Component 1: Introduction to NHSP

- Component 4: Hearing Screening using AOAEs and AABRs
- Component 5: NHSP Protocols, Standards, Targets and Information
- Component 7: Family Friendly Working within the NHSP

• Antenatal and Newborn e-learning module: http://cpd.screening.nhs.uk/annb-elearning-module

Websites:

• NHS Choices - Newborn hearing screening http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx
• Gov.uk – Newborn hearing screening: programme overview https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview
• National Deaf Children's Society (NDCS) http://www.ndcs.org.uk/family_support/childhood_deafness/hearing_tests/newborn_hearing.html
• Parental Rights and Responsibilities - www.direct.gov.uk/en/Parents/FamilyIssuesAndTheLaw
• Foundation for the Study of Infant Deaths (FSID) - http://fsid.org.uk/

Component 24: Undertake an Automated Auditory Brainstem Response (AABR) Newborn Hearing Screen

Component Reference Number: R/508/0651

Level: 3
Credit: 4

Component Summary

The aim of this component is to enable learners to develop the knowledge and skills to undertake a newborn hearing screen using Automated Brainstem Responses (AABRs).

Delivery

This component should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical tutor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. midwives; nurses; doctors.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Relationship to Occupational Standards

CHS18 Undertake a newborn hearing screen

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the Newborn Hearing Screen Programme Automated Auditory Brainstem Response (AABR) screening tests	1.1 Define what is meant by Automated Auditory Brainstem Response (AABRs)
	1.2 Describe where along hearing pathway AABRs occur
	1.3 Describe how AABRs are picked up
	1.4 Explain what an AABR test involves
	1.5 Identify the factors that may affect the ability to record AABRs
	1.6 Explain how the factors affect the ability to record AABRs
2. Be able to undertake Auditory Brainstem Response (AABR) Newborn Hearing Screening following national protocols	2.1 Explain actions being taken throughout the screening episode to the parent/s
	2.2 Position the baby and clothes appropriately
	2.3 Evaluate the baby's skin before commencing screening
	2.4 Prepare the baby's skin prior to sensor placement
	2.5 Explain the consequences of poor skin preparation prior to sensor placement
	2.6 Ensure correct placement of sensors
	2.7 Check impedance levels

	2.8 Explain the consequences of poorly placed sensors
	2.9 Explain the consequences of poorly placed headphones
	2.10 Ensure correct placement of AABR headphones
	2.11 Ensure cable connections are correct and the cable is positioned correctly
	2.12 Monitor the conditions during AABR screening
	2.13 Explain the actions to take in response to changes in conditions
	2.14 Keep AABR headphones in place until test is saved
	2.15 Gently remove sensors and headphones
	2.16 Demonstrate safe storage of equipment and charges/changes as appropriate
3. Be able to communicate the Auditory Brainstem Response (AABR) screening outcome and next steps	3.1 Check the test is complete on AABR system display before informing parent of outcome
	3.2 Explain the AABR screening result to parent
	3.3 Check the parent's understanding of AABR results and next steps using open questions
	3.4 Explain to the parent the **next steps**, based on the results of the screen
	3.5 Provide the parent with the appropriate information
	3.6 Explain the importance of informing appropriate health professionals of any parental or professional concerns as necessary
4. Be able to record the Auditory Brainstem Response (AABR) screening outcome	4.1 Record the AABR screening outcome on the **relevant records**

Additional Information

Next steps:
- Discharge from the programme
- Surveillance
- Parent role in monitoring hearing
- Referral to Audiology
- Targeted follow-up

Relevant records: may include newborn screening hearing programme baby proforma, baby's or parent's hospital records, personal child health record.

Indicative Content

Assessment Criterion 1.1
Automated Auditory Brainstem Responses are usually abbreviated to AABRs.
Auditory Brainstem Responses (ABRs) are very small electrical signals from the hearing (auditory) nerve in response to sound.

Automated = the equipment is automated and will decide the results of the screen based on predetermined criteria.
Auditory = means 'of hearing'
Brainstem = the brainstem is the lower part of the brain. The hearing (auditory) nerve goes via the brainstem on its way to the area of the brain dedicated to hearing, the auditory cortex.
Responses = reactions

Assessment Criterion 1.2
ABRs are a reaction to sound and occur in the hearing nerve on its way to the area of the brain that deals with sounds; the auditory cortex.

Assessment Criterion 1.3
The response from the auditory nerve is picked up by three small sensors placed on the baby as follows:
● High forehead
● Nape of neck
● Shoulder

Assessment Criterion 1.4
Unlike the AOAE, the AABR stimulus level affects the size of the response, i.e. the louder the stimulus the bigger the response. A non-automated ABR system is able to deliver different levels and frequencies of sound stimulus and can be used by audiology to determine a baby's hearing threshold, i.e. the quietest sound stimulus that results in a response from the auditory nerve.
The AABR screen: the click stimulus contains a range of frequencies found in speech and is delivered at the NHSP set level.
The screener should explain that the AABR screen is a different type of screening test that is less affected by birth fluid; although this still does have some affect.
Parents need to know that:
● The AABR takes longer than the AOAE screen i.e. 5 to 30 minutes
● Clicking sounds are played to the baby through soft headphones, specially made for babies
● Baby's responses to sounds are picked up via three sensors placed on the baby; on the forehead, neck and shoulder. Screener could show the sensors
● A good sensor contact is required, so the skin will be gently prepared.
● With AABR screening both ears are always screened. The AABR screen should only be carried out once.
● The AABR screen works best if baby is as settled as possible as it is greatly affected by muscle activity
It is important that the screener makes the parents aware that clear responses may not be recorded from their baby; even from the ear with a previous AOAE clear response.

Assessment Criterion 1.5
There are several factors that affect the ability to record AABRs from a newborn baby:
● The baby has a hearing loss
● The baby still has birth fluid or debris in the ear
● Screener expertise
● There is too much background noise:
    o Acoustic noise = noise that we hear as sound
    o Electrical noise* = interference from electrical equipment, lights and in particular other baby activity such as muscle movement.
● Equipment not functioning correctly
*AABR is particularly affected by baby muscle movement.

Assessment Criterion 1.6
Environmental noise:
Acoustic noise e.g. television, talking, vehicles. This can affect the screen by preventing the baby from hearing the sound stimulus i.e. acoustic noise is louder than the stimulus.

Electrical noise: Interference from electrical equipment e.g. overhead lights, heating blanket and in particular baby muscle movement. All muscle, brain and nerve activity generate electric signals. The AABR is tiny in comparison and can be 'drowned out' by the much larger muscle activity making it difficult (or impossible) for the sensors to pick up.

Baby:
Fluid/debris/vernix: In the ear following the birth. This still affects AABR by reducing the stimulus level so hearing nerve not receiving adequate stimulation. AABR is less affected than AOAE where fluid reduces the stimulus level and affects the microphone ability.
Unsettled: e.g. crying, sucking, movement = electrical and acoustic noise
Less than 34 weeks gestation: the equipment is calibrated to test babies >34 weeks GA when the hearing nerve is more mature.
Unwell: Receiving treatment

Equipment:
Blocked: Baby's pinna occluding the transducer = no/reduced stimulus level.
Damaged: Compromising the equipment performance; Quality Assurance (QA) checks fail.

Screener expertise:
Unconfident baby handling skills – unsettles baby.
Poor skin preparation: The baby's skin acts as a barrier to picking up the ABR signal, i.e. it prevents or impedes the ability to pick up the response.
Poor sensor placement: Reducing ability to pick ABR signal.
Poor headphone placement: Permitting entry of external acoustic noise; baby's pinna blocking reducing stimulus level.

Assessment Criterion 2.1
The screener should explain what they are doing and why during each stage of the preparation process. During the screen the parent should be aware of the need for quiet, but if required the screen can be paused to answer questions or if the parent seems anxious, to provide support.

Assessment Criterion 2.2
The baby should be positioned so it is comfortable, and the screener can visualise and safely prepare the sensor areas and apply the sensor and headphones. Parent should always be in a position that enables them to see their baby and what the screener is doing.

Assessment Criterion 2.3
If the baby's skin is unsuitable for prepping due to medical advice or is inflamed, then AABR screening is not appropriate at this time and should be postponed. The screener should note if the baby's skin is very 'greasy' due to vernix or oil. If so, this can be absorbed using a dry tissue or gauze, before prepping the skin.

Assessment Criterion 2.4
The baby's skin is prepared to reduce the skin's impedance and improve the chances of the ABR signal being picked up via the sensors. Only the sensor areas should be prepped.

The 3 sensor areas should be prepared in the following way:
● Hold the area of the skin to be prepared taut
● Firmly but gently wipe the skin 3-5 times in 1 direction using dry-prep or locally approved method
● Remove any dead skin that may have been loosened with a damp gauze or cotton wool
● Apply sensors immediately after prepping.

Assessment Criterion 2.5
The AABR equipment provides information about just how much the skin is affecting the ability to pick up the electrical response, by showing an impedance value for each of the sensors. The higher the impedance value the more the skin is preventing the response from 'getting through' to the equipment.

Poor AABR technique and 'noisy' conditions can lead to:
● Longer test time ● Increased parental anxiety
● Risk of No Clear Response (NCR) from hearing ear. Unnecessary parental anxiety
● Waiting for screen to complete
● Uncertainty about their baby's hearing. Inconvenience to parents
● May have been waiting to go home
● Now need to attend audiology appointment

Unnecessary stress for the screener
● Waiting for screen to complete
● Need explain to parent that you have not recorded a response and an audiology appointment is required.
Extra pressure on audiology department from unnecessary referrals.

Assessment Criterion 2.6
Sensors should be applied immediately after the skin has been prepared. Touching the area of the sensors that will contact the baby's skin should be avoided.

Assessment Criterion 2.7
To optimise the chance of recording the response the impedance values should be as low as possible. Also, the values for each sensor should be balanced, i.e. of similar values.

Assessment Criterion 2.8
The sensors should be placed:
Forehead – up to, but not into, hairline.
● If placed lower there is a risk that baby eyebrow (muscle) movement will interfere
● Baby discomfort during sensor removal if into hairline.
Nape – up to, but not into, hairline and not on skull
● If placed lower there is a risk that baby head (muscle) movement will interfere
● Baby discomfort during sensor removal if into hairline.
Shoulder – on 'fleshy' area to maximise comfort and minimise chance of interference due to muscle activity.

Assessment Criterion 2.9
Baby receiving no or reduced sound level due to:
● transducers not fully inserted into the headphones
● transducers blocked i.e. with headphone foam or baby's pinna
● baby's ear not completely enclosed within headphone.

Screening outcome attributed to wrong ear due to headphones on incorrect ears – red= right; blue = left.

Assessment Criterion 2.10
In AABR screening the louder the click stimulus the larger the response from the auditory nerve. For this reason, it is essential that the headphones are securely positioned over each ear and there are no gaps from which sound could escape.
The screener should check:
Prior to placement
● The transducers are fully inserted into the headphones
● The transducers are not blocked i.e. with headphone foam
During placement
● Ensure baby's hair is out of the way
● Roll headphone on from back to front
After placement
● Ensure baby's ear is completely enclosed within headphone
● The baby's pinna is not occluding the transducer (stimulus outlet) and preventing the baby from receiving the stimulus.
● The headphones are on correct ears – red= right; blue = left.

Assessment Criterion 2.11
The screener must check that the correct cables are connected to the correct sensors – as per local AABR system requirements.
To minimise interference the sensor cables should be arranged so that they are:
● as separate as possible
● not twisted or crossed
● lying at right angles to the sound cables
To minimise electrical interference from the AABR equipment, it should be as far from the baby as the cables will allow.

Assessment Criterion 2.12
During the AABR screen the screener should monitor:
● Baby
● Noise
● Connections
● Impedances
● Myogenic (muscle electrical) activity
● On-going awareness of parent – anxiety; comfort; answer questions.

Assessment Criterion 2.13
Baby: Pause test and settle involving mother
Noise:
● Reduce e.g. turn off lights; shut door
● If necessary, transfer to quieter environment (Parent should accompany baby and, if in hospital, ward staff informed)
Connections: Pause test and reconnect
Impedances: Pause test, reapply sensor; retest levels
Myogenic: Pause test; settle baby; gently massage neck muscle.

Assessment Criterion 2.14

The screener should keep the headphones in place until the test has been successfully and accurately saved to the correct ear on the AABR system.

Assessment Criterion 2.15
The sensors and headphones should be removed:
● No pulling
● Not rushed
● Gently 'walked' off

Assessment Criterion 2.16
Post screen the screener should (as per local infection control policy):
● Check and clean the clinical area
● Check and clean non-disposable equipment – wiping cables from clip/connection end
● Dispose of all used consumables
● Hand hygiene
● Ensure all equipment is stored in a way that:
    o Enables access to electrical power supply – battery charge and QA checks
    o Prevents damage to sensitive elements
    o It is not a trip or injury hazard
    o It is not open to dust or other substances that may damage the equipment or interfere with performance.

Assessment Criterion 3.1
After each ear has completed the test outcome must be checked on the AABR system before informing the parent of the result.
The screener should not assume or pre-empt a test outcome.

Assessment Criterion 3.2
NHSP screeners need to provide a verbal explanation for parents that is clear and unambiguous and includes any appropriate potential reasons for the outcome.
Screeners should remember that non-verbal communication is very powerful when explaining screen outcomes to parents.

Assessment Criterion 3.3
Sometimes this may involve questions that are beyond the screener area of knowledge. It is important that they are able to acknowledge their limits and feel comfortable in seeking advice from the appropriate sources.
The screener must check that the parent understands why their baby has been referred to audiology using open questions.
Examples:
• Open question 'What is your understanding of why your baby has been referred?'
• Closed question 'Do you understand why your baby has been referred?'

Assessment Criterion 3.4
Discharge from the programme/Parent role in monitoring hearing
Screen outcome bilateral clear responses:
They should be informed of their role in monitoring their babies hearing using the two checklists. These help parents to monitor their child's reaction to sounds and sounds at different stages in their development. If they have any concerns about their baby's hearing in the future, they should discuss them with their health visitor or general practitioner. A child's hearing can be assessed, and help is available at any age.

Surveillance / Targeted follow-up
Risk factor requiring targeted follow-up:
If the baby has any identified risk factors that require follow-up when they are around 8 months of age. The reason the follow-up is required should be explained and importance of attendance explained.

Referral to Audiology
Referral for immediate Audiological Assessment:
The screener should explain that the baby requires additional tests to provide further information about the baby's hearing. Their baby will be referred to the audiology department.
It is family friendly to make this appointment prior to the mother going home in the case of hospital screens, and before leaving the home in the case of community screens. Ideally all appointments should take into consideration when is convenient for the family.
When explaining the screen outcome to parents of NICU or SCBU babies it should be acknowledged that their baby is at a higher risk of hearing loss.
To minimise potential anxiety parents should be provided with written details of the audiology appointment, stressing the importance of attendance. Screener should check up to date contact telephone number and confirm that parent is happy to receive texts as an appointment reminder.
Information that supports NHSP family friendly ethos:
- Time of appointment – negotiate
    - o When partner available
    - o Siblings at nursery/school
    - o Need to allow time for any fluid to be absorbed
- Details of where their appointment will be, together with directions and map
- Information about parking, costs and public transport
- Explanation about what will happen during the appointment
- Why it is important for their baby to be settled during the appointment
- The length of time they need to allow for the appointment – approx. 2 hours
- What they should bring with them e.g. feed, nappies etc.
- Advice about what is available for siblings
- A name and contact number
- Suggest they take partner or friend.

Assessment Criterion 3.5
The NHSP has developed material in different formats aimed at providing parents with clear, good quality, unbiased information.

Screen outcome bilateral clear responses
- NHSP clear response letter according to national and local protocols
- The completed hearing screening page in the Personal Child Health Record (PCHR) book (if book not available 'loose' page should be provided)
- Two checklists - 'Making and reactions to sounds' (highlighted if using PCHR book)

Risk factor requiring targeted follow-up
In addition to above the parent should be provided with the NHSP targeted follow-up letter.

Screen outcome unilateral/bilateral clear responses
Referral for Audiological Assessment:
- The parent should be provided with the following NHSP information:
- ‘Your baby’s visit to the audiology clinic’ – URL or QR code (hardcopy leaflet as necessary)

● Appointment letter – plus local information and documentation
● Appropriate NCR screening outcome letter
● The completed hearing screening page in the PCHR book (if book not available 'loose' page should be provided)
● Screening service contact details.

Assessment Criterion 3.6
It is important for the screener to keep all health professionals caring for the mother and baby informed of any NCR screen outcomes. If they are aware they are then able to offer appropriate support and advice should the mother become distressed at a later time.
Other health care professionals involved in the child's development and care, such as their GP and Health Visitor can be informed about the screen outcomes for the baby via the screen outcomes page in the PCHR book; or in the case of a referral to audiology via an NHSP letter.
If referral to Audiology – Audiology must be informed of any interpreter requirements or accessibility needs
The screening programme will not identify all young children with hearing impairment and therefore continued surveillance by parents and professionals is important.

Assessment Criterion 4.1
The screener should complete details of the screen outcome:
● In the hearing screening page in the PCHR book (if book not available 'loose' page should be provided)
● NHSP national IT data system
● NHSP outcome letter
● Mother/baby's notes (Hospital)

Suggested Resources

E Learning

- NHSP e-learning screener module: http://cpd.screening.nhs.uk/elearnfront.php?folder=4168
    - Component 1: Introduction to NHSP
    - Component 4: Hearing Screening using AOAEs and AABRs
    - Component 5: NHSP Protocols, Standards, Targets and Information
    - Component 7: Family Friendly Working within the NHSP
- Antenatal and Newborn e-learning module: http://cpd.screening.nhs.uk/annb-elearning-module

Websites:

- NHS Choices - Newborn hearing screening http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx
- Gov.uk – Newborn hearing screening: programme overview https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview
- Screening Choices - A resource for health professionals offering antenatal and newborn care, cpd.screening.nhs.uk/screeningchoices
- National Deaf Children's Society (NDCS) http://www.ndcs.org.uk/family_support/childhood_deafness/hearing_tests/newborn_hearing.html
- Parental Rights and Responsibilities - www.direct.gov.uk/en/Parents/FamilyIssuesAndTheLaw
- Foundation for the Study of Infant Deaths (FSID) - fsid.org.uk/

Component 25: Undertake an Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screen

Component Reference Number: Y/508/0652

Level: 3
Credit: 5

Component Summary

The aim of this component is to enable learners to develop the knowledge and skills to undertake a newborn hearing screen using Automated Oto-Acoustic Emissions (AOAE).

Delivery

The component should be supported by a suitably experienced Newborn Hearing Screening Programme (NHSP) local manager/local learning mentor/clinical mentor. Additional learning should be covered using interactive resources, such as, DVDs, e-learning materials, the internet and dialogue with professional practitioners e.g. midwives; nurses; doctors.

Assessment Guidance

This component must be assessed in line with Skills for Health Assessment Principles.

Relationship to Occupational Standards

CHS18 Undertake a newborn hearing screen

Learning Outcomes and Assessment Criteria

Learning Outcome – The learner will:	Assessment Criterion – The learner can:
1. Understand the Newborn Hearing Screening Programme Automated Oto-Acoustic Emissions (AOAE) screening tests	1.1 Define what is meant by Automated Oto-Acoustic Emissions (AOAEs)
	1.2 Describe where along the hearing pathway AOAEs occur
	1.3 Describe how AOAEs are picked up
	1.4 Explain what AOAE test involves
	1.5 Identify the factors that may affect the ability to record AOAEs
	1.6 Explain how various factors may affect the ability to record AOAEs
2. Be able to undertake Automated Oto-Acoustic Emissions (AOAE) Newborn Hearing Screening following national protocols	2.1 Explain to the parent actions being taken throughout the screening episode
	2.2 Position the baby appropriately
	2.3 Evaluate both ear canals before commencing screening
	2.4 Explain the action required if the ear canal evaluation shows that the **screening would be contraindicated**
	2.5 Place an appropriately sized AOAE ear tip onto the earpiece

	2.6 Manipulate baby's pinna to facilitate optimum earpiece placement
	2.7 Describe the correct positioning of the AOAE ear tip in the ear
	2.8 Explain the consequences of poorly fitting earpieces
	2.9 Take action if earpiece fit is unsatisfactory
	2.10 Ensure correct positioning of AOAE equipment
	2.11 Monitor the conditions during AOAE screening
	2.12 Explain the actions to take in response to changes in conditions
	2.13 Demonstrate the actions necessary after a screening episode including – the safe storage of equipment and charges/changes as appropriate
3. Be able to communicate the Automated Oto-Acoustic Emissions (AOAE) screening outcome and next steps	3.1 Check result on AOAE system display before informing parent of outcome
	3.2 Explain the AOAE screening result to parent
	3.3 Check the parent's understanding of AOAE results and next steps using open questions
	3.4 Explain to the parent the **next steps**, based on the results of the screen
	3.5 Provide the parent with the appropriate information
	3.6 Explain the importance of informing appropriate health professionals of any parental or professional concerns as necessary
4. Be able to record the Automated Oto-Acoustic Emissions (AOAE) screening outcome	4.1 Record the AOAE screening outcome on the **relevant records**
5. Be able to interrogate, enter, transfer and manipulate data associated with Newborn Hearing Screening as per programme protocols	5.1 Use the required information technology system for the Newborn Hearing Screening programme following programme protocols to include: • Entry of data • Examination of data • Transfer of data • Interrogation of data

Additional Information

Babies are excluded from the screen if have:
- Microtia or Atresia - unilateral or bilateral
- Confirmed Congenital Cytomegalovirus (cCMV)
- Confirmed or strongly suspected Bacterial Meningitis
- Meningoccocal septicaemia
- Programmable ventriculo-peritoneal (PVP) shunt in place

Next steps:
- Discharge from programme

● Surveillance
● AOAE2
● AABR
● Parent role in monitoring hearing
● Targeted follow up

Relevant records: may include newborn screening hearing programme baby proforma, baby's or parent's hospital records, personal child health record

Data:
● Demographic data
● Screen test data
● Screen outcome data – referral/discharge/surveillance/incomplete.

Indicative Content

Assessment Criterion 1.1
Automated Otoacoustic Emissions are usually abbreviated to AOAEs.
Otoacoustic Emissions (OAEs) are very quiet sounds that are produced in the cochlea in response to a sound stimulus.
OAEs are either present or not present. If a hearing loss is greater than 30dB no emissions can be recorded. AOAEs are not a measure of hearing threshold and do not give information about degree of hearing.
Automated = the equipment is automated and will decide the results of the screen based on predetermined criteria.
Oto = means 'the ear'
Acoustic = refers to sound as it is heard e.g. singing might sound better in the bathroom as acoustics are better.
Emissions = something emitted, discharged or given out.

Assessment Criterion 1.2
The inner ear: OAEs are actively produced by the outer hair cells in the cochlea.

Assessment Criterion 1.3
The earpiece of the AOAE equipment contains a speaker and a microphone.
The speaker produces the stimulus which clicking sounds that contain a wide range of frequencies, including those found in speech.
The sensitive microphone picks up the OAEs.

Assessment Criterion 1.4
AOAE screening usually takes just a few minutes.
A small soft-tipped earpiece is placed in the outer part of the baby's ear.
The speaker in the earpiece plays soft clicking sounds; the stimulus.
When a hearing ear receives the stimulus the outer hair cells of the cochlea respond. The responses, very quiet sounds, are picked up by the microphone in the earpiece.

Assessment Criterion 1.5
There are several factors that affect the ability to record AOAEs from a newborn baby:
● The baby has a hearing loss
● The baby still has birth fluid or debris in the ear
● Screener expertise

● Screening conditions -There is too much background noise
● Equipment not functioning correctly.

Assessment Criterion 1.6
Environmental noise:
Acoustic noise e.g. television, talking, vehicles. This can affect the screen by preventing:
● The baby from hearing the sound stimulus
● The AOAE microphone from picking up the baby's response.

Baby
Fluid/debris/vernix: In the ear following the birth can block the earpiece.
Double affect: Prevents baby hearing the sound and microphone picking up OAE.
Unsettled: e.g. crying, sucking, movement - noise
Position: To optimise earpiece stability
Unwell: Receiving treatment

Equipment
Blocked: Reduces stimulus level and reduces the ability of the microphone to pick up the response
Damaged: Compromising the equipment performance; Quality Assurance (QA) checks fail

Screener expertise
Unconfident baby handling skills
Poor earpiece fit: Allows environmental noise to enter the ear canal which can inhibit the click stimulus and the quiet AOAE response.
Inappropriate earpiece size: Permitting entry of external acoustic noise

Assessment Criterion 2.1
NHSP Screeners are responsible for providing verbal and written NHSP information to parents. Awareness of body language during the screen is important.
During the screen screeners should be prepared to:
● Answer parent's questions (may not be able to answer their questions immediately due to the need for quiet during the screen).
● Give explanations of what they will be doing as they go along.
● Remind parents that the screen only takes a couple of minutes but may seem longer.
Parents should feel that they are able to be actively involved in the screen e.g. holding baby's hand.
The explanation should include the following:
● Placement of the small soft tipped earpiece
● Gentle clicking sounds played.
● A hearing ear should make small sounds in response; these sounds can be picked up by the tiny microphone in the earpiece.
● Response sounds from ear (OAEs) are very small so it is best if the baby is settled, ideally asleep, and the room as quiet as possible.
● The earpiece needs to fit snugly to reduce the effect of external sounds. The baby may therefore wriggle during earpiece fitting.
● Baby is not expected to visibly react to the clicking sounds.
The AOAE screen usually takes only a couple of minutes to complete but may seem longer as need quiet during the screen.

Assessment Criterion 2.2

Screener should be in a position to clearly see down the ear canal; i.e. behind the ear to be screened. This may require repositioning the baby or head. The parent should be asked if they are happy for the screener to do this or would prefer to reposition the baby themselves.
Parent should always be in a position that enables them to see their baby and what the screener is doing. If necessary, the bassinet/cot should be moved to a more favourable position.

Assessment Criterion 2.3
Both ear canals should be evaluated to ensure:
● Correct sized AOAE eartip is used – largest that comfortably seals the baby's ear canal should be used. Baby ear canals may require different sizes.
● Presence of vernix/debris – if excess screener should discuss with parent and consider missing out AOAE2 and going straight to Automated Auditory Brainstem Response (AABR)
● Ear canals are patent i.e. present; no atresia*
● Pinna has formed correctly *if atresia is present, screening is contraindicated.

Assessment Criterion 2.4
If screening is contraindicated, baby should be referred for immediate Audiological assessment. Screener actions:
● Make referral
● Provide parent with appropriate information
● Record in: o NHSP national IT data system
o Mother/baby notes/Personal Child Health Record (PCHR)
● Inform maternity staff.

Assessment Criterion 2.5
The AOAE ear-tip used should the largest possible that comfortably seals the baby’s ear canal to reduce the entry of external acoustic noise.
It should be placed firmly on the earpiece and the ‘grip’ should be checked.

Assessment Criterion 2.6
It is important that the ear canal is fully open and as straight as possible before placing the earpiece. To fit the AOAE earpiece the screener should:
1 Gently but firmly lift pinna upwards away from baby's head
2 Still lifting, gently pull pinna towards the back of the head
3 Still holding pinna, firmly insert earpiece - as per equipment
4 Only release pinna once earpiece in fitted
5 Hold earpiece until baby settles
The baby will almost certainly have responded in some way, possibly by increased sucking or giving a little squeak.

Assessment Criterion 2.7
If the earpiece is fitted correctly it should remain in position without support.
The AOAE system provides a ‘feedback’ signal that indicates if the earpiece is fitted correctly.

Assessment Criterion 2.8
A poor earpiece fit:
● allows environmental noise to enter the ear canal which can inhibit the click stimulus and the quiet AOAE response.
● may result in an unnecessary No Clear Response (NCR) when the baby has no hearing loss – resulting in unnecessary parental anxiety
● is likely to result in it falling out during the screen requiring a refit and may further disturb the baby

● may extend the test time.

Assessment Criterion 2.9
The screener should:
● remove the earpiece and visually check for blockage by vernix/debris
● change ear tip/filter as necessary
● reassemble and check probe
● refit - rather than attempting to make changes while it is still in the baby's ear canal.

Assessment Criterion 2.10
The equipment should be placed:
● With cables running upwards away from the baby – no rubbing if baby moves
● Not in the cot or on the bed – cross infection risk
● On disposable item e.g. paper towel
● Within easy reach of the screener to prevent unnecessary stretching or bending

Assessment Criterion 2.11
The screener should monitor the following:
● Baby
● Earpiece
● AOAE system 'indicators' e.g. noise.

Assessment Criterion 2.12
The screener should aim to maintain optimum screening conditions by:
● Minimising noise - politely requesting others to reduce noise
● Pause screen if necessary, until noise reduced /baby settled
● Change eartip and refit earpiece as appropriate
● If necessary, considering taking the baby and parent to a different location for screening. Ward staff should be informed if mother and baby are taken to another room and a message left on the bed.
If conditions (noise, stimulus stability or artifact levels) become unacceptable the screen should be stopped. (The result will be Incomplete/Not Complete and will count as 1 attempt).

Assessment Criterion 2.13
Post screen the screener should (as per local infection control policy):
● Check and clean the clinical area
● Check and clean non-disposable equipment – wiping from earpiece end of the probe
● Dispose of all used consumables
● Wash hands
● Ensure all equipment is stored in a way that:
    o enables access to electrical power supply – battery charge and QA checks
    o prevents damage to sensitive elements
    o it is not a trip or injury hazard
    o it is not open to dust or other substances that may damage the equipment or interfere with performance.

Assessment Criterion 3.1
It is essential that the screener keeps the earpiece in the baby's ear until the test has been successfully and accurately saved to the correct ear on the AOAE system.
The screener should not assume or pre-empt a test outcome. The test outcome must be checked on the AOAE system before informing the parent of the result.

Assessment Criterion 3.2
NHSP screeners need to provide a verbal explanation for parents that is clear and unambiguous and includes any appropriate potential reasons for the outcome.
Screeners should remember that non-verbal communication is very powerful when explaining screen outcomes to parents.

Assessment Criterion 3.3
In some cases, this may involve questions that are beyond the screener area of knowledge. It is important that they are able to acknowledge their limits and feel comfortable in seeking advice from the appropriate sources.
The use of open questions allows the screener to explore what the parent has understood about the newborn hearing screen result.
• Open question = 'What else would you like me to tell you?'
• Closed question (just requires a yes/no answer) = 'Would you like any more information?'

Assessment Criterion 3.4
Next steps:
Will include: Discharge from programme, Surveillance, AOAE2, AABR, Parent role in monitoring hearing, targeted follow-up.
If No Clear Response (NCR), Mother should be offered another test for her baby. This may be the same as the first test, or the other type called the AABR (automated auditory brainstem response) test.
If screening in hospital
It is important for the screener to try and complete the screen prior to discharge from hospital to avoid the need for baby to attend an outpatient appointment.
AOAE
At least a 5 hour gap must be allowed between the AOAE1 and AOAE2. If this is not possible because baby is being discharged home imminently, an AABR on both ears should be offered.

If screening in the community
Well babies are screened in own home; NICU/SCBU babies prior to hospital discharge AOAE1 should be completed at the primary visit, usually day 10 - 14 AOAE2 (if required) should be completed within 7 days AOAE1
• If AOAE2 it is only necessary to screen the ear or ears in which a NCR outcome was obtained from AOAE1.
If the AOAE2 outcome is CR from both ears the baby is discharged from the screen and the baby moves into 'appropriate child health surveillance'.
If the AOAE2 outcome is NCR from one or both ears then the next stage of the screen, the AABR screen should be offered.

AABR
The screener should explain that the AABR screen is a different type of screening test that is less affected by birth fluid; although this still does have some affect.
● The AABR takes longer than the AOAE screen i.e. 5 to 30 minutes
● With AABR screening both ears are always screened.
● The AABR screen should only be carried out once.
It is important that the screener makes the parents aware that clear responses may not be recorded from their baby; even from the ear with a previous AOAE clear response.

Assessment Criterion 3.5
If bilateral CR obtained the parent should be provided with:
● NHSP clear response letter according to national and local protocols

● The completed hearing screening page in the PCHR book (if book not available 'loose' page should be provided)
Two checklists - 'Making and reactions to sounds' (highlighted if using PCHR book)
If NCR from one or both ears:
1 If parent being discharged from hospital and an outpatient appointment required to complete the screen
2 Community model
The parent should be provided with the following information:
● Date and time of appointment - ideally negotiated as convenient for parent
● Venue*
● Local information with regard to transport and map*
● NHSP local contact details in case of future questions or concerns
● The completed hearing screening page in the PCHR book (if book not available 'loose' page should be provided)
*Not required for Community model unless next stage carried out in clinic setting.

Assessment Criterion 3.6
It is important for the screener to keep all health professionals caring for the mother and baby informed of any NCR screen outcomes. If they are aware, they are then able to offer appropriate support and advice should the mother become distressed at a later time.
Other health care professionals involved in the child's development and care, such as their GP and Health Visitor can be informed about the screen outcomes for the baby via the screen outcomes page in the PCHR book.
If outpatient appointment – clinic staff must be informed of any interpreter requirements or special needs e.g. ramp

Assessment Criterion 4.1
The screener should complete details of the screen outcome:
● In the hearing screening page in the PCHR book (if book not available 'loose' page should be provided)
● NHSP national IT data system
● NHSP outcome letter
● Mother/baby's notes (Hospital).

Assessment Criterion 5.1
The screener should be able to:
• accurately enter data onto the screening equipment/NHSP national IT system (S4H)
• update data to make sure it is current
• check data to make sure it is complete and accurate
• transfer data from screening equipment to local/national IT system
• interrogate data to identify screening protocol to be used
• interrogate data to identify baby screening status.

Suggested Resources

E Learning

- NHSP e-learning screener module: http://cpd.screening.nhs.uk/elearnfront.php?folder=4168
    - Component 1: Introduction to NHSP
    - Component 4: Hearing Screening using AOAEs and AABRs
    - Component 5: NHSP Protocols, Standards, Targets and Information

- Component 7: Family Friendly Working within the NHSP

- Antenatal and Newborn e-learning module: http://cpd.screening.nhs.uk/annb-elearning-module

Websites:

- NHS Choices - Newborn hearing screening http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx
- Gov.uk – Newborn hearing screening: programme overview https://www.gov.uk/guidance/newborn-hearing-screening-programme-overview
- Screening Choices - A resource for health professionals offering antenatal and newborn care, cpd.screening.nhs.uk/screeningchoices
- National Deaf Children's Society (NDCS) http://www.ndcs.org.uk/family_support/childhood_deafness/hearing_tests/newborn_hearing.html
- Parental Rights and Responsibilities - www.direct.gov.uk/en/Parents/FamilyIssuesAndTheLaw
- Foundation for the Study of Infant Deaths (FSID) - fsid.org.uk/

Component 26: Understand how to Safeguard the Wellbeing of Children and Young People

Component Reference Number: H/508/2551

Level: 3
Credit: 3

Assessment Guidance

Component should be assessed in line with the Skills for Care and Development Assessment Principles.

Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1 Understand the main legislation, guidelines, policies and procedures for safeguarding children and young people	1.1 Outline current legislation, guidelines, policies and procedures within own UK Home Nation affecting the safeguarding of children and young people
	1.2 Explain child protection within the wider concept of safeguarding children and young people
	1.3 Analyse how national and local guidelines, policies and procedures for safeguarding affect day to day work with children and young people
	1.4 Explain when and why inquiries and serious case reviews are required and how the sharing of the findings informs practice
	1.5 Explain how the processes used by own work setting or service comply with legislation that covers data protection, information handling and sharing
2 Understand the importance of working in partnership with other organisations to safeguard children and young people	2.1 Explain the importance of safeguarding children and young people
	2.2 Explain the importance of a child or young person-centred approach
	2.3 Explain what is meant by partnership working in the context of safeguarding
	2.4 Describe the roles and responsibilities of the different organisations that may be involved when a child or young person has been abused or harmed
3 Understand the importance of ensuring children and young people's safety and protection in the work setting	3.1 Explain why it is important to ensure children and young people are protected from harm within the work setting
	3.2 Explain policies and procedures that are in place to protect children and young people and adults who work with them
	3.3 Evaluate ways in which concerns about poor practice can be reported whilst ensuring that

	whistleblowers and those whose practice or behaviour is being questioned are protected
	3.4 Explain how practitioners can take steps to protect themselves within their everyday practice in the work setting and on off site visits
4 Understand how to respond to evidence or concerns that a child or young person has been abused or harmed	4.1 Describe the possible signs, symptoms, indicators and behaviours that may cause concern in the context of safeguarding
	4.2 Describe the actions to take if a child or young person alleges harm or abuse in line with policies and procedures of own setting
	4.3 Explain the rights that children, young people and their carers have in situations where harm or abuse is suspected or alleged
5 Understand how to respond to evidence or concerns that a child or young person has been bullied	5.1 Explain different types of bullying and the potential effects on children and young people
	5.2 Outline the policies and procedures that should be followed in response to concerns or evidence of bullying and explain the reasons why they are in place
	5.3 Explain how to support a child or young person and/or their family when bullying is suspected or alleged
6 Understand how to work with children and young people to support their safety and wellbeing	6.1 Explain how to support children and young people's self-confidence and self-esteem
	6.2 Analyse the importance of supporting resilience in children and young people
	6.3 Explain why it is important to work with the child or young person to ensure they have strategies to protect themselves and make decisions about safety
	6.4 Explain ways of empowering children and young people to make positive and informed choices that support their well-being and safety
7 Understand the importance of e-safety for children and young people	7.1 Explain the risks and possible consequences for children and young people of being online and of using a mobile phone
	7.2 Describe ways of reducing risk to children and young people from: • social networking • internet use • buying online • using a mobile phone

Additional Information

Day to day work e.g.:
- Childcare practice
- Child protection
- Risk assessment
- Ensuring the voice of the child or young person is heard (e.g. providing advocacy services)

● Supporting children and young people and others who may be expressing concerns

Different organisations e.g.:
● Social services
● NSPCC
● Health visiting
● GP
● Probation
● Police
● School
● Psychology service

Policies and practice for safe working e.g.:
● Working in an open and transparent way
● Listening to children and young people
● Duty of care
● Whistleblowing
● Power and positions of trust
● Propriety and behaviour
● Physical contact
● Intimate personal care
● Off-site visits
● Photography and video
● Sharing concerns and recording/reporting incidents

Bullying e.g.:
● Physical (pushing, kicking, hitting, pinching and other forms of violence or threats)
● Verbal (name-calling, insults, sarcasm, spreading rumours, persistent teasing)
● Emotional (excluding, tormenting, ridicule, humiliation)
● Cyberbullying (the use of Information and Communications Technology, particularly mobile phones and the internet, deliberately to upset someone else)
Specific types of bullying which can relate to all of the above such as homophobic or gender based, racist, relating to special educational needs and disabilities.

Indicative Content

Learning Outcome 1

Current legislation, guidelines and policies regarding the safeguarding of children and young people relevant to own home country:

Legislation: Children Act 1989; Children Act 2004; Every Child Matters (England); Education Act 2002; UN Convention on the Rights of the Child (1989).

Guidelines: Working Together to Safeguard Children 2010, What to do if you're worried that a child is being abused 2006, Safeguarding Children and Safer Recruitment in Education 2007, Safeguarding Disabled Children 2009; Common Assessment Framework (CAF); Local Authority Guidelines.

Organisational and local policies and procedures: safeguarding, protecting and recording; e-safety, bullying and cyber bullying, Care Orders, local authority guidelines; areas of child protection applicable

to own home country, early intervention, improving accountability and coordination of children's services, improving support for parents and carers, a childcare workforce strategy.

Child protection within the wider concept of safeguarding children and young children: definition of terms, child protection, safeguarding, looked after children, children in need; role of local Children's Safeguarding Boards/Safeguarding Partners.

National and local guidelines, policies and procedures for safeguarding affecting day-to-day work with children and young people: applicable to own home country and applicable to day-to-day practice; childcare practice, policies and procedures regarding propriety and behaviour, intimate personal care, physical contact; Enhanced Criminal Records Bureau checks (CRB); organisational policies for recording and reporting suspected abuse; whistle-blowing policies; risk assessment, hazard recognition, vigilance of practitioners, indoors, outdoors, trips and outings, visitors to school; use of advocacy to facilitate the views of children and young people; role of the Guardian ad Litem; Guardian ad Litem Agency Northern Ireland; support for adults, children and young people who express concerns; provision of current staff training on issues of safeguarding.

Inquiries and serious case reviews: Local Safeguarding Children Boards (LSCB) Regulations (2006); Working Together to Safeguard Children 2010; process and stages of Serious Case Reviews, (SCR); uses of SCRs, death of children and young people due to known/suspected abuse, neglect, serious harm, life threatening injuries.

Process used by own work setting or service to comply with legislation that covers data protection, information handling and sharing: instructions for clear and appropriate action to be taken in the event of a suspected child protection situation; action to be taken in the event of a suspected child protection situation, reporting concerns, lines of reporting, information sharing confidentiality; procedures for reporting and recording, information storing, how information is gathered, stored and shared; confidentiality, methods of reporting concerns; Data Protection Act 1998; Freedom of Information Act 2000.

Learning Outcome 2

Importance of safeguarding children and young people: responsibility of all adults working with children and young people to safeguard children and young people from harm; professional duty while children are in a particular setting; duty to report concerns about issues occurring outside the setting; safeguarding policies and procedures need to include physical safety and security on the premises and on off-site visits, e-safety and security when using the internet; staff awareness and training, monitoring and record-keeping; multi-professional/inter agency working.

Child/young person-centred approach: the wishes and feelings of children must be identified and taken account of; child at the centre of the process by involving the child or young person in meetings, asking for their opinion when discussing matters relating to them; importance of respecting children and young people.

Partnership working in the context of safeguarding: the importance of the role of all parties in child protection; multi-agency involvement in safeguarding; essential nature of communication to ensure the safety and protection of children; prompt action to ensure early intervention; prevention of children/young people not receiving protection; lessons learned from high profile cases; shared competencies; the Integrated Workforce Agenda.

Roles and responsibilities of the different organisations that may be involved when a child or young person has been abused or harmed: Children's Social Care (act when concerns are raised about a child, carry out assessment of child's needs, interview child or young person and family, gather information from other agencies, lead Child Protection Conference, take action if child or young person in immediate danger); police (make decision about whether crime has been committed, take emergency action if child or young person is in immediate danger); health professionals, general practitioners, doctors in emergency departments (examine/observe a child or young person thought to be at risk of abuse or who has suffered abuse; health visitors; the role and responsibility of The Local Safeguarding Children Board (LSCB)/Safeguarding Partners; role of voluntary groups, National Society for the Prevention of Cruelty to Children (NSPCC), Childline, Children and Young People's Networks, Sure Start; role of schools in supporting looked after children and young people, supporting children and young people on the 'at risk register'; role of the Probation service; role of the Youth Offending Service.

Learning Outcome 3

Importance of ensuring children and young people are protected from harm within the work setting: applicable to own home country and setting or organisation, responsibility of adults in certain settings to act loco parentis; effect of harm on children and young persons' wellbeing and development; health and safety issues, behaviour, bullying; medical issues; allergies; safe storage of medication; signed permission for administration of medication; Department for Education guidelines for administration of medication in schools; safeguarding, internet safety, safety on offsite trips, ration of staff to children and young people; role of the named person.

Policies and procedures to protect children and young people and adults who work with them: applicable to own home country and setting or organisation, working in a transparent and open way, personal and collective accountability, listening to children and young people, duty of care, whistle-blowing, power and position of trust, propriety and behaviour, physical contact, intimate personal care routines, off-site visits, use of photography and video material, sharing concerns and recording or reporting incidents.

Reporting concerns about poor practice: whistle-blowing policy; Public Interest Disclosure Act 1998; role of the prescribed person; confidentiality; complaints procedures; appeals procedures.

Steps practitioners can take to protect themselves within their everyday practice in the work setting and on off site visits: knowledge of and adherence to government guidelines, legislation, local and organisational policies and procedures with regard to personal and professional behaviour, appropriate delivery of intimate, personal care, appropriate use of physical contact/appropriate use of touch; obtaining written consent for the use of photography and video; full knowledge of e-safety policies; dealing with bullying as it arises; non-use of mobile phones whilst working; informing colleagues of whereabouts and actions; discussing/reporting concerns immediately.

Learning Outcome 4

Signs, symptoms, indicators and behaviours causing concern: types of abuse, neglect, emotional, physical, sexual; recognition of symptoms, indicators and behaviours that may cause concern in the context of safeguarding.

Actions to be taken if a child or young person alleges harm or abuse: taking action in line with policies and procedures of own setting, lines of reporting, role of the named person, limits of own role, confidentiality, importance of safeguarding; when to inform external agencies, social services, the

police; providing reassurance for the child; recording full details of the disclosure, date, time, what was said; a non-judgemental approach; importance of taking allegations seriously; importance of active listening.

The rights of children, young people and their carers in situations where harm or abuse is suspected or alleged: to be listened to and believed; to have their opinions and views considered when decisions are made; to be informed of final judgements and decisions and the rationale for these; to be respected; to be supported; to feel safe; to be regarded without judgement; to have their situations investigated by the use of appropriate protocols and procedures; to complain and appeal; to have all outcomes documented; to have all information communicated by an appropriate method.

Learning Outcome 5

Physical: pushing; kicking; hitting; pinching; other forms of violence; threatened physical violence.

Verbal: name calling; insults and sarcasm – including those referring to sexuality, gender, race/ethnic group, age, disability, appearance; persistent teasing; spreading of rumours.

Emotional: tormenting; exclusion; ridicule; humiliation. Cyber-bullying: use of social network sites to spread rumours, insults, threats; text messaging.

Effects on emotional development: levels of self-esteem; self-image; social identity; personal identity; mental health; self-harming; suicide; school refusal; phobias; eating disorders. Effects on social development: difficulties in forming relationships; development of trust; isolation; self-exclusion; school refusal. Effects on cognitive development: levels of concentration; learning; underachievement; levels of school attendance.

Managing bullying within the setting: adherence to policies and procedures of the setting in line with national legislation and guidelines; DCFS Guidance for Schools on Preventing and Responding to Sexist, Sexual and Transphobic Bullying 2009; Disability Discrimination Act 2005; role of the designated person; informing parents and carers; recording incidents; agreeing measures and actions; recording meetings with parents, carers and others; review and evaluation of actions.

Supporting children and young people and families when bullying is suspected or alleged: use of local authority guidelines; use of guidelines and procedures of the setting; reassurance for the child or young person, their parents or carers; importance of team work in providing effective support for children and young people; providing information to children and young people on sources of support, ChildLine, Kidscape, named person within the setting; role of mentors; role of befrienders.

Learning Outcome 6

Support children and young people's self-confidence and self-esteem: use of team games, group activities; positive feedback and affirmation to reinforce personal success; celebration of diversity to promote inclusion; promotion of empowerment; assertiveness skills, saying no, shouting for help and running away; strategies to manage becoming lost; informing adults and not keeping inappropriate secrets; Harter self-perception profile for children.

Importance of supporting resilience: techniques for managing stress; managing everyday issues; strategies for coping with trauma; use of counselling; use of therapy; promoting independent decision making; allowing children and young people to make mistakes and manage the consequences with support; positive effects on long-term wellbeing.

Reasons to work with children and young people to ensure they have strategies to protect themselves: provision of support in assessing risks; enabling decision making; provision of empowerment and independence; support of overall development.

Empowering children and young people to make positive and informed choices that support their wellbeing and safety: use of active and reflective listening; encouragement of selfexpression; provision of space to express feelings and concerns; promotion of discussion and consideration with regard to personal safety and relevant strategies; provision of information on sources of support, ChildLine, Kidscape, Mencap, NSPCC; observation and monitoring of behaviour; acting on concerns.

Learning Outcome 7

Risks and possible consequence for children and young people of being online and of using a mobile phone: distribution of personal information through social networking sites, telephone numbers, photographs, email addresses, school name, clubs they attend, meeting points for social gatherings; access to inappropriate internet materials; risk of identity theft through online purchasing; use of mobile phones as medium for bullying.

Reducing risk to children and young people from internet and mobile phone use: clear e-policy for setting or organisation; internet filters to prevent access of inappropriate materials; importance of keeping personal details private; privacy settings on social networking sites; information workshops for parents about e-safety; monitoring of online purchasing to avoid identify theft.

Section Four

Centre Information

4.1 Centre Operations Manual

Information regarding centre support, learner registration, certification, reasonable adjustments and special consideration, complaints and appeals can be found in the Centre Operations Manual.

4.2 Initial Assessment and Centre Learner Support

It is important that centres carry out an initial assessment to identify what knowledge and degree of skills the learner already has, and to identify if any support or reasonable adjustments will be required to enable them to be assessed fairly. This may include an assessment of minimum core personal skills in English, Mathematics and ICT.

This can be recorded so that centres can identify any associated needs and record this in appropriate plans. This will help in planning the learning programme. It is important at the initial assessment stage to ensure that learners commence a programme at the appropriate level.

Centres should assess each learner's potential and make a professional judgement about his/her ability to successfully complete the programme of study and achieve the qualification.

This assessment will need to take account of:

- the support available to the learner within the centre during his/her programme of study
- any specific support that might be necessary to allow the learner to access the assessment for the qualification
- diagnoses of the requirements of the learner, making use of specialist advice from external sources, as appropriate.

Centres should identify any learner requirements and how they may affect successful completion of the particular programme. Programme teams should refer closely to the qualification specifications when discussing possible options for learners. They should advise learners on the appropriateness of the qualification to the learner and identify more suitable qualifications if necessary.

It is our intention that there should be no discrimination on the grounds of a protected characteristic. FutureQuals and approved centres have a responsibility to ensure that the process of assessment is robust and fair and allows a learner to show what they know and can do without compromising the assessment criteria.

Details on how to make adjustments for learners to ensure fair access to assessment is set out in the FutureQuals *Reasonable Adjustment and Special Considerations* policy.

4.3 Identification Requirements and Learner Authenticity

Identification Requirements

It is a centre's responsibility to confirm the identity of a learner as part of its registration process. A centre may do this by requesting sufficient personal data and a unique learner number (ULN) to ensure the learner can be clearly and uniquely identified.

The use of a ULN is now a mandatory requirement for publicly funded education and when submitting Individualised Learner Record (ILR) returns.

Centres must have systems in place to ensure that an individual completing an assessment is the person he/she is claiming to be. Therefore, centres are required to ensure that each learner's identification is checked and that the type of identification provided by each learner is recorded before assessments are undertaken. FutureQuals' External Quality Assurers will check this record during quality assurance monitoring activities.

The following would be permitted proof of a learner's Identity:

- a valid passport (any nationality)
- a signed UK photo card driving licence
- valid warrant card issued by HM Forces or the Police
- other photographic ID card, e.g. employee ID card (must be current employer), student ID card, travel card
- UK biometric residence permit.

If an assessment is taking place in a learner's place of work and a learner is unable to supply any of the above, authentication of a learner's identity by a third-party representative, for example, his/her line manager or a member of his/her workplace Human Resources Team can be accepted.

Learner Authenticity

It is a regulatory requirement that every assessment submission is authenticated as the work of the named learner whether submitted to a centre or to FutureQuals. Therefore, the FutureQuals Evidence Log requires that a declaration of authenticity is signed by a learner for each assessment submitted.

By signing the declaration, a learner is acknowledging that if the statement is untrue, an assessment breach has been committed.

4.4 Legal Considerations

Learners and centres should be aware of regulations affecting those who deal with children, young people and vulnerable adults in the country the qualification is delivered in.

The Prevent Duty Guidance available from the Home Office, makes clear the important role of further education leaders in stopping extremists seeking to radicalise learners on campuses and in supporting learners at risk of extremist influences.

Ofsted has responsibility for monitoring the Prevent Duty in publicly funded further education and skills providers.

FAQ LEVEL 3 DIPLOMA FOR
HEALTH SCREENERS

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