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FOR NURSING SUPPORT WORKERS ACROSS THE UK

AUTUMN 2019



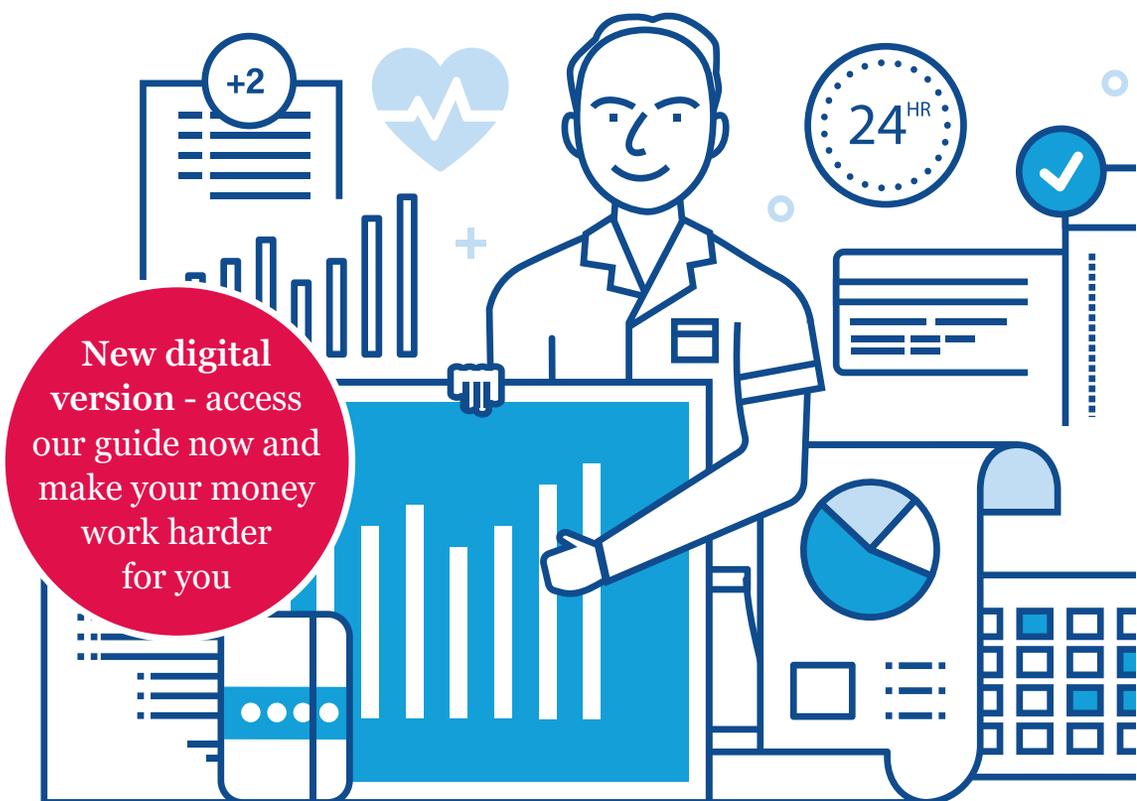
RIGHT BY THEIR SIDE

**CHARLENE SUPPORTS PATIENTS HAVING
FERTILITY TREATMENT**

Nursing Support Worker Money Guide

Includes helpful tips and expert advice on everyday money matters, such as:

- better budgeting
- your work and benefits
- affordable housing
- child care costs
- dealing with a change in income...and much more.



New digital version - access our guide now and make your money work harder for you

As a member, you can access the full version by logging into MyRCN



rcn.org.uk/nsw-money-guide



Welcome to this issue of *RCN Health+Care*. As frontline workers, we know we need the right people, with the right skills, to provide high quality care to patients and to protect staff. So, as the RCN's campaign for safe and effective staffing picks up pace, I hope to see you getting involved and taking a leading role. Find out more on pages 6 and 7.

It's great to read about so many support workers doing brilliant things in our magazine. When I saw how Belinda and the team are leading change in Scotland I felt so proud of what we all do. Their work getting patients active is bringing real benefits – take a look at pages 12 and 13 and see if they make you feel motivated to get moving too!

However, I do feel our work is still not valued enough. I want our voice to be heard in the RCN and wider world so I will be asking the RCN's governing body to consider introducing a Nursing Support Worker Day into the annual calendar. Let's get the recognition we deserve for the essential work we do.

Enjoy this issue of *RCN Health+Care*.

Lindsay Cardwell

Chair, RCN Nursing Support Workers Committee

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Story to tell?

If you've got a work story to share, or there's a topic you'd like to see covered in a future issue of this magazine, get in touch, just as Charlene, whose story features on our cover, did after reading the last issue. Email health.care@rcn.org.uk with "Health+Care" in the subject line. And if you see something that interests you in this issue, why not join the debate on the RCN Nursing Support Workers Facebook page?

Need more *Health+Care*?

Don't forget *RCN Health+Care* magazine is online and that's where you'll find all the latest advice and member stories. Take a look today rcn.org.uk/healthcaremag

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4 UPDATE

Ofrah's passionate about your work

The RCN has appointed a new professional lead to work specifically with nursing support workers across the UK

Ofrah Muflahi started her nursing career as a health care assistant, while studying, before becoming a registered children's nurse. She's also worked in the NHS for more than 20 years in various positions including as a sister, a community nurse, a specialist nurse for sickle cell and thalassemia, a nursing professional lead, in quality governance and more recently for Macmillan Cancer Support. She says she's passionate about nursing and what the RCN stands for.

"Working as a HCA kick-started my nursing career and I'm looking forward to promoting the work you do and getting involved in your development and progression. This is a growing workforce and I want to look at how the RCN can further support you.

"Having been a support worker myself, I remember the challenges you're facing. I'm keen to make a difference in the areas where

you're currently under-represented."

Ofrah, a former RCN steward, also wants to see more support workers get involved in the professional side of the RCN and join its specialist nursing forums. "That's a way of celebrating the work you do and making the most of your membership."

She adds: "I'll be out and about at support worker conferences over the next few months – please come and say hi and let me know what's important to you."



Your representative



Evan Keir has been re-elected unopposed as the nursing support worker representative on RCN Council. He'll be in the role until December 2023.

Time to go green?

You can now choose how you receive your copy of RCN *Health+Care* magazine. Simply login at rcn.org.uk/myrcn to tell us if you'd prefer to receive your copy in the post or by email.

If you've already chosen not to receive emails from the RCN you will not receive any RCN magazines by email, regardless of how you set your magazine preferences.



It's the little things...

A senior health care assistant from Northern Health and Social Care Trust has been honoured for her commitment to making improvements and promoting patient dignity

Named as the RCN in Northern Ireland's HCA of the Year, Laura Bradley was praised for the way she promotes confidence among patients and their families.

Dennis Greer, Northern Ireland representative on the RCN Nursing Support Workers Committee, sat on the judging panel for the awards. He says Laura's caring and supportive manner, and her commitment to promoting patient dignity, made her a winner. "She helps improve the ward environment, and focuses on the needs and interests of patients and their families," he says.



"It's the little things that often make such a big difference and she goes the extra mile. She used her lunch break to buy a lemon drizzle cake for a patient as they said it was their favourite. I know that patient will remember her for a long time."

rcn.org.uk/northern-ireland

All nursing support workers welcome

RCN members have voted to change the name of our health practitioner member category to the nursing support workers category.

It's felt this reflects the members we represent more accurately.

Lindsay Cardwell, Chair of the RCN Nursing Support Workers Committee, says: "The whole nursing team is welcome in the RCN. I hope this name change will make that clearer to everyone."

The AGM vote took place in the same week members attended RCN Congress in May. Hundreds of nursing staff visited the support worker stand there where they were encouraged to go back to their workplaces and spread the word that support workers are welcomed and encouraged to join the RCN.

Support workers also led work on many pertinent issues discussed during the week and on HCA Day hosted workshops on

diabetes, suicide awareness and gang violence.

Next year's Congress is taking place in Liverpool on 7-11 June 2020.

Read more about Congress at rcn.org.uk/congress

**READ MORE
ONLINE**
[rcn.org.uk/
healthcare
mag](http://rcn.org.uk/healthcare-mag)

6 SAFE STAFFING

The RCN is campaigning for safe staffing across the UK. Members of our nursing support workers committee answer your questions about this crucial work

WHAT'S THE AIM?

We want accountability for staffing levels for safe and effective care to be enshrined in law in all health settings in each UK country.

*Sagila Thiruthanikasalan,
nursing associate*

WHY IS SKILL MIX SO IMPORTANT?

The way skill mix is planned needs to recognise the breadth of roles in nursing teams, including our important patient-facing work. With law in place it would be easier to speak out, and protect our patients, without worrying about our jobs too. I'm concerned that we're being used to replace nurses and have heard that some band 2 staff are doing the work that should be done by staff on band 3. Inappropriate delegation is never acceptable and we should take a stand against it.

*Kevin Morley, senior
nursing assistant*

WHAT'S THIS GOT TO DO WITH ME?

To protect patients and the whole nursing team we need to highlight the value of nursing support workers and stress the importance of getting the skill mix right. We need a legal framework that clarifies roles, responsibilities, and accountability for the supply, recruitment, retention and pay of nursing staff. We haven't got enough support workers or registered nurses, so we need to work together to get this right for everyone.

*Lorraine McLaughlan, activities
co-ordinator for people with
learning disabilities*

HOW'S THIS CONNECTED TO WORK ON GETTING SUPPORT WORKERS REGULATED?

The RCN believes all nursing support workers should be regulated in the interests of public protection and patient safety. Patients will benefit from safer staffing if there are national standards in place that all support worker roles have to be educated to and maintained to protect registration. Staff would also be better protected from employers who may ask support workers to do more than they should, because the regulator would set standards for proficiency for what individuals in a role could do.

*Lindsay Cardwell,
assistant practitioner*

Find out more

We're campaigning for laws to ensure safe staffing in all four countries of the UK, and for these laws to make a real difference to nursing staff.

Our campaign differs in each country as each is at a different stage.

Visit rcn.org.uk/safestaffing

WHY CAMPAIGN?

TO PROTECT YOU IN YOUR WORKPLACE

Have you ever been concerned about what you're being asked to do but been too worried about losing your job to speak out? We need enough nursing staff with the right skills and knowledge, in the right place, at the right time, in all settings for all nursing roles, so staff are protected and patients are safe.

FOR YOUR TEAM

You're central to the nursing team. If staffing and skill mix isn't right for you, it isn't right for any of your nursing colleagues.

FOR PATIENTS

You could make a massive difference to your patients' lives. Remember you or your loved one could be a patient one day. No one knows what's around the corner so take action now before it's too late.

BECAUSE YOU'RE THE FACE OF NURSING

Patients trust you. With you on board, they're likely to support the campaign too.

YOU DESERVE A LIFE OUTSIDE WORK

Have you ever been late for or unable to attend a personal appointment because you've had to work beyond your hours? Safe and effective care could have a huge impact on your work-life balance.

HOW CAN I GET INVOLVED?

We need evidence specifically from support workers to build a picture of what's happening on the ground. We want you to tell us, in confidence, what's happening in your workplace. Are you happy with the skill mix and staffing in your workplace?

Is your role banded correctly? Do you have a delegation framework and is it working for you?

Dennis Greer, assistant practitioner



Inappropriate delegation is never acceptable



Kevin Morley

Turn to page 20 to find out how to contact your committee member to feedback your thoughts.

8 PRESSURE ULCERS

Early inspection means early detection

Sarah Westcott shares her expert knowledge on pressure ulcers and how you can help in the fight against this all too common injury

The cost of treating pressure ulcers in the UK is huge. Treating just one can cost between £1,214 and £14,108*.

The figures are shocking but many of us will have very different concerns. It's the cost to patients that worries

us more. We don't want to see people in pain, embarrassed, or facing a period of prolonged immobility and an extended hospital stay.

We know that pressure ulcers left untreated can lead to disabilities, amputation,

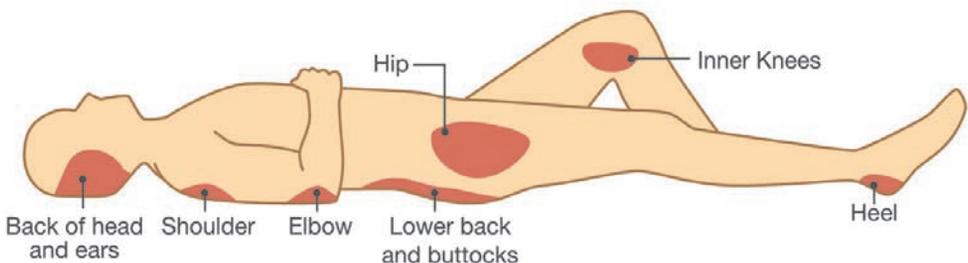
infection, surgery, and can even be life-threatening.

It's estimated that 50-70% of pressure ulcers are avoidable, but that means knowing what to look out for. HCAs are on the frontline of patient care so having an understanding of

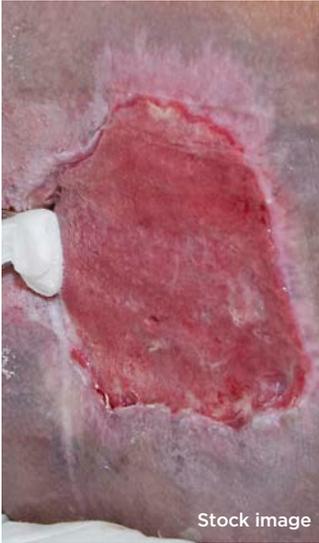
Remember SSKIN

- **S**urface: make sure your patients have the right support.
- **S**kin inspection: early inspection means early detection – show patients and carers what to look for.
- **K**ep your patients moving.
- **I**ncontinence/moisture: your patients need to be clean and dry.
- **N**utrition/hydration: help patients have the right diet and plenty of fluids.

Taken from the *NHS Improvement* website.



Stock image



Stock image

what contributes to pressure ulcer development and prevention strategies is vital.

Don't be afraid to ask for training in this area if you haven't had it. You need to understand the risk factors, what healthy skin is, and the impact of pressure.

With this knowledge you can identify and report early signs of tissue damage and take action to help your patients. It's no exaggeration to say you could be a life-saver.

Sarah Westcott is a registered nurse who runs pressure ulcer training for HCAs at the RCN in Wales

Download the RCN publication on pressure ulcers from tinyurl.com/pressureulcerpublication

**Dealey, Posnett, Walker 2012*

The key questions

What's a pressure ulcer?

A localised injury to the skin and/or the underlying tissue, usually over a bony area.

What causes them?

They can be caused by the weight of the body bearing down on a localised area of the skin and underlying tissue. They can also be caused by shear. That's when part of the body tries to move but the surface of the skin remains fixed.

Can they be avoided?

Absolutely, if the person providing care evaluates the patient's clinical condition and identifies pressure ulcer risk factors. Interventions need to be planned and implemented in line with recognised standards of practice. They then need to be monitored, evaluated and changed if appropriate. Some will be unavoidable though, especially if a patient chooses not to follow prevention strategies despite being aware of the risks.

What should you look out for?

Redness to skin, and in darker skin, blue or purple patches; wounds;

swelling, shiny or dry areas; hard or warm areas; cold areas compared to the surrounding skin; and pain.

What are your top tips for completing a skin inspection?

- Ask the patient to identify areas of discomfort or pain that could be a result of pressure damage.
- Inspect the skin for pressure damage, including that which may be caused by medical devices.
- Use a validated classification tool to categorise a pressure ulcer. This will guide you on prevention and management.
- Document the results of skin inspections, including detailed descriptions of the site, size and grade. Support this with photographs if possible.

What if patients refuse treatment?

The patient's wishes must be respected. But make sure they're given enough information to make an informed choice and have capacity to understand the information given, with all questions honestly answered and the risks pointed out. Document everything.

10 FERTILITY NURSING

Right by their side

Charlene tells us about her role supporting patients through the ups and downs of fertility treatment



Pictures by Kim Brett

“No two days are the same. I can be in scrubs in theatre in the morning and in uniform helping with nurse consultations and taking blood samples in the afternoon,” says Charlene.

Charlene Gilbert works as an assistant practitioner (AP) in a private hospital. Her work in theatre might involve assisting in an egg collection or transfer. But she also acts as a chaperone for internal

scans and shows patients how to administer subcutaneous injections for their treatment.

As a key part of the multi-disciplinary team her role takes her to all parts of the hospital. As well as working with the nursing team, the administration team, the fertility counsellor and anaesthetists, she also works closely, often as a witness, with embryologists in the labs

who work with the sperm, eggs and embryos.

But her favourite part of the job is working with patients on a one-to-one basis. “I really enjoy seeing my patient’s whole journey, chaperoning and supporting them when they first arrive, full of anxiety, through to a theatre slot. I work with some women for about six weeks and in that time I can build trust and rapport,” she says.



You need to build a rapport and understand how upsetting things can be

Private and NHS patients

Charlene explains she works with people using private care who've exhausted their NHS funding, or who already have children or don't meet NHS guidelines for treatment.

However, although she works in a private clinic Charlene says about half her time is spent with NHS patients being cared for in the independent sector.

"The NHS criteria can appear very strict. For example, patients mustn't smoke or drink alcohol and they must be in the healthy Body Mass Index (BMI) range."

Charlene says she got a much deeper insight into the importance of BMI when she studied polycystic ovary

syndrome (PCOS) in her AP degree. "It was so interesting to see what goes on inside the body and how a high BMI can have an impact on fertility," she says.

"I can see why this is a criteria for NHS patients because if you're not in the healthy range for BMI, you're at increased risk of miscarriage. In my case study I followed one woman's journey and reflected on what we do. I'll take what I learnt with me throughout my career."

Career development

In her journey to becoming an AP in a fertility clinic, Charlene worked as a HCA for 12 years, but she admits that until she started her AP course she'd always taken a hands-on, rather than an academic, approach.

"I first read about the AP role in an RCN magazine and have been lucky enough to work for an employer willing to support me through my



foundation degree through the apprenticeship route. This meant I could maintain a full-time wage and study for a week every few months. I did my coursework in the evenings and at weekends. It was hard work but I have a huge sense of achievement. I feel it's set me up for the next step in my career."

Relevant experience

Charlene has some helpful advice if you're considering a role in fertility nursing.

"I started off working in radiology so had experience of assisting with internal scans. It would also be useful to have experience in sexual health, gynaecology or women's health," she says.

"It's not all about working with women of course, but it is a lot about that. You need to be able to build a rapport and understand how upsetting things can be. But you do get trained on the job and remember everyone has to start somewhere."

Feeling inspired?

- Find out more about the RCN Fertility Nursing Forum at rcn.org.uk/fertility-nursing-forum and follow them on Twitter @RCNFertility
- Find out about the RCN's careers resources for nursing support workers at rcn.org.uk/professional-development/your-career/hca
- Download the *RCN Education and Career Progression Framework for Fertility Nursing* from rcn.org.uk/publications (code 006 690).

12 MOTIVATING PATIENTS

Fun is the way forward

Exercising might seem like an enormous challenge for older inpatients recovering from mental ill health ... unless it's something they look forward to



Support workers in south west Scotland are leading a project to promote physical activity so inpatients develop the strength they need to return home. The approach is subtle and fun, with a focus on ability rather than age.

They're using a programme called *Let's Motivate*. Originally designed for care homes, its focus is on motivating and empowering people. But it's not just about organised activities, patients get involved in all kinds of

things including outdoor darts, walking challenges, Tai Chi and much more.

The support workers on Nithsdale Ward in NHS Dumfries and Galloway have had training to help them develop ideas and skills to lead the programme and embed physical exercise as part of daily life there.

Belinda, a band 3 support worker on the ward, says the focus is on getting people moving. "We'll say: Let's make

“

Before they realise what they're doing, patients are on their feet

a cup of coffee in the kitchen, and before they realise what they're doing, patients are on their feet." Some patients like playing ball games too. According to Belinda it also helps patients grow in confidence.

"When patients say they can't make themselves a snack because the cupboard is too high, we focus on gradually throwing the ball higher. We throw different size balls at different heights to encourage them to reach higher without even realising they're doing it. When we point out what they've achieved they realise they'll be alright reaching a higher cupboard when they get home."

Staff enjoy themselves too. "The patients like that we get involved and it shows we're not asking them to do anything we wouldn't do ourselves," Belinda explains.

The programme is never a chore – who would want that? Fun is the way forward and using equipment that looks like big fly swats so balloons can be bashed about doesn't really seem like exercise.

Another game involves catching a ball and answering a question – perhaps about the job a patient used to do, or the first Christmas present they can remember. “We focus on what people want to do or talk about. It's a way to get people talking and moving without making a big fuss,” says Belinda.

Patient choice

The team look at getting the patients active for around 150 minutes a week, in line with national guidelines on physical activity. But this can be broken down into activities the patients choose to get involved in. So if they have a hobby like gardening, that



can be worked in, but they can avoid things they don't like.

As well as helping patients the programme is enhancing and invigorating support workers. They collaborate closely with the physiotherapy team on strength and balance and other staff on the ward, whatever their role or grade, have been given a responsibility by support workers to encourage participation in the programme too.

“We also talk to relatives, and have put up posters around the ward suggesting family members go for a walk rather than just sitting and chatting when they visit,” explains Belinda.

With an activity room full of equipment such as a sticky ball to throw into a target area, pedometers, Velcro balls and an outdoor darts kit, the team has embedded the culture of movement into the ward.

Initial evaluations have been encouraging and further, long term evaluation is being proposed to examine the impact of the exercise sessions across different measures including wellbeing, fatigue levels and length of stay.

“We're a teaching hospital and students love coming here to see the evidence for themselves,” Belinda says.

“The link between mental and physical health is clear is see.”

WALK AND TALK



Some patients felt anxious about going out so we started with short walks to build up their confidence. Now they ask us if they can go.

We sometimes take a walk by the Crichton grounds – there's a beautiful church there which makes it a pleasant stroll.

Some choose to walk around the building, and for others we take the wheelchair so even if they can't walk too far, they can still benefit from fresh air and a change of scenery.

It's a great chance to spend time with patients. Chit chat while walking feels less strained than when we're in a clinical environment and I find a bit of humour can go a long way. We also use chair exercises for patients who can't get out of their chairs easily. We put music on and have some fun.

Erica Threlkeld

HCSW on Nithsdale Ward in Midpark Hospital

Making surgery less scary

Lisa has transformed the care given to children having operations, and their families, helping to reduce anxiety and allay concerns



Picture by
Jim Varney

Lisa Morgan joined the adult cardio theatre team at Newcastle upon Tyne Hospitals NHS Foundation Trust in 2016. Just 18 months later she was thrilled to be invited to join the paediatric team.

“But on my first day in paediatrics, alarm bells were ringing,” she recalls.

“The theatre felt cold and intimidating. Scrub staff were setting up equipment and wore masks, talking among

themselves and not to the patient or relatives. There was no eye contact with the patient.”

Lisa went home that night determined to change things. “I spent four months researching the psychological and emotional effects of coming to theatre for both the child and parent, and talking to theatre staff and senior management about what we could introduce to help alleviate their fear and anxiety,” she says.

Lisa also worked on wards and the paediatric intensive care unit to understand pre- and post-operative routines.

“This gave me the opportunity to talk to the children and their families to understand their perception of our practice,” Lisa says.

“I found that parents were supported before and after surgery in clinics and on the wards. But it was at the moment they handed

their child over to a stranger for theatre that they felt at their most vulnerable and helpless.”

Taking action

Over the next few months Lisa produced a plan of action, introducing herself to the ward, clinic liaison team and PICU team to explain her findings and plans.

She devised new protocols with senior nurses and a training day for all cardio theatre staff to attend. Lisa also created a book in which children can follow Baggins Bear through clinic, to the theatre and home again so they know what to expect and can see pictures of the

theatre staff. The bear is waiting for them in theatre and they get him to keep as a reward, as well as receiving a certificate.

She makes time to visit families before and after procedures too. “This has really helped reduce anxiety,” she says. “A friendly face goes a long way.”

Lisa Morgan won the Healthcare Assistant category of the RCNi Nurse Awards.

Read more about Lisa’s work or register your interest in sharing your own excellent practice in the 2020 RCNi Nurse Awards at reni.com/nurse-awards

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A friendly face goes a long way

RCNi NURSE AWARDS 2020

A mum’s thanks

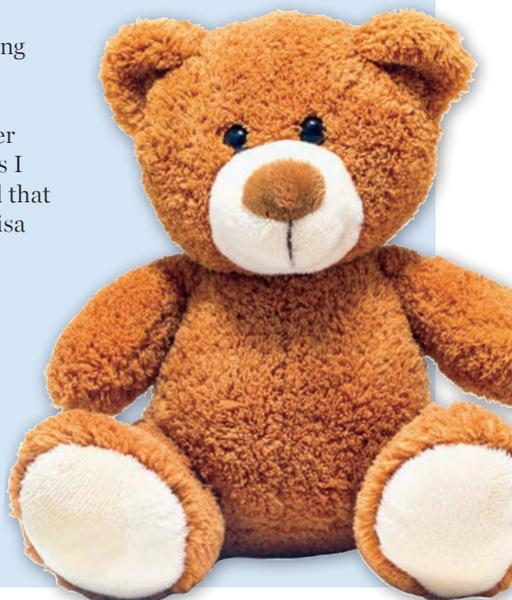
Lisa’s caring approach has made a huge impact on the lives of her young patients. A mother explains...

“Accompanying my daughter to theatre to have open heart surgery was so scary. I had complete confidence in the surgeons but I was still terrified something would go wrong and I would never see my baby again.

“Handing her over to Lisa felt like I was handing her over to a friend, to someone who cared about her. As much as I didn’t want to leave her I did feel as reassured as I could that she was in safe hands. I will never forget the kindness Lisa showed me as I left my daughter as she went to sleep. It truly made a difference.

“No words can describe how hard these journeys are going to be but she was so kind, caring, helpful and considerate. Just seeing my daughter laughing as she played theatre dress-up and carrying on with her before she went to sleep let me believe she wasn’t scared and put me at ease.

“Lisa is so special and we will never forget her.”



New role proves vital

Linda explains how her job supporting overstretched doctors is bringing benefits for patients and staff



“

The most important thing I can give patients is my time

Clinical work

I could be tasked with preparing a patient's discharge notes or perhaps ordering an ultrasound scan. But I'm still very much involved in clinical work so I may also be asked to take a patient's bloods or insert a cannula, which are both skills I've learnt in this new role.

I was the first doctor's assistant in the hospital and as it was a trial role at first, I had to learn on the job. To build up my knowledge I spent time with the doctors and was never afraid to ask questions.

Now my role is permanent and two more doctor's assistants have been employed by the trust. As an organisation we've learnt a lot in the last two years so they both spent two weeks with me before starting in their jobs.

One of the main advantages of having me doing this job

After 12 years as a health care assistant in rheumatology and outpatients I wanted to do something different. Despite being full of self-doubt, I pushed myself to apply for a doctor's assistant role – knowing that dreams remain dreams unless you take action.

That was two years ago and what a decision that was. I haven't looked back. The new role here was introduced to try to ease the pressure on junior doctors

at East Surrey Hospital. They often had to deal with last minute bloods or admin work on top of everything else. Exception reports detailing their long hours were constantly being submitted.

I spend my day working mainly with two junior doctors. During the ward rounds I write notes and afterwards sit with a junior doctor to create handover sheets and get jobs listed for the day.

is the consistency I bring. Junior doctors work on rotation so only ever work on the ward for four months at a time. Registrars change every year. The only permanent people in the team are me and the consultant.

In the summer I worked with doctors straight out of medical school which, as you can imagine, is an especially anxious time for them. I share my organisational knowledge which I'm sure brings benefits not just for the multidisciplinary team but for patients too.

I really enjoy working with the new doctors. I see them coming in very nervous and worried about so many things but I'm able to watch them grow over the four months they work with me. I'm proud that I play a part in supporting our future doctors.

Patient advocate

Our patients can be any age, from children to older people. They may not even be on the surgical ward so the ward round takes me all over the hospital.

However, all these patients are having to deal with nerve-racking surgical procedures so the most important thing I can give them is my time. It can be really intimidating having doctors talking about you and patients often don't fully understand the technical and medical language they



Pictures by
Justine Desmond

“

I have a valuable and privileged role which I love

use. I tell them not to worry and I'll come back to explain – in simple terms – what the doctor meant.

Despite my title, I'm very much part of the broader nursing team. With my role constantly changing and extending it's so important to have the support of my nursing colleagues.

There are already a number of things I do now that I didn't do as a HCA, such as taking bloods. I'm line-managed by a registered nurse, the surgical ward manager, with the consultant next in line. Between us we ensure patients get the benefit of

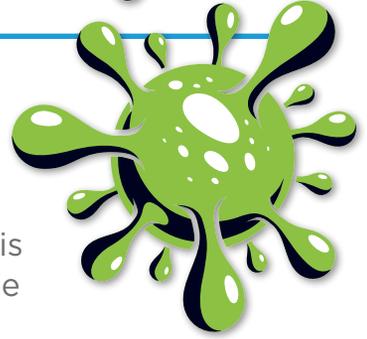
having someone who works in both teams.

But both my nurse manager and the consultant make suggestions for new tasks for me to take on going forward, like working with nasogastric tubes and catheters. I will of course be trained by registered nurses to ensure I'm competent before I take on any of these tasks.

Recent press reports have been criticised for referring to nursing staff as doctor's assistants. But I have a valuable and privileged role which I love. The worst enemy of success is self-doubt so if you're presented with an opportunity like I had, go for it and you too may transform your career.

Linda Shaddick is a doctor's assistant at East Surrey Hospital

18 VACCINATIONS



#Beattheflu

Tell your colleagues how important the flu jab is and get yourself vaccinated as early as possible

One in four health care staff is estimated to be infected by the flu in any flu season. You can transmit the virus and, as a result, put your patients at risk of developing serious complications from the flu. But what are the facts about the vaccine?

MYTH: “It’s ineffective.”

FACT: While the flu vaccine may not be as effective as some other vaccines, there’s strong evidence to show that immunisation reduces severe illness.

MYTH: “The jab gives me flu”

FACT: Side effects may include feeling a bit unwell and a slight temperature but these are short lived. The vaccine cannot give you flu and is continually tested and monitored.

MYTH: “I don’t need it because I’m fit and never ill”

FACT: Up to 50% of people with flu infection will have no symptoms or only mild symptoms. They will still be infectious and can still spread the disease.

Your vital role

Helen Donovan, RCN Professional Lead for Public Health, says: “Support workers have a vital role in assisting with the delivery of vaccine programmes, including the organisation, logistics of supplies, and the collection of data. Some support workers also have a role in administering the flu vaccines, so it’s essential they’re suitably trained, prepared and supported.”

RCN guidance stresses the importance of all health care professionals involved in administering vaccines being competent and having the knowledge and skills to ensure patient safety, and public trust in immunisation.

Download *Health Care Support Workers Administering Inactivated Influenza, Shingles and Pneumococcal Vaccines for Adults* (publication code 007 441) and *Live Attenuated Influenza Vaccine (LAIV) for Children and The Role of Nursing Associates in Vaccination and Immunisation. Position statement* (publication code 007 565) from rcn.org.uk/publications



Can I give a flu vaccination?

Nursing support workers can administer flu vaccinations, as long as they are appropriately trained and competent, comply with the law and have the appropriate level of support from a registered health care professional and their employer.

All health care practitioners involved in immunisation should be able to demonstrate competence, current evidence-based knowledge and understanding of vaccination and immunisation procedures.



rcn.org.uk/beat-the-flu

‘We’re essential to nursing and essential to the RCN’

Annette’s using her position on the RCN Nursing Support Workers Committee to strengthen the voice of support workers

Tell us about your work

I’ve worked in nursing for 24 years and have been a senior nursing assistant in outpatients since 2012. But like many other HCAs, I haven’t always worked in nursing – I came into the role with life experience. I worked in a bank when I was younger but wanted to retrain after having my second child.

Why did you join the committee?

I wanted to help strengthen the HCA voice in the RCN. All too often I still come across people who don’t know HCAs can join.

What’s the most important thing for HCAs to know about the RCN?

As an essential part of the nursing team, we’re not only welcome in the RCN but essential to it.

What’s so good about being a committee member?

It’s given me the confidence to speak out when I think something is wrong. I love the

camaraderie. We’re a team of enthusiastic, like-minded individuals standing up for HCAs.

What do you hope to achieve during your time on the committee?

I want to make it easier for HCA members to get what they need from the RCN and become central to what their union does.

Why should others join the committee?

We need strong voices to counter the outdated argument that the RCN is just for registered nurses. Let’s ensure we’re respected for what we do and acknowledged as an essential part of the nursing team. I love what I do and chose not to become a registered nurse.

It doesn’t matter if you don’t have experience in this kind of role – you will get all kinds of support from the rest of the committee and RCN staff. If you want to make a difference, this is a great opportunity.



Annette Bailey is also a steward and represents members in the South East region



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Fancy getting involved?

If you think you’d like to sit on the RCN’s specialist committee for nursing support workers in the future, email support@rcn.org.uk for more information.

If undelivered please return to: RCN Direct, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8XG

Your RCN UK Nursing Support Workers Committee

The committee reports directly to RCN Council through its dedicated Nursing Support Worker Council member and provides a platform for HCAs, HCSWs, TNAs, NAs and APs to influence RCN policy at a UK and local level.

Nursing Support Workers Member of RCN Council



Evan Keir



To contact your rep, email
governance.support@rcn.org.uk

Country and regional representatives



Lindsay Cardwell
(Chair)
South West



Dennis Greer
(Vice Chair)
Northern Ireland



Sagila Thiruthanikasalan
London



Maive Coley
East Midlands



Kevin Morley
Northern



Lorraine McLauchlan
Scotland



Annette Bailey
South East



Judith Page
Wales



Karen Hassall
West Midlands



Tracie Culpitt
Professional Nursing
Committee Member



Karen Pike
Trade Union
Committee Member

Vacancies

Arrangements are being made to fill the vacant committee seat for the **Eastern, North West and Yorkshire & the Humber** regions.

Find out the latest news at
rcn.org.uk/elections