Helping Hands

WORK INSTRUCTION (WI)

Title of WI	Recording of Vital Signs		
What type of document is this?	Work Instruction	**WI Reference Number**	HHH-W.I-099
Purpose of WI	To ensure that all staff who work with the relevant customers have the knowledge and competency to measure and record vital signs, including temperature, pulse rate, respiration rate, oxygen saturations and blood pressure.		
Role	Responsibility		
Regional Clinical Lead (RCL)	Responsible for training the appropriate branch staff in vital-sign monitoring and escalation procedures. Once branch staff are assessed as competent, RCLs can delegate this carer training to them, enabling them to train and sign off carers in vital signs monitoring. The Regional Clinical Lead must have oversight of the Vital Signs support plan and Risk assessment if the customer has a level 2 clinical intervention.		
Branch Employee	Responsible for ensuring attendance at their annual level 1 clinical competency update with the RCL. Once deemed competent, branch staff are responsible for training carers and signing them off in vital signs monitoring, as well as writing the customer's vital signs support plan and risk assessment. Any concerns should be dealt with by the branch and escalated to the RCL where routine clinical guidance is required. Branch staff are not responsible for interpreting results or making clinical decisions based on the results and		

	appropriate escalation to 111/999 must be sought if immediate concerns arise.
Carer	Responsible for conducting and documenting vital signs monitoring on a customer as detailed in the support plan and escalating any concerns to the appropriate healthcare professional (111/999 for immediate concerns). Carers are not responsible for making clinical decisions based on the results.
Scope of WI	This work instruction applies to the safe measurement and recording of vital signs in the community by Helping Hands Staff. It covers staff competency requirements and delegation related to vital signs monitoring. This instruction does not include the interpretation or clinical management of results, as these activities fall outside the remit of Helping Hands carers. Vital signs monitoring must therefore only be undertaken at the request of a customer with capacity, a nominated next of kin (NOK), or a registered medical professional, and must not be performed with the intent of making clinical judgements outside of the support plan. Customers with a diagnosis of Autonomic Dysreflexia require additional training specific to blood pressure monitoring; this must be completed in consultation with the Regional Clinical Lead.

1.0 Purpose

Vital Signs monitoring includes the measurement and documentation of a customer's temperature, pulse rate, respiration rate, oxygen saturation and/or blood pressure. This work instruction will focus on the correct techniques used to ensure accurate data collection. Vital signs recording is categorised in Helping Hands as a level 1 clinical intervention.

2.0 Blood Pressure process

2.1 Ensure customer is seated comfortably and resting for 5 minutes with back support and feet flat on the floor

2.2 Ensure equipment is clean and in good working condition, electronic blood pressure machines should be serviced or replaced every 2 years, as recommended by the manufacturer. Select correct cuff size based on manufacturer's instructions and customer's arm circumference

2.3 Position customer's arm at heart level on a flat surface and expose the upper arm

2.4 Wrap the deflated cuff snugly around the upper arm and align the cuff's artery marker with the brachial artery

2.5 Switch the device on and press the start button

2.6 Allow the device to inflate and deflate fully and record the results on ACP visit notes and inform the customer or NOK of the readings. Assist the customer to escalate results to a medical professional if required.

2.7 Wipe the cuff clean and return it to its storage location.

3.0 Oxygen saturation (SpO2) & heart rate process

3.1 Ensure the equipment is clean and in good working order and the hand is clean, warm, and free from nail polish/artificial nails

3.2 Place the probe on the customer's chosen finger

3.3 Switch on the pulse oximeter and wait for the reading to stabilise (30-60s)

3.4 Observe the displayed SpO2 percentage and the pulse rate displayed

3.5 Gently remove the probe, wipe it clean and return device to its storage location

3.6 Record the results on ACP visit notes and inform the customer or NOK of readings. Assist the customer to escalate results to a medical professional if required.

4.0 Temperature process

4.1 Follow the manufacturer's instructions, temperature can be monitored via different routes depending on the customer's device e.g. oral, tympanic, axillary, or temporal. Ensure device is clean and in good working order

4.2 Once in the correct position, activate the thermometer and wait for the audible or visual result to be displayed which indicates completion.

4.3 Gently remove the probe, wipe it clean and return device to its storage location

4.4 Record the results on ACP visit notes and inform the customer of readings. Assist the customer to escalate results to a medical professional if required

5.0 Respiratory rate

5.1 Allow customer to breathe normally at rest and position yourself so that you can unobtrusively observe the customer's chest movement

5.2 Start a timer and count each full breath (one inhalation and one exhalation)

5.3 Count for a full 60 seconds and then record the total number of breaths, observing for any signs of difficulty breathing.

5.4 Record the results on ACP visit notes and inform the customer or NOK of readings. Assist the customer to escalate results to a medical professional if required.

TRAINING Is training required?	Yes – all carers must complete training and competency sign off with a competent member of staff before carrying out this procedure.	
COMPLIANCE How is compliance with this document going to be monitored?	Annual competency assessments with practical sign off with competent member of staff.	
	PROCEDURAL INFORMATION	
Changes since previous version	N/A – this is a new work instruction	
Who was involved in developing /reviewing/amending the document? (list titles)	Clinical Manager Regional Clinical Leads	
How confidential is this document	Restricted	Can be shared freely within Helping Hands but NOT outside
References	National Institute for Health and Care Excellence Nursing and Midwifery Council Code	
Associated Documents	Training & Competency Form – Academy Governance Framework	

	Clinical Training flow diagram