London Transformation and Learning Collaborative (LTLC)
Critical Care programme

Broadening the skill base of our NHS workforce
to support London's critical care patients

NHS
Health Education England

Supporting our people: A Toolkit for rapid cross-skilling, supporting safe redeployment

January 2020

NHS England and NHS Improvement

Tinyurl.com/ltlc2020

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London Transformation and Learning Collaborative (LTLC)
Critical Care programme

Broadening the skill base of our NHS workforce
to support London's critical care patients

Using the (LTLC) to cross-skill healthcare workers & students to support the Critical Care staff

Identify appropriate training path → Identify cross-skilling needs → Access self-directed learning content on e-LfH → Local Orientation → Support staff in work & after shifts

1. Registered Support Clinician (RSC)
Anyone with a professional registration:
- ✓ Nurses- adults & paeds
- ✓ AHP's: Physio, OT, SLT, Dietician
- ✓ Doctors

2. Pharmacists

3. Healthcare Scientists

4. Non-registered Support Staff (NRSS)
- ✓ Healthcare Assistants
- ✓ Students from all professions

Skills Matrix
tinyurl.com/ltlcskillsmatrix

Find appropriate tab to review skills you have and those that need attention. All the resources available to support and revise the topic are listed.

Consider mapping to:
- RSC passport
- NRSS passport
- FICM passport

Self-directed learning resources
tinyurl.com/ltlc2020

These are NOT pass / fail e-learning packages but mainly
- Videos
- PDF's
- Narrated Power Points
- Links to websites

Local critical care guidelines / SOP's on trust intranet

Orientation to Critical Care unit:
Fire points
Break rooms
Toilets
Access codes
Who is in charge
Where to find help
Shift times
PPE / Mask-fit testing

Re-access LTLC resources to support **ongoing completion of passport** &
-patient care
-CPD
-staff wellbeing
-patient safety
-leadership skills
-communication skills

Generic Resources for all staff
- LTLC Skills Matrix: ICU Generic skills – Safety, Communication, Documentation, Moving & Handling, Professional Development, Human Factors, Well Being
- LTLC Skills Matrix: COVID-19 generic skills – Safety, communication
- 360 ICU bedspace orientation
- ICU Equipment matrix
- COVID-19 specific training: Coronavirus program on e-LfH (**tinyurl.com/covidelfh**)

360 orientation

Registered Support Clinician (RSC)

- An RSC may be:
  - a junior ICU nurse who has not yet achieved their step 1 competencies in the National Competency Framework,
  - a registered nurse, who works outside of ICU or
  - a registered (non-nursing) health care professional.

- The RSC may be redeployed to critical care areas during surge or caring for patients on wards who are more unwell than usual (deteriorating/ICU step down).

- A "skills passport" has been developed to highlight the most important skills for the Registered Support Clinician to hold before starting work on a critical care unit. This skills passport document is a downloadable PDF and contains:
  1. An introduction to the passport
  2. Passport Assessment tool for RSC Staff
  3. Statement of Competence – to be completed by RSC and supervisor
  4. Links to e-LfH resources identified to help achieve RSC status if needed

- Please find a copy of the RSC skills passport in the Appendix (p.12-19)

Non-Registered Support Staff (NRSS)

- An NRSS may be:
  - a Health Care Support Worker or
  - a non-registered member of staff specifically recruited to ICU in this role.
  - healthcare students who may wish to work on Critical Care Units during the surge as bank staff
- The NRSS may be redeployed to critical care areas during surge or caring for patients on wards who are more unwell than usual (deteriorating/ICU step down).
- To accompany these resources a "skills passport" has been developed to highlight the most important skills for the Non-Registered Support Staff member to hold before starting work on a critical care unit (as identified by senior critical care nurses and educators across London). This skills passport document (Hyperlinked) is a downloadable PDF which contains:
  1. An introduction to the passport
  2. Passport Assessment tool for RSC Staff
  3. Statement of Competence – to be completed by NRSS and supervisor
  4. Links to e-LfH resources identified to help achieve NRSS status if needed
- The Nightingale RED program is a 2-day course already written for training NRSS – available from LTLC hub
- Please find a copy of the NRSS skills passport in the Appendix (p.20-24)

Healthcare Scientist

Healthcare scientist (HCS) as a title encompasses a very varied workforce who work in departments from pathology to radiotherapy, through to sleep studies and data analytics. In response to the first COVID surge HCS performed many different roles and had a whole host of responsibilities outside of BAU.

HCS were redeployed as ICU tech support, clinical engineering support, bedside buddies and floating clinical team (at NHS London Nightingale Hospital).

HCS Surge Roles offers a brief introduction to how HCS could add value in a surge situation

The Medical Equipment safety & QA HCS role presentation provide some details regarding this final role.

Trusts have a lead HCS who can help identify HCS staff and aid in establishing where their skills could be best utilised.

Paediatric Staff

- A column has been added to the RSC tab of the Skills Matrix called “Redeploying paediatric staff areas to update”.
- This highlights the learning outcomes that staff who redeployed from paediatrics to adult critical care in surge 1 felt they needed to revise to feel confident in the adult environment. Each of these is mapped to resources that are readily available through the LTLC e-LfH hub.
- In addition, as for all staff redeploying, there are key skills covered in both the ‘ICU Generic Skills’ tab and the ‘Covid-19 Generic Skills’ tab such as ‘proning’ and ‘manual handling’ videos and patient safety resources.
- Additional resources have been provided by colleagues from across London
  - Report on supported redeployment of PICU staff to general paediatric ward (GOSH to the Whittington Hospital) link
  - 17-page guidance document for PICU staff being redeployed to ACC in surge 1 (North Thames Paediatric Network) link
  - Evaluation paper sharing the experiences of 25 redeployed PICU staff during surge 1 link

Virtual 360 orientation to the ICU

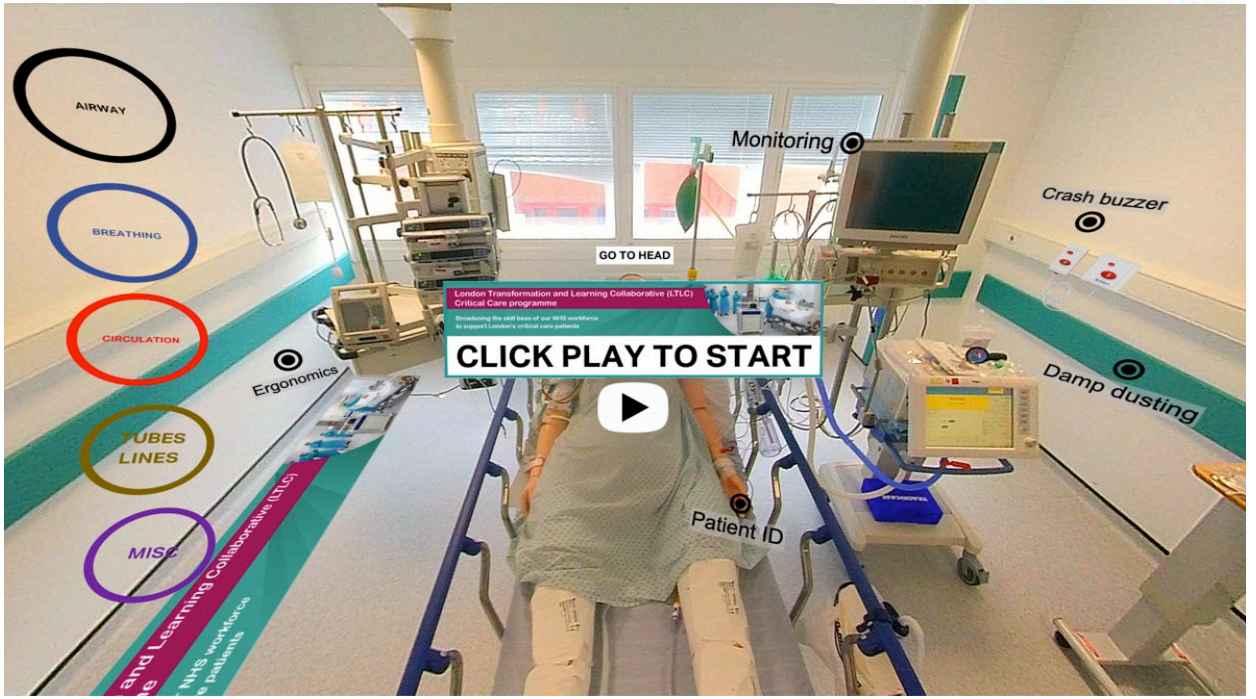
tinyurl.com/ltlc360icu

This interactive tool aims to:
- introduce some of the equipment that they will use in both routine and emergency situations
- build a shared understanding of risk
- reduces dependence on critical care staff.

Resource works best on a phone.

Approx. 2 minutes per resource

Time to complete: approx. 1hr total



Moral Injury

tinyurl.com/ltlcmoralinjury

This is one of a series of films to help healthcare workers think through some of the emotional and psychological challenges that may arise especially, but not limited, to a pandemic

What does it actually mean? (0:52sec)
What might it look like to me & my colleagues? (4:03)
Will everyone eventually become injured? (6:18)
What can I do to help myself & others? (8:09)

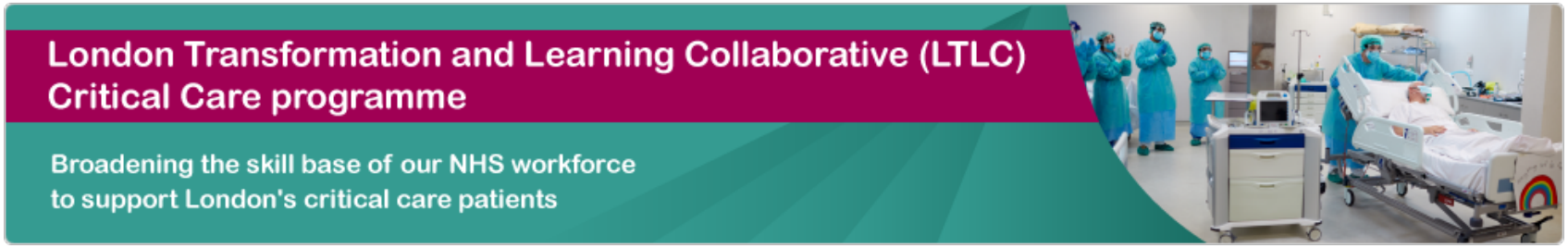
"This is amazing. Really thought provoking, and great to stir up conversations, allowing people to offload, or to understand why they feel how they feel." Lead Nurse, Critical Care, NWL

LTLC Microsite

360 orientation

Contact: ltlc@hee.nhs.uk

tinyurl.com/ltlc2020
tinyurl.com/ltlcskillsmatrix
tinyurl.com/ltlcmoralinjury
tinyurl.com/ltlc360icu
tinyurl.com/covidelfh



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Appendix

- RSC Skills Passport *(p.12-19)*
- NRSS Skills Passport *(p.20-24)*
- Guide for task allocation in a surge model for nursing *(p.25-28)*

RSC Skills passport

This passport summarises the role essential skills required for a Registered Support Clinician (RSC) to function in a surge model of care in an intensive care unit (ICU) during the COVID-19 pandemic. In March 2020, the NMC and other national bodies recognised, in the Joint Statement on Developing Immediate Critical Care Nursing Capacity, during surges of Covid-19, there may be a requirement to temporarily depart from established procedures in order to care for patients and people using health services. Updated national guidance for workforce management during this time was published on 10 December 2020, Advice on Acute Sector Workforce Models During Covid-19.

An RSC may be:

- a junior ICU nurse who has not yet achieved their step 1 competencies in the National Competency Framework,
- a registered nurse, who works outside of ICU or
- a registered (non-nursing) health care professional.

How to use the passport

The passport can be used as a self-assessment tool and/or as an assessment tool with a supervisor. The supervisor may be the individuals' manager, educator or delegated other.

The RSC should complete the self-assessment column. The responsibility to identify whether they have the relevant knowledge and proficiency sits with the registered support clinician (RCS). The passport should be reviewed as part of a supportive conversation where the supervisor may check and challenge.

The supervisor and individual should identify any areas marked areas for development. If the RSC identifies any areas for development, they can use the suggested resources on e-Learning for Healthcare (eLfH) or use local training resources. Some proficiencies may require a competency assessment depending on local protocol. The RSC and supervisor may identify that, where the RSC requires further development to achieve competence, they may need to seek assessment from a different supervisor or educator who is competent and experienced in the skill.

When the RSC and supervisor agree the RSC is proficient in all aspects of the passport this should be signed by both parties. It may be helpful to add the "RSC" skill to Healthroster or their local system for recording skills.

Page 2-4: Passport Assessment tool for RSC Staff
Page 4: Statement of Competence – to be completed by RSC and supervisor
Page 5-8: Links to e-LfH resources identified to help achieve RSC status if needed (e-LfH log in required – you just need to register)

Assessment tool for RSC Staff			
Domain		**Self-assessment Record: Met (M), Initial and date**	**Supervisor Review Record: Met (M), Initial and date**
Safety			
PPE	Describe the Public Health England guidance for donning and doffing Describe the relevant action in the event of a Personal Protective Equipment (PEE) breach		
	Able to perform donning and doffing of all PPE in Critical Care		
Vital Signs	Recognises normal parameters and escalates abnormal findings (Able to correctly calculate and is able to explain local escalation process)		
	Can demonstrates the ability to take and record vital signs (Heart rate, temperature, respiratory rate, Sa02, Blood pressure (invasive and non-invasive) and is able to identify the correlating waveform on the monitor. Able to calculate an accurate fluid balance.		
Bed space	Can identify equipment and consumables required for preparation of a bedspace in ICU		
	Able to prepare a bedspace in ICU for admission		
Documentation			
Generic	Demonstrate (through discussion) essential knowledge of (and its application to practice) NMC record keeping guidance (2009) Demonstrates knowledge of own legal responsibility in written documentation and record keeping		
Local	Demonstrates the ability to access and document care in patient records using the local ICU system: Enter system used ……		
Equipment			
	Describe how to report faulty or broken equipment Able to identify infusion, volumetric and feeding pumps in ICU, able to respond to alarms and escalate concerns. Demonstrates ability to safely use syringe drives, volumetric and feeding pump, enter brand ……		
Medication			
Peripheral	Competent to administer routine (not critical specific) drugs and fluids via peripheral intravenous access devices (local competence of Capital Nurse IV passport)		
Central	Competent to administer routine (not critical specific) drugs and fluids via temporary non tunnelled central venous access devices (local competence of Capital Nurse IV passport)		

Arterial line management			
	Can recognise an arterial line Demonstrates how to take the ABG sample to the machine and process the sample ABG machines familiar with ……. Demonstrate safe practice when drawing an arterial blood gas Demonstrate safe practice when processing an arterial blood gas Can explain the difference between an arterial line and venous access, including not injecting any drugs Explains the complications associated with arterial lines and able to escalate concerns.		
Care and management of nasogastric tubes on ICU			
	Describe the procedure (indications/contraindications) for NGT insertion. Demonstrates 'NEX' measurement (measurement from the nose, earlobe, xiphisternum) Demonstrates administration of nasogastric drugs via NGT route securement of NGT. Demonstrates the importance of confirmation of position of nasogastric tubes according to local procedures which may vary between ICU's. Demonstrate how to check and document NGT length. Describe escalation plan if NGT length has changed. Demonstrates how to document the procedure for NGT placement confirmation and the daily checks.		
Airway			
Suctioning	Demonstrate safe practice when performing closed suctioning via an endotracheal tube Demonstrate safe practice when preforming closed suction via a tracheostomy tube Demonstrate safe practice when open suctioning via an endotracheal tube Demonstrate safe practice when open suctioning a via tracheostomy tube.		
Tracheostomy Care Basics	Able to competently care for tracheostomies, either detail via local Trust competency document (enter name of Trust ……..) **Or** Demonstrate safe preparation of tracheostomy kit and daily checks. Demonstrate safe securing of a tracheostomy tube. Demonstrate safe tracheostomy dressing checks. Demonstrate accurate cuff pressure measurement. Describe how to recognise acute complications of tracheostomies. Describe the emergency management of a blocked or dislodged tracheostomy. Demonstrates awareness of own limitations of scope of practice and seeks advice appropriately.		

Neurology			
Delirium management	Describe how to recognise delirium Describe the prevention and management of delirium in ICU Describe how to implement non-pharmacological management of delirium		

Statement of Competence of Registered Support Clinician (RSC) **The individual below has the appropriate knowledge, skills and competence to be redeployed to an RSC role in ICU:**		
Date: **Name of Registered Support Clinician (RSC):** Professional registration number: Professional email: Job title: Signature: Place of work (Hospital and Ward):	Date: **Name of supervisor:** Professional registration number: Professional email: Job title: Signature:	Date: **Name of additional assessor:** Professional registration number: Professional email: Job title: Signature:

Where the RSC skill has identified a knowledge gap they may wish to use the E Learning for Heath Resources below or refer to local training / education / guidance:

Safety	
PPE	Describe the Public Health England guidance for donning and doffing Describe the relevant action in the event of a Personal Protective Equipment (PEE) breach
	Able to perform donning and doffing of all PPE in Critical Care
e-LfH resources	Infection Prevention and Control (IPC) Highlights (Document) Donning of Personal Protective Equipment (PPE) (video 7 mins) Removal and disposal of Personal Protective Equipment (PPE) (video 5 mins)
Vital Signs	Recognises normal parameters and escalates abnormal findings (Able to correctly calculate and is able to explain local escalation process)
	Can demonstrates the ability to take and record vital signs (Heart rate, temperature, respiratory rate, Sa02, Blood pressure (invasive and non-invasive) and is able to identify the correlating waveform on the monitor. Able to calculate an accurate fluid balance.
e-LfH resources	Taking and recording respiratory Rate (video 2mins) Taking and recording of vital signs: Blood Pressure (Video 2.5 mins) Taking and recording of vital signs: Temperature (video 3mins) Taking and recording of vital signs: Pulse (video 3 mins) 360 bed space orientation Basic Principles of Intensive Care Nursing, Circulation (Video 7 mins) Safe Use of Pulse Oximetry Equipment (e Learning)
Bed space	Can identify equipment and consumables required for preparation of a bedspace in ICU
	Able to prepare a bedspace in ICU for admission
e-LfH resources	360 bed space orientation Bedspace Safety Checks
	Additional Suggested Core Resources re patient safety: RESCUE: Reducing Errors through Safe, Clear, Unambiguous English (workshop) , Human Factors: A Quick Guide (video 6mins) Human Factors in Critical Care Medicine (Article)

Documentation	
Documentation	Demonstrate (through discussion) essential knowledge of (and its application to practice) NMC record keeping guidance (2009) Demonstrates knowledge of own legal responsibility in written documentation and record keeping:
	Demonstrates the ability to access and document care in patient records using the local ICU system Enter system used ……
e-LfH resources	Documentation lesson plan – contains a documentation exercise (further resources in development)
Equipment	
	Describe how to report faulty or broken equipment Able to identify infusion, volumetric and feeding pumps in ICU, able to respond to alarms and escalate concerns. Demonstrates ability to safely use syringe drives, volumetric and feeding pump, enter brand ……
e-LfH resources	Bedspace Safety Checks 360 bed space orientation Equipment Matrix
Medication	
Peripheral	Competent to administer routine (not critical specific) drugs and fluids via peripheral intravenous access devices (local competence of Capital Nurse IV passport)
Central	Competent to administer routine (not critical specific) drugs and fluids via temporary non tunnelled central venous access devices (local competence of Capital Nurse IV passport)
e-LfH resources	Medicines Learning Portal: Injection compatibility (e Learning) Preparation and Administration of IV Medicines (e Learning) Vascular Access Devices (e Learning) Cannula Care (e Learning)

Arterial line management	
	Can recognise an arterial line Demonstrates how to take the ABG sample to the machine and process the sample (insert machine? drop down list of common bands) Demonstrate safe practice when drawing an arterial blood gas Demonstrate safe practice when processing an arterial blood gas Can explain the difference between an arterial line and venous access, including not injecting any drugs Explains the complications associated with arterial lines and able to escalate concerns.
e-LfH resources	360 bed space orientation Arterial Line Care (Video 25 mins) ANTT (Video 12 mins) Processing a blood gas sample (video 3 mins)
Care and management of nasogastric tubes on ICU	
	Describe the procedure (indications/contraindications) for NGT insertion. Demonstrate 'NEX' measurement (measurement from the nose, earlobe, xiphisternum) Demonstrate administration of nasogastric drugs via NGT route iii) securement of NGT. Discuss the importance of confirmation of position of nasogastric tubes according to local procedures which may vary between ICU's. Demonstrates how to check and document NGT length. Describe escalation plan if NGT length has changed. Demonstrates how to document the procedure for NGT placement confirmation and the daily checks.
e-LfH resources	**Basic Principles of Intensive Care Nursing (NGT)** 360 bed space orientation

Airway	
Suctioning	Demonstrate safe practice when performing closed suctioning via an endotracheal tube Demonstrate safe practice when preforming closed suction via a tracheostomy tube Demonstrate safe practice when open suctioning via an endotracheal tube Demonstrate safe practice when open suctioning a via tracheostomy tube.
e-LfH resources	Use of Closed-Circuit In-line Suction Open suction (video 3mins) 360 bed space orientation Basic Principles of Intensive Care Nursing, tubes & lines suctioning (e learning) Inline Suctioning a Tracheostomy (Video 4mins) open & closed suctioning (e-Learning) Cuff Pressure measurement (Video 1 min)
Tracheostomy Care Basics	Able to competently care for tracheostomies, either detail via local Trust competency document enter which…….. **Or** Demonstrate safe preparation of tracheostomy kit and daily checks. Demonstrate safe securing of a tracheostomy tube Demonstrate safe tracheostomy dressing checks Demonstrate accurate cuff pressure measurement Describe how to recognise acute complications of tracheostomies Describe the emergency management of a blocked or dislodged tracheostomy. Demonstrates awareness of own limitations of scope of practice and seeks advice appropriately.
e-LfH resources	360 bed space orientation
Neurology	
Delirium management	Describe how to recognise delirium Describe the prevention and management of delirium in ICU Describe how to implement non-pharmacological management of delirium
e-LfH resources	Sedation Assessment (e Learning) Rass Scoring and sedation Bundle (e Learning)

To access all the LTLC training resources and the skills matrix outlining the additional RSC competencies staff may want to consider revising / preparing for please visit tinyurl.com/ltlc2020

NRSS Skills passport

This passport summarises the role essential skills required for a non-registered support clinician (NRSS) to function in a surge model of care in an intensive care unit (ICU) during the COVID-19 pandemic.

An NRSS may be:

- a Health Care Support Worker or
- a non-registered member of staff specifically recruited to ICU in this role or
- healthcare students who may wish to work on Critical Care Units during the surge as bank staff

How to use the passport

The passport can be used as a self-assessment tool and as an assessment tool for use with a supervisor. The supervisor may be the individual manager, educator or delegated other. The supervisor must be a registered professional with suitable knowledge of the areas of assessment.

The NRSS should complete the self-assessment column. The responsibility to identify whether they have the relevant knowledge and proficiency sits with the NRSS and is confirmed by their supervisor. The passport should be reviewed as part of a supportive conversation where the supervisor may check and challenge.

The supervisor and individual should identify any areas marked areas for development. If the NRSS identifies any areas for development they can use the suggested resources on E Learning for Health (eLfH) or use local training resources.

When the NRSS and supervisor agree the NRSS is proficient in all aspects of the passport this should be signed by both parties. It may be helpful to add the "NRSS" skill to Healthroster or their local system for recording skills.

Assessment tool for Non-Registered Support Staff (NRSS)			
Domain	**Learning Outcome**	**Self-assessment Record: Met (M), Initial and date**	**Supervisor Review Record: Met (M), Initial and date**
Safety			
PPE	Able to describe the Public Health England guidance for donning and doffing Can describe the relevant action in the event of a Personal Protective Equipment (PEE) breach		
	Able to perform donning and doffing of all PPE in Critical Care		
Bed space	Can identify equipment and consumables required for preparation of a bedspace in ICU		
	Able to prepare a bedspace in ICU for admission		
	Able to maintain stock levels in the bedside trolleys, line trolleys, stocking up trolleys and storeroom		
	Able to dispose of non-clinical and clinical waste and linen		
Equipment			
	Able to describe how to report faulty or broken equipment Demonstrates competence using local device for blood glucose monitoring, enter device brand …… Demonstrates competence in processing arterial blood gas samples		
Neurology			
Delirium management	Describe how to recognise delirium Able to describe the prevention and management of delirium in ICU Able to describe how to implement non-pharmacological management of delirium		
Patient Hygiene			
	Able to provide personal care, washing, shaving and oral hygiene to a critically unwell patient. Escalates any concerns to the registered nurse.		
Infection prevention & control			
	Competent in ANTT and hand hygiene Able to perform damp dusting Able to take CSU Able to take routine swabs Able to take a faecal sample		

Statement of Competence of Non-Registered Support Staff (NRSS) **The individual below has the appropriate knowledge, skills and competence to be redeployed to an NRSS role in ICU**		
Date: **Name of Registered Support Clinician (RSC):** Professional registration number: Professional email: Job title: Signature: Place of work (Hospital and Ward):	Date: **Name of supervisor:** Professional registration number: Professional email: Job title: Signature:	Date: **Name of additional assessor:** Professional registration number: Professional email: Job title: Signature:

Where the RSC skill has identified a knowledge gap they may use the E Learning for Heath Resources below:

Safety	
PPE	Able to describe the Public Health England guidance for donning and doffing Can describe the relevant action in the event of a Personal Protective Equipment (PEE) breach
	Able to perform donning and doffing of all PPE in Critical Care
e-LfH resources	IPC Highlights (Document) Donning of Personal Protective Equipment (PPE) (video 7 mins) Removal and disposal of Personal Protective Equipment (PPE) (video 5 mins)
Bed space	Can identify equipment and consumables required for preparation of a bedspace in ICU
	Able to prepare a bedspace in ICU for admission
	Able to maintain stock levels in the bedside trolleys, line trolleys, stocking up trolleys and storeroom
	Able to dispose of non-clinical and clinical waste and linen
e-LfH resources	360 bed space orientation
Equipment	
	Able to describe how to report faulty or broken equipment Demonstrates competence using local device for blood glucose monitoring, enter device brand …… Demonstrates competence in processing arterial blood gas samples
e-LfH resources	Equipment Matrix Processing a blood gas sample (video 3 mins)
Neurology	
Delirium management	Describes how to recognise delirium Able to describe the prevention and management of delirium in ICU Able to describe how to implement non-pharmacological management of delirium
e-LfH resources	Sedation Assessment (e Learning) Rass Scoring and sedation Bundle (e Learning) Richmond Agitation Scale
Patient Hygiene	

	Able to provide personal care, washing, shaving and oral hygiene to a critically unwell patient. Escalates any concerns to the registered nurse
e-LfH resources	Performing a bed bath (video 4mins) washing a Patients Hair (Video 3 mins) Washing a patients care with a shampoo cap (video 3 Mins)
Infection prevention & control	
	Competent in ANTT and hand hygiene Able to perform damp dusting Able to take CSU Able to take routine swabs Able to take a faecal sample
e-LfH resources	ANTT (Video 12 mins) 360 bed space orientation Catheter Care (e Learning) Handwashing (video 1 min)

ICU Nurse Staffing Structure and Ratios: Suggestions for the "pod" structure

During surge, nursing care can be delivered in a 'Pod' structure,
The ICU Nurse 'leads' the Pod, and identifies the skill set of any team members who may be:

- Registered Support Clinicians (RSC) or
- Non-Registered Support Staff (NRSS)

They then allocate, and supervise where required, tasks according to this.

For clarification of the RSC and NRSS roles and expected competencies please see the London Transformation and Learning Collaborative (LTLC) site tinyturl.com/ltlc2020
On this website you will also find details of skills "Passports" for each of these roles, outlining the minimum additional critical care skills these staff members should ideally have prior to redeployment.

Suggested Shift Process:

Start of the shift
ICU Nurse, RSC and patient facing NRSS introduce themselves, agree priorities and the ICU nurse will allocate tasks for the Pod.
The daily shift planner and skills framework will assist with this.
If in isolation rooms this can be done by telephone or via MS Teams.

Post ward round
Pod nursing team meet and review if there is are any changes in priorities.

After Lunch breaks
Team meet - is the Pod team on track? Have the priorities changed?

End of Shift
Team meet, identify any care to be handed over.

Break Relief
Coordinate with the Nurse in Charge.
Suggested break patterns should be agreed.

Escalation of Concerns
Concerns about patients or staff should be escalated early to the nurse in charge.

Suggested Pod Task allocation

This part of the document aims to assist the surge 'Pod' staffing structure by suggesting how tasks might be allocated in this model.
This is a guide and assumes that the RSC and NRSS have the baseline skills detailed in their skills "passports". Redeployed staff may also have or acquire additional skills.

Critical Care Nurse	Registered Support Clinician (RSC)	Non-Registered Support Staff (NRSS)
Safety Checks		
Ventilator setting and alarms Monitor setting Calibration of transducers Drug infusions and lines Identify emergency drug access	Name and allergy band Suction, oxygen, Ambu bag waters circuit Humidifier Drug prescriptions and times Nutrition prescription and confirmation of n/g tube position	Name and allergy band Suction, oxygen, and breathing Bedside safety – pumps, machines charging Next of Kin Contact Stock bedspace
Medications		
Administer inotropes Administer sedation Administer continuous heparin infusion	Administer standard IV's (peripheral and central) Administer oral drugs Administer nasogastric drugs Administer PR drugs VIP score	
Observations and Assessment (assess and record)		
Airway Ventilation Auscultation Cardiac output Delirium assessment GCS CRRT	Vital signs RASS Gag reflex Pedal pulse Pupil assessment Nausea assessment Pain assessment Stool assessment	Patient care Patient position Check when bowels opened Nausea assessment Temperature
Sampling		
ABG, *interpret and respond* Bloods, *interpret and respond* NBAL	Sample central and arterial lines CSU Sputum Swabs Urine dipstick Fecal sample Blood sugar level, *interpret and respond*	Process ABG CSU Sputum Swabs Fecal sample Blood sugar level, *alert RSC or CCRN of result* (if trained in the use of the relevant equipment)

Critical Care Nurse	Registered Support Clinician (RSC)	Non-Registered Support Staff (NRSS)
Ventilation		
Adjust and record ventilation	Adjust FiO_2 Suctioning Tracheostomy care	Assist ICU nurse with ETT and tracheostomy care
Nutrition		
Abdominal pressure monitoring	Sample BSL Adjust variable rate insulin Administer nasogastric feed Care and management of nasogastric tube	Assist with feeding Sample BSL Bowel assessment Stool assessment
Fluid and renal		
CVVHDF	Urinalysis Record fluid balance (input /output)	
Specialist equipment		
ICP EVD Pacing IABP Spinal drains Chest drains	Care of surgical drains Sequential stocking device	
Personal Care		
Lead on log roll Lead on mobilization of patients with airways	Personal care Oral Care Pressure area care Wound care Assist with mobilization Dressings	Personal care Oral Care Pressure area care Wound care Assist with mobilization Assist with dressings
Risk assessment		
	Document all risk assessment (daily and weekly) Moving and handling Falls as indicated Bed rails as indicated	
Maintaining Safe Environment		
Emergency ventilation equipment available	Bed space set up Ensure adequate stock levels Damp dusting Donning area Doffing area	Ensure adequate stock levels Damp dusting Donning area Doffing area

Critical Care Nurse	Registered Support Clinician (RSC)	Non-Registered Support Staff (NRSS)
Psychological care of the family and patient		
Provide comfort and reassurance and engage with patient. Facilitate remote contact with families Support a therapeutic environment, minimizing noise and promoting sleep.	Provide comfort and reassurance and engage with patient. Facilitate remote contact with families Support a therapeutic environment, minimizing noise and promoting sleep.	Provide comfort and reassurance and engage with patient. Facilitate remote contact with families Support a therapeutic environment, minimizing noise and promoting sleep.
Recovery and rehabilitation		
Liaise with MDT regarding rehabilitation Plan and assess rehabilitation and recovery activities	Deliver rehabilitation and recovery activities under guidance of ICU nurse or relevant professional	Engage patient and provide reorientation and support. Assist with delivery of rehabilitation
Infection Prevention Control		
Ensure connections secure prior to re-positioning/interventions	4 hourly damp dust all hard surfaces equipment mattress	4 hourly damp dust all hard surfaces equipment mattress
Waste Disposal		
	Dispose of waste according to trust policy	Dispose of waste according to trust policy