



# East of England Neonatal ODN

## Non-registered Neonatal Clinical Staff

### Competency Document



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## Personal details

Name	
Signature	
Start date	
Designated preceptor / buddy	
Associate preceptor / buddy	
1 month review date	
3 month review date	
6 month review date	
Local Practice Development Nurse(s)	
Local Lead Nurse	

## Purpose of the document

Welcome to your role in the East of England neonatal operational delivery network (ODN). We understand that this role transition, whether you are new to the NHS or are coming to neonatal services from another speciality is a time when you will need support and guidance. There is a lot to learn!

This document has been developed by the East of England Neonatal Practice Development group for use by non-registered clinical staff (including the nursery nurse, health care assistant, neonatal nursing assistant and associate practitioner). The purpose of this document is to take you through from novice to competence in the knowledge and skills required for your role. You will be supported by your local practice development nurse(s) and designated preceptor(s) to develop your practice and deliver standardised evidence based care. This document is used in all 17 units across the East of England ODN.

## Guidelines on completion of this competency document

In order to ensure equity across all units, guidance is given on what is expected during the first few months in your new role. You should have access to the document within the first week of starting your new role and your practice development nurse(s) and preceptor(s) will work with you to ensure you are given the opportunity to complete all sections within the time period set in your local unit. The time period for completion may differ in some units depending on expected activity.

The level required during final assessment is that of **competent practitioner**. The competent practitioner is described below; please see pages 6-7

This document comprises the basic skills required to competently care for an infant requiring neonatal special or transitional care. Your preceptor will be competent in all of the dimensions and skills listed but you are also able to be assessed by any member of staff competent in the individual skill. This may include the non-registered nurse in the same role as yourself, or a registered nurse who will play a big part in your learning and development. If you are unsure of who should assess your competence please discuss with your preceptor(s) or practice development nurse(s).

Space is given for documentation of a discussion or observation of the skills as well as the assessment of practice. You may require more than one assessment if you have yet to achieve level 3 competence and these assessments should be graded in order for you and your preceptor to see progress towards a specific learning outcome. If you achieve level 3 competence at the first assessment then the competency achieved box should be completed and the other 2 assessment boxes should remain blank.

You will be able to discuss your progress and the completion of this document with your local practice development nurse(s) or preceptor(s) at any time.

# Benner taxonomy

## Novice – Taxonomy Level One

**Novices have no experience of the situation they find themselves in, and they operate by closely following rules laid down by others. They perform a series of tasks without understanding, or referring to, the context within which they are operating.**

- Performance is directed with limited autonomy by following policies/procedures/guidelines which apply in this setting.
- No experience to draw from.
- Has discussed the components of the skill with an experienced member of the multi-professional team but has limited opportunity to practice it and requires supervision and guidance.
- Acknowledges own limitations within their own scope of practice.

## Advanced Beginner – Taxonomy Level Two

**Advanced beginners demonstrate a degree of flexibility in their performance and interpret the rules to meet the needs of the situation, maintaining throughout the safety of the patient, colleagues, others and self. They are able to relate to the current situation, based on prior learning.**

- Accepts constructive feedback and adapts practice accordingly.
- Is able to identify own limitations.
- Has knowledge and ability to perform skills but may lack fluency.
- Requires support from supervisors, mentors and colleagues.
- Performance and knowledge is demonstrated. Able to observe and respond to the changing needs of the patient, colleagues and situations, seeking advice when appropriate.

## Competent – Taxonomy Level Three

**Competent practitioners are consciously aware of long-term effects of their actions. They are able to plan the most satisfactory outcome of a situation, and take the appropriate action to achieve the planned aims. This requires conscious, abstract, analytical contemplation of the situation.**

- Has detailed knowledge and awareness of policies/procedures/guidelines, which may be applied.
- Discriminate and choose which of the policies/procedures/guidelines apply within the situation.
- Conscious, deliberate planning. Anticipates outcomes and gives explanations for the interpretations made and the interventions used.
- Able to analyse and challenge research findings, evidence based practice and received opinion.
- Identifies priorities and key elements of problems.
- Performance is proficient and confident requiring minimum direct supervision.

#### **Proficient – Taxonomy Level Four**

**Proficient practitioners use their expertise to critically analyse and evaluate situations as a whole. They are able to identify the more important elements of a situation and make decisions based on a broad perspective.**

**Take a global or holistic view of the situation and relate it to ethics and professional practice, (creativity, innovation and change).**

- Demonstrates a comprehensive range of experience, knowledge and theory relevant to practice.
- Learning from experience, critical incident and reflection.
- Demonstrates priorities of intervening actions; consistently reflects on skilled performance before interventions; can justify and has an evidence base to support decisions and actions.
- Practice can be adapted to meet new problems/situations.
- Anticipates or predicts particular outcomes in practice.
- Demonstrates a skilled performance, and makes valid conclusions with minimal supervision.
- Demonstrates an intuitive feel for the situation and solutions with due consideration of the emotional and practical impact on their work, self and others.
- Can influence and teach others, whilst acting as a positive role model.

#### **Expert – Taxonomy Level Five**

**Experts are able to focus on a relevant part of a situation without conscious consideration. They will use their intuition, based on vast experience; to follow a course of action which they 'know' is appropriate. An expert practitioner develops a feel for situations and a vision of possibilities. Not all members of the multi-professional teams are capable of reaching this level – it could be assisted by techniques such as critical incident analysis.**

- Clearly demonstrates deep understanding and intuitive grasp of the total situation.
- Makes sophisticated judgement based upon skilled performance and established practice.
- Distinguishes between facts and inferences, identifies cause-effect relationships.
- Performs complex skills consistently with confidence, co-ordination and fluidity.
- Demonstrates critical thinking as a basis for making informed choices and identifies errors in reasoning.
- Influences decision-making and predicts possible outcomes.
- Can identify new areas for research and change, and progresses these to an appropriate outcome.

## Your responsibilities

Whilst staff on the neonatal unit will support you to complete the learning outcomes in this document, **you** are ultimately responsible for your own learning. As such, you must ensure that:

- The document is available to your practice development nurse(s) or preceptor at all times. You should have this document with you during **every** clinical shift.
- You should arrange dates for meetings with your preceptor at least 2 weeks prior to the meeting.
- You must inform your practice development nurse(s) if you feel you are not getting the support you require during clinical shifts or if you are unable for any reason to arrange or complete the progress meetings with your preceptor.
- You attend any relevant training sessions that have been booked for you.
- You actively seek learning opportunities in order to complete the assessments.
- You should complete and keep copies of your supported shift logs. These will be required during progress meetings.

## Practice Development Nurse(s) / lead nurse responsibilities

The local lead nurse / practice development nurse(s) are responsible for:

- Allocation of a suitable preceptor(s)
- Requesting feedback from your preceptor(s) regarding progress and escalating concerns as required
- Ensuring that you are aware of the educational opportunities available on your local unit and across the ODN if applicable.

## Preceptor responsibilities

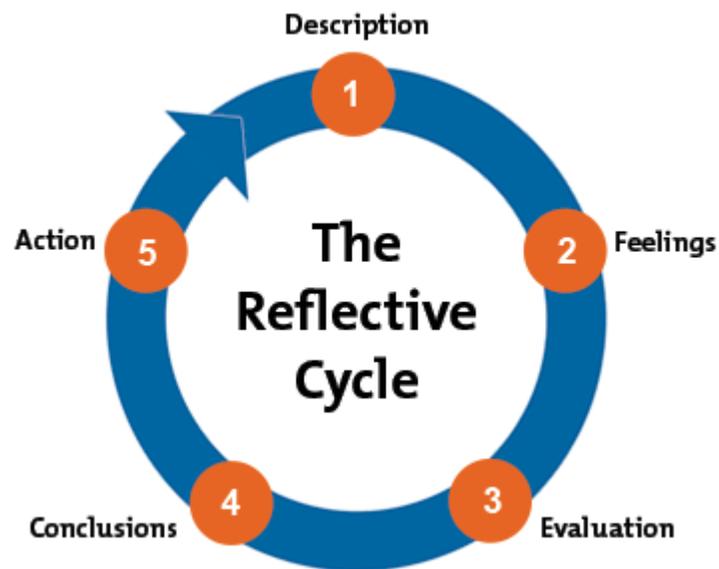
Your preceptor(s) are responsible for:

- Keeping up to date with your progress and ensuring competencies are achieved within the set time frame. This may require discussion with other team members that you have worked with
- Completion of the record of meeting form.

- Contributing to the supervised shift log record.
- Ensuring that you are aware of the educational opportunities available on your local unit

## Reflection

You are encouraged to continuously reflect on your progress and learning. A reflection tool can be useful to keep a record of events and there are many tools available. Gibbs (1986) tool is often used in nursing but you can choose the tool you use.



You may want to keep a record of incidents which have been problematic, which have been unusual, which have demonstrated good practice or first time situations. These reflective pieces (in particular the action plans) can be used when discussing progress with your preceptor(s).

## **Supernumerary / supervised shifts**

You will have a period of supernumerary practice and allocated shifts with your preceptor(s) during the first few weeks of your new role. During this supernumerary time you will be supported to care for your own caseload. The number of shifts will differ depending on your individual needs and should be discussed with both your practice development nurse(s) and preceptor(s).

The purpose of the supervised shift is to address a specific learning objective for example daily care of an infant. These shifts can be planned in advance where possible. You should complete a supervised shift log during each of these supervised shifts. This is particularly important if the shift is not with your designated preceptor(s). These shift logs should be available to be discussed at the progress meetings with your preceptor.

Please familiarise yourself with the template which can be found on page 34. Duplicates are available from your practice development nurse(s) if required.

## **Meetings with Preceptor**

You should meet with your designated preceptor or practice development nurse a minimum of 3 times during the first 6 months of your new role. These meetings should be planned for the end of the supernumerary period, 3 months and 6 months following your start date and should take place away from the clinical area ideally when you have no clinical commitments (for example at the end of the shift when you have handed over care).

Meetings can be more frequent if required and the reasons for this frequency should be indicated on the proforma.

The purpose of these meetings is to discuss progress towards your learning objectives. You and your preceptor should complete the proforma included on the following pages at the end of each meeting. Please include as much detail about your progress as you can, you may want to make notes between meetings so progress can be accurately assessed.

## Record of meeting

<b>Staff member name</b>		<b>Staff member signature</b>	
<b>Preceptor name</b>		<b>Preceptor signature</b>	
<b>Date of meeting</b>		<b>Date of next meeting</b>	
<b>Comments</b>			
<b>Summary of discussion of progress towards learning objectives</b>			
<b>Agreed action plan (including timeframe)</b>			

## Record of meeting

<b>Staff member name</b>		<b>Staff member signature</b>	
<b>Preceptor name</b>		<b>Preceptor signature</b>	
<b>Date of meeting</b>		<b>Date of next meeting</b>	
<b>Comments</b>			
<b>Summary of discussion of progress towards learning objective</b>			
<b>Agreed action plan (including timeframe)</b>			

## Record of meeting

<b>Staff member name</b>		<b>Staff member signature</b>	
<b>Preceptor name</b>		<b>Preceptor signature</b>	
<b>Date of meeting</b>		<b>Date of next meeting</b>	
<b>Comments</b>			
<b>Summary of discussion of progress towards learning objective</b>			
<b>Agreed action plan (including timeframe)</b>			

## Record of meeting

<b>Staff member name</b>		<b>Staff member signature</b>	
<b>Preceptor name</b>		<b>Preceptor signature</b>	
<b>Date of meeting</b>		<b>Date of next meeting</b>	
<b>Comments</b>			
<b>Summary of discussion of progress towards learning objective</b>			
<b>Agreed action plan (including timeframe)</b>			

## **Policies and guidelines**

Local and ODN policies and guidelines are available to support you in your practice. ODN guidelines can be located at <https://www.networks.nhs.uk/nhs-networks/eoe-neonatal-odn/guidelines>. Your local practice development nurse(s) will inform you of where local guidelines can be located.

## **Equipment competencies**

There are a number of equipment competencies that you will need to complete during the first months of your new role. These will be given to you by your local PD nurse(s) during your induction.

## Core clinical skills

### Communication with the MDT including escalation of care

<b>Aim:</b> <b>Demonstrate effective and timely communication with the multidisciplinary team (MDT)</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Understand the importance of effective communication within the MDT				
Is able to describe the correct escalation of concerns (medical, Nursing and safeguarding)				
Can demonstrate the ability to communicate effectively and efficiently with colleagues using the local communication tool (e.g. SBAR)				
Effectively hand over patient care to a colleague				

### Communication with families

<b>Aim:</b> <b>Demonstrate effective and timely communication with families</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Work in partnership with parents and families to promote family centred care				
Demonstrates active listening skills				
Act in a transparent and honest way when dealing with mistakes or complaints, ensuring duty of candour is maintained				
Provide or signpost families to information with				

which to make informed choices and support them in their decision making				
Be respectful of the diverse cultures within our community and support families in the choices they make.				
Recognises the specific needs of siblings within the Neonatal environment.				
Knows the visiting policy and ensures that this is adhered to where possible				
Support practices which promote families spending time with their infant according to their individual circumstances				
Demonstrate the knowledge and use of interpreting facilities				
Know where to obtain Neonatal and infant care related media in a parents' native language				
Work in partnership with parents and families in difficult circumstances to promote family centred care				
Acts as an advocate for infants and families within the service				
Demonstrates knowledge of the chaplaincy department and the services they are able to offer to different religious groups				
Demonstrates a knowledge of the grievance procedure which includes PALS				

## Safeguarding children

<b>Aim:</b> <b>Identify the family with safeguarding issues and escalate accordingly</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Describe where the safeguarding policy can be located				
Complete local level 1, 2 and 3 safeguarding training				
Describe safeguarding supervision including how often this is required and who facilitates this				
Knows the trust and local unit safeguarding leads and can demonstrate how to contact the appropriate professional when required				
Describe escalation of care of an infant or family where you have safeguarding concerns				
Has an awareness of the local safeguarding alert file				

## Admission to the clinical area

<b>Aim:</b> <b>Safely complete the admission of an infant to the SCBU area of the neonatal unit</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Is able to set up a cot space for an anticipated admission				
Receive the infant to clinical area and assume responsibility for on-going care				
Completes the first hour of care paperwork if the infant is being admitted immediately following				

delivery				
Complete admission specific documentation and procedures including blood spot and admission swabs				
Assist the RN in formulating and documenting a plan of care based on the comprehensive assessment (dependant on local guidance)				
Accurately escalates concerns to nursing or medical colleagues				
Welcomes and orientates the parents and family to the neonatal / transitional care unit giving appropriate and accurate information				

## Patient assessment

<b>Aim:</b>				
<b>Demonstrate assessment of an infant in the SCBU / TC area</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Is able to recognise the normal behaviour for the gestational and postnatal age				
Accurately assess each body system of the newborn infant, identifying any deviations from the normal for gestational and postnatal age Respiratory system Cardiovascular system Skin Neurological system Renal system GI system				

Is able to document findings of comprehensive assessment				
Is able to escalate concerns relating to the infant				
Is able to plan care based on the full assessment of the infant				

## Developmentally supportive care giving

<b>Aim: Provide developmentally supportive care</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed Date and signature</b>	<b>Assessment 1 Date and signature</b>	<b>Assessment 2 Date and signature</b>	<b>Level 3 competence Date and signature</b>
Demonstrates an awareness of the developmental differences between infants of different gestational ages				
Identifies the stressors for the infant in the SCBU environment and is able to discuss how neonatal staff can reduce the impact of this stress for the infant in his/her care				
Work in partnership with parents and families to provide developmentally supportive care				
Discusses the importance of supported positioning for the term and preterm population				
Is able to discuss the impact of touch and handling on the infant. This should include positive touch				
Is able to support the parent(s) and family in providing positive touch				
Knows the importance of non-nutritive sucking and can advise the parent(s) according to gestational age and medical condition of the infant				

## Nutrition and feeding

<b>Aim:</b> <b>Ensure adequate nutrition for the infant in SCBU</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Supports parental choices in relation to method of feeding				
Is able to safely carry out all methods of enteral feeding Gastric tube Bottle feeding Cup feeding				
Understands and can communicate to parents the benefits of breast milk and breast feeding for different groups of infants				
Understands the physiology of lactation and demonstrates knowledge of initiation of breast feeding				
Supports the parents with expression of breast milk using nationally recognised frequency and methods of expression				
Can describe the safe preparation, handling and storage of breast and formula milk				
Is able to describe the process for ordering donor breast milk				
Assist the mother with decreased milk supply, advising strategies to enhance milk production				
Completes BFI training				
Recognises feeding cues and responds appropriately according to parental feeding choices				
Understands the importance of positioning and attachment at the breast				

Describes the normal suck swallow pattern of breast feeding in the term and preterm population				
Identifies a normal weight gain for infants that are fully enterally fed				
Shows appropriate interventions for sore nipples				
Is able to identify common medical conditions, medications and maternal conditions that contraindicate breast feeding and knows where to seek advice if required				
Supports parents in their choice of formula milk if required				
Understands the importance of positioning when artificially feeding				
Understands the rationale for different formula including preterm formula and supplements				
Administers prescribed milk supplements				
Can calculate feed requirements using dosing weight				
Can accurately calculate feed advancement using East of England feeding protocols				
Is able to identify when an oro or nasogastric tube may be required				
Is able to pass and secure an oro or nasogastric tube (See separate competency)				
Is able to care for an infant with an oro or nasogasrtic tube				
Is able to test for correct positioning of a gastric tube prior to each feed administration				
Is able to describe actions to take if unable to determine correct positioning of a gastric tube using the usual methods				
Is able to support the parents to tube feed their infant giving the information required prior to				

parent assessment				
Can identify deterioration in an infant's ability to tolerate enteral feeds - clinical signs and symptoms and can explain how and when to escalate a concern				
Is able to refer the parent to a feeding advisor when required if available				
Is able to refer the infant to the speech and language therapist if required				

## Blood glucose control

<b>Aim: Recognise blood sugar outside of the normal range and effectively care for the infant with hypo / hyperglycaemia</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed Date and signature</b>	<b>Assessment 1 Date and signature</b>	<b>Assessment 2 Date and signature</b>	<b>Level 3 competence Date and signature</b>
Is able to identify normal blood glucose ranges				
Is able to recognise the signs and symptoms of hypoglycaemia and hyperglycaemia				
Is able to locate the hypoglycaemia guideline and demonstrate understanding of the steps to take				
Is able to escalate concerns appropriately for the hypoglycaemic infant				
Can discuss when a blood glucose should be taken for infants of different gestational and postnatal ages				
Is able to safely take a sample for blood glucose measurement				
Is able to accurately record the blood glucose result				
Completes the local blood glucose competence where appropriate				

## Elimination and fluid balance

<b>Aim: Manage fluid balance of the infant in SCBU</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Recognise normal gastrointestinal function, stool frequency and appearance and document and report deviations				
Monitor and document urine output if clinically indicated				
Can perform urinalysis and document findings				

## Jaundice

<b>Aim: Identify hyperbilirubinaemia and care for an infant who is jaundiced</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Identifies the signs of hyperbilirubinaemia				
Identify which infant are at risk of developing physiological and pathological jaundice				
Accurately performs a transcutaneous bilirubin measurement				
Discuss the anatomy of the heel in relation to blood sampling sites				
Perform a safe and effective capillary blood sample				
Accurately plot the serum bilirubin (SBR) on the appropriate gestation chart and communicate the results to the registered nurse				

Demonstrate safe set up of an overhead phototherapy unit				
Demonstrate safe set up of a biliblanket / bilibed phototherapy unit				
Demonstrate safe care for an infant receiving phototherapy				
Support the parents of the jaundiced infant receiving phototherapy including suitable explanation of neonatal jaundice and phototherapy				

## Recognising deterioration and initiation of resuscitation

<b>Aim:</b>				
<b>Recognise when an infant is deteriorating and initiate resuscitation</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Demonstrate competence in the checking and use of the cot side emergency equipment				
Recognise normal respiratory function and appropriate parameters for preterm and term infants				
Recognise normal cardiovascular function and appropriate parameters for preterm and term infants				
Demonstrate knowledge of predisposing factors to apnoea and bradycardias				
Demonstrate accurate record keeping of apnoea and bradycardic events				
Can identify signs that an infant's respiratory/cardiovascular status is deteriorating				

Can demonstrate how to summon help in an emergency				
Has an understanding of the relevant components of the NLS algorithm and demonstrates safe airway technique within their sphere of practice and role				
Can complete the neonatal alert trigger and track tool (NATT) and escalate accordingly				

## Respiratory system

<b>Aim: Effectively care for an infant with a suspected or diagnosed respiratory disorder.</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed Date and signature</b>	<b>Assessment 1 Date and signature</b>	<b>Assessment 2 Date and signature</b>	<b>Level 3 competence Date and signature</b>
Understands the risks associated with oxygen administration to the preterm population in relation to retinopathy of prematurity and chronic lung disease				
Is able to monitor and record the respiratory rate and work of breathing				
Identify signs of abnormal respiratory function and recognises causes of respiratory distress				
Competently care for an infant receiving ambient oxygen				
Competently care for an infant receiving nasal cannula oxygen				
Complete the oral and nasopharyngeal suction competency				
Understand the difference between central and obstructive apnoea and can discuss the treatment				

options of each				
Discuss how infant position may facilitate optimal lung expansion				
Demonstrates the nursing care of an infant with CLD in the SCBU area and discuss the potential impact on the family				

## Cardiovascular system

<b>Aim:</b> Effectively care for an infant with a suspected or diagnosed cardiovascular disorder.				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Is able to respond immediately to the infant with a bradycardia or tachycardia				
Is able to record the bradycardia accurately and escalate concerns as appropriate				

## Thermoregulation

<b>Aim:</b> Maintain the infant temperature within the normal range				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Is able to assess and document infant temperature using skin and axilla measurement devices				
Can list 4 methods of heat loss and understands how these relate to and can be minimised for the term and preterm infant				

Uses appropriate strategies to maintain body temperature. These might include Use of an incubator Use of a hot cot Use of skin to skin care Use of clothing and blankets				
Uses interventions to correct hypo or hyperthermia				
Is able to prepare parents for the thermal care of the infant prior to discharge home				

## Monitoring

<b>Aim: Monitor the infant effectively</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Understands normal parameters (RR / oxygen saturation / blood pressure) for different gestational ranges and sets monitor alarm limits appropriately				
recognise and respond appropriately to alarms in timely manner				
demonstrate correct placement of respiratory monitoring				
demonstrate the setting up and placement of ECG monitoring if required locally				
demonstrate the setting up and placement of non-invasive blood pressure monitoring				
Discuss indications for continuous temperature monitoring if required locally				
demonstrate the setting up and placement of oxygen saturation monitoring				

## Pain assessment and management

<b>Aim: Assess and manage infant pain</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Recognises normal behaviour for different gestational and postnatal ages				
Recognises and documents signs of pain using a neonatal pain assessment tool (NPASS)				
Is able to provide suitable non pharmacological comfort and / or sucrose to an infant experiencing procedural pain and escalate to the registered nurse if alternatives are required				
is able to support parents of an infant in their care-giving approach to the infant in pain				

## Infection prevention and control

<b>Aim: Take steps to prevent infection in the infant and recognise signs of established sepsis</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Implements correct hand hygiene				
Ensures colleagues, parents and visitors implement the correct hand hygiene				
Ensures compliance with infection control measures such as gloves and aprons for all infant care				
Is able to manage the immediate environment in relation to prevention of infection. E.g. damp dusting of all surfaces				

Ensures compliance with infection control measures when barrier nursing an infant				
Is able to recognise signs of infection, documents findings and escalate as required				
Understands the correct MRSA screening protocol				
Demonstrates how to perform swab screening				
Demonstrates the correct disposal of sharps, infected linen and bodily fluids				
Demonstrates correct aseptic non touch technique and complete the competency if required locally				
Follows local guidance in relation to disposal of infected waste				

## Hygiene, skin and mouth care

<b>Aim:</b>				
<b>Care for the hygiene needs of the infant</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Uses appropriate measures to maintain skin integrity				
Uses a scoring system to assess and document the condition of the skin				
Delivers effective hygiene care for the infant at an appropriate time				
Uses the mouth care assessment tool and documents findings appropriately				
Delivers effective mouth care to the infant				
Is able to support the parent(s) in care giving in relation to hygiene, skin and mouth care				

## Neonatal blood spot screening

<b>Aim:</b>				
<b>Recognise the need for and initiate neonatal blood spot screening</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b>	<b>Assessment 1</b>	<b>Assessment 2</b>	<b>Level 3 competence</b>
	Date and signature	Date and signature	Date and signature	Date and signature
Knows the normal blood spot screening schedule				
Is able to explain the newborn blood spot screening tool to parents				
Accurately completes the blood spot form				
Is able to take a sample of blood of the required standard for blood spot screening				
Understands the guidance should a suitable blood sample not be obtained at the right time				
Understands how results of the blood spot are reported to the neonatal team and parent				
Completes the online learning package <a href="http://portal.e-lfh.org.uk/Register">http://portal.e-lfh.org.uk/Register</a>				

## Investigations and procedures

<b>Aim:</b>				
<b>Initiate or assist with and support the infant during the following investigations and procedures</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
<b>Able to initiate:</b>				
Capillary blood sampling				
Newborn blood spot screening				
SBR sample				
<b>Able to provide comfort to the infant during investigations and procedures which may include:</b>				
Intravenous cannulation				
Removal of indwelling long line				
Lumbar puncture				
Cranial ultrasound scan				
Full newborn examination / NIPE				
ROP screening				

## Administration of medication

<b>Aim:</b>				
<b>Safely manage an infant receiving prescribed medications</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Complete the local oral and topical drug competency if required locally				

## Transfer and discharge

<b>Aim: Safely discharge or transfer an infant from SCBU</b>				
<b>Learning objectives:</b>	<b>Observed / Discussed</b> Date and signature	<b>Assessment 1</b> Date and signature	<b>Assessment 2</b> Date and signature	<b>Level 3 competence</b> Date and signature
Plan discharge at an appropriate time and in collaboration with the family and multidisciplinary team				
Refer the infant and family to community / outreach neonatal services if required				
Participate in parent education and health promotion that is required prior to discharge				
Ensure that all aspects of parent education are completed prior to discharge				
Ensure TTO's have been prescribed and ordered in preparation for discharge				
Ensure future plan of care is communicated to the parents. This may include follow up appointments, community neonatal care				
Complete the discharge checklist to ensure all care is completed				
Accurately hand over care if infant is being transferred to another setting				

## Supervised shift log

<b>Staff member name:</b>	<b>Staff member signature:</b>
<b>Date:</b>	
<b>Planned learning objective:</b>	
<b>Summary of events and learning during the shift (to include assessment of the infant, planning and evaluating care, procedures undertaken, medication administered):</b>	
<b>Supervisor comments (to include progress towards learning objectives and action points):</b>	
<b>Supervisor name:</b>	<b>Signature:</b>

## Supervised shift log

<b>Staff member name:</b>	<b>Staff member signature:</b>
<b>Date:</b>	
<b>Planned learning objective:</b>	
<b>Summary of events and learning during the shift (to include assessment of the infant, planning and evaluating care, procedures undertaken, medication administered):</b>	
<b>Supervisor comments (to include progress towards learning objectives and action points):</b>	
<b>Supervisor name:</b>	<b>Signature:</b>

## Supervised shift log

<b>Staff member name:</b>	<b>Staff member signature:</b>
<b>Date:</b>	
<b>Planned learning objective:</b>	
<b>Summary of events and learning during the shift (to include assessment of the infant, planning and evaluating care, procedures undertaken, medication administered):</b>	
<b>Supervisor comments (to include progress towards learning objectives and action points):</b>	
<b>Supervisor name:</b>	<b>Signature:</b>

## Glossary of terms

ODN	Operational delivery network
SBAR	Situation / Background / Assessment / Recommendation
NICU	Neonatal intensive care unit
SCBU	Special care baby unit
PALS	Patient advice and liaison service
ROP	Retinopathy of prematurity
CLD	Chronic lung disease
RDS	Respiratory distress syndrome
MRSA	Methicillin-resistant Staphylococcus aureus
NIPE	Newborn and infant physical examination
ANTT	Aseptic non touch technique
VIP score	Visual infusion phlebitis score
IV	Intravenous
SIDS	Sudden infant death syndrome
MDT	Multidisciplinary team
NATT	Neonatal alert trigger and track tool
NPASS	Neonatal pain and sedation score

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Adapted from the East of England Pre QIS neonatal nurse competency document.

This document is copyrighted but the importance of sharing is recognised and the EoE practice development group welcome requests for use or development of this tool from other ODN's. Correspondence should be directed to Erica Everett, Network lead nurse practice development.



East of England Neonatal ODN  
(Hosted by Cambridge University Hospitals)



# Confirmation of completion

This certifies that

**Name:**

**Date:**

**Local Hospital:**

Has successfully completed the relevant sections of the East of England ODN  
Non-registered clinical staff competency document

**Staff member**

Name:

Signature:

**Preceptor**

Name:

Signature:

**PDN**

Name:

Signature: