

HLTAMBCR502C Deliver standard clinical care

Release: 1



HLTAMBCR502C Deliver standard clinical care

Modification History

HLT07 Version 4	HLT07 Version 5	Comments
HLTAMBCR502B Deliver standard clinical care	HLTAMBCR502C - Deliver standard clinical care	Unit updated in V5. ISC upgrade changes to remove references to old OHS legislation and replace with references to new WHS legislation. No change to competency outcome.

Unit Descriptor

Descriptor

This unit of competency describes the knowledge and skills required to deliver 'standard' client care in the pre-hospital (or equivalent) environment by planning and administering procedures, and monitoring the state of the client based on assessment of the client needs

Application of the Unit

Application

Workers involved directly in providing out-of-hospital care in the ambulance environment typically require the knowledge and skills specified in this unit. These workers must be able to apply a comprehensive knowledge of anatomy, physiology, pathophysiology and pharmacology to delivery of client care

Successful assessment of the Essential Knowledge described in this competency unit (and its co-requisite) is required before undertaking supervised client assessment and delivery of care at the level of skill described

Application of skills and knowledge described by this competency standard is to be undertaken within relevant State/Territory clinical practice guidelines

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Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Pre-requisite units

This unit must be assessed after successful achievement of pre-requisites:

- HLTAP401B Confirm physical health status
- HLTAMBCR401C Deliver basic clinical care

Employability Skills Information

Employability Skills

This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

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Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

- 1. Assess client needs, including 1.1 non-obvious clinical needs
 - 1.1 Conduct *client assessment*, including advanced *primary*, *vital sign and secondary surveys*, including non-obvious clinical signs, using applied clinical knowledge
 - 1.2 Ensure client assessment includes consideration of psychosocial, developmental and cultural considerations
 - 1.3 Base client assessment on a demonstrable and clearly thought out series of problem solving steps or linkages
 - 1.4 Collect and analyse information that contributes to the client assessment
 - 1.5 Identify main complaints as a basis for systematic prioritised treatment
 - 1.6 Refer to *client's medical history* in the selection of appropriate treatment procedure
- 2. Use information to make a judgement about standard pre-hospital client care
- 2.1 Systematically evaluate and interpret client assessment information to make judgements regarding client care requirements
- 2.2 Ensure judgement is in line with evidence-based practice and local clinical practice guidelines
- 2.3 Ensure judgment, which forms the basis on which treatment is planned, can be reasonably justified in terms of the information available at the time

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ELEMENT

PERFORMANCE CRITERIA

- 3. Plan standard pre-hospital client care
- 3.1 Establish priorities of care based on assessed client needs and overall assessment of the scene
- 3.2 Recognise mechanisms of injury and potential for client deterioration
- 3.3 Develop contingency plans, based on mechanisms of injury and potential for client deterioration
- 3.4 Establish client management plan, based on primary and secondary survey, client history, assessment of the scene and factors related to distance from hospital/medical care
- 3.5 Determine client's potential or actual time criticality versus transport criticality
- 4. *Implement standard pre-hospital client care* procedures
- 4.1 Implement all care and treatment procedures to the level of expertise and authority to practise of the individual within the limits of the local ambulance clinical practice guidelines
- 4.2 Commence client care procedures and drug therapies as client's presenting condition determines, with reference to local clinical guidelines and pharmacological requirements
- 4.3 Recognise the need for assistance where the situation or client's condition requires treatment that is outside the scope or authority to practise of the attending officer and seek help immediately
- 4.4 Implement client care techniques in accordance with infection control procedures and techniques
- 4.5 Use safe lifting and client handling techniques in accordance with WHS requirements and organisation policies and procedures

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ELEMENT

PERFORMANCE CRITERIA

- 5. Monitor standard pre-hospital client care and modify as require
- 5.1 Monitor all aspects of client's condition at appropriate intervals to establish trends
- 5.2 Assess potential effects on client's condition of procedures implemented
- 5.3 Monitor drug therapy, noting effectiveness of treatment regime and amend according to client's condition
- 5.4 Recognise changes in client's condition and adapt management according to the scope or authority to practise of the attending officer
- 5.5 Where the situation or client's condition requires treatment that is outside the scope or authority to practise of the attending officer, recognise the need for assistance and seek help immediately
- 6. Hand over client requiring standard client care
- 6.1 Document relevant client details according to local ambulance standard operation procedure
- 6.2 Maintain client confidentiality at all times
- 6.3 Ensure documentation for handover procedures conveys all necessary information
- 6.4 Convey information appropriately to those individuals involved in ongoing client care to facilitate understanding and optimise continuing client care
- 6.5 Maintain client care until responsibility for client care is taken over by staff of the receiving agency

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Required Skills and Knowledge REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes knowledge of:

- Comprehensive knowledge of anatomy, physiology, pathophysiology and pharmacology as per Essential Knowledge defined in unit: HLTAMBAS501A Conduct clinical assessment
- An understanding of trauma causes and effects
- An understanding of common environmental emergencies
- Protocols and ambulance equipment
- Organisation policies for standard client care
- Understanding of client psychology
- Significance of assessment findings
- Receiving facility requirements or how to access these requirements
- Relevant legal and industrial requirements
- Organisation administrative policies and procedures
- Function of documentation being provided

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Demonstrate:
 - integrated assessment and implementation of procedures needed for client care under a variety of conditions and circumstances
 - accurate completion of all documentation, supplying all relevant client information to receiving facility staff under a variety of conditions and circumstances, including routine, non-routine and emergency
- Provide clear explanations of reasons for intervention, basis for assessment, problems encountered and solutions found

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REQUIRED SKILLS AND KNOWLEDGE

- Apply knowledge to identify, diagnose and manage common pathophysiologies
- Apply knowledge and understanding to familiar and unfamiliar situations.
- Apply clinical problem solving processes as they apply to standard client care

In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes the ability to:

- Use oral communication skills (language competence) required to fulfil job roles as specified by the organisation, including:
 - asking questions
 - active listening
 - asking for clarification from client or other persons at the scene
 - negotiating solutions
 - acknowledging and responding to a range of views
- Use written communication skills (literacy competence) required to fulfil job roles as specified by organisation, including:
 - reading and understanding:
 - incident reports
 - · case management materials
 - manufacturers' specifications for the use of materials and equipment
 - preparing handover reports for receiving agency staff
- Use interpersonal skills including:
 - working with others
 - empathy with client and relatives
 - relate to persons from differing cultural, social and religious backgrounds

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

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EVIDENCE GUIDE

Critical aspects for assessment and evidence required to demonstrate this competency unit:

- Assessment must establish acquisition of Essential Knowledge across the Range Statement outlined in HLTAMBAS501A Conduct clinical assessment prior to assessment of skills application for this unit
- Skills involving direct client care are to be assessed initially in a simulated clinical setting (laboratory/ practical)
- After successful completion of initial assessment, further assessment is to be conducted during workplace application under direct supervision
- The application of skills and knowledge described in this competency unit should be assessed in conjunction with the application of knowledge and skills identified in HLTAMBAS501A Conduct clinical assessment
- Candidates must demonstrate their ability to apply essential knowledge and skills identified for this competency unit before undertaking independent workplace application
- Candidates must provide evidence of their ability to apply all clinical competencies consistently (over a period, usually of 12 months) as part of supervised clinical practice

Access and equity considerations: •

- All workers in the health industry should be aware of access and equity issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on health of Aboriginal and Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on health of Aboriginal and/or Torres Strait Islander clients and communities

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EVIDENCE GUIDE

Resource implications:

- Access to appropriate workplace and simulation of realistic workplace setting where assessment can be conducted
- Access to equipment and resources normally used in the workplace

Method of assessment:

- Evidence must include observation of performance in the work environment and in a simulated work setting
- Observations, questioning and evidence gathered from the workplace environment
- Demonstration over a period of time to ensure consistency of performance

Related units:

This unit is to be assessed in conjunction with the following competency unit which identifies underpinning knowledge required for assessment of client needs and delivery of client care at this level:

HLTAMBAS501B Conduct clinical assessment

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

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Client assessment must include but is not limited to:

- Integration of anatomy and physiology, primary, vital sign and secondary surveys, including non-obvious clinical signs, using applied clinical knowledge at the standard level of client care
- Client assessment includes consideration of psychosocial, developmental and cultural considerations
- Assessment based on a demonstrable and clearly thought out series of problem solving steps or linkages
- Information that contributes to the assessment is collected and analysed
- Main complaints are identified as a basis for systematic prioritised treatment
- Client's medical history is referred to in the selection of treatment procedure

Clinical judgement must include but is not limited to:

- Systematic evaluation of client assessment to interpret and make judgements regarding standard client care requirements
- The use of evidence-based practice and local clinical practice guidelines/protocols
- A treatment plan which can be reasonably justified in terms of the information available at the time
- Medico-legal considerations

Primary survey must include, but is not limited to:

- Dangers
- Response
- Airway
- Breathing
- Circulation

Vital signs may include, but are not limited to:

- Conscious state assessment e.g. Glasgow Coma Score, AVPU-alert, voice, pain, unconscious
- Respiratory status assessment e.g. rate, rhythm, effort and breath sounds
- Perfusion status assessment e.g. pulse, blood pressure, capillary refill and skin

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Secondary survey may include, but is not limited to:

- Systematic head to toe physical body examination
- Assessment of time criticality as indicated by physiological status or pattern and mechanism of injury

Client history includes:

- Pre-existing conditions
- Allergies
- Current medication or treatment

The integration of anatomy and physiology into standard client assessment, care and treatment must include but is not limited to:

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- Cardiovascular system
- Respiratory system
- Musculo-skeletal system
- Endocrine system
- Nervous system
- Digestive system
- Urinary system
- Reproductive system
- Integumentary system
- Lymphatic system
- Special senses

Assessment of consideration for psychosocial, developmental and cultural considerations must include, but is not limited to:

- Geriatric clients
- Obstetric clients
- Paediatric clients
- Mental health clients

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Demonstration of assessment of client's main complaint must include but is not limited to the following conditions:

- Kinematics of trauma
- A compromised Integumentary System
- Burns trauma
- A medical or traumatic disorder of the Musculoskeletal system
- Extremity trauma
- Neurological insult
- Mental health disorders
- Metabolic disorders
- Poisoning or overdose emergency
- Cardio-vascular insult
- Hypoperfusion
- Immunological disorders
- Respiratory disorders
- Thoracic trauma
- Abdominal disorders or trauma
- Urogenital disorders or trauma
- Gynaecological disorders
- Medical or traumatic obstetric disorders
- Genetic disorders
- Medical or traumatic geriatric disorders
- Medical or traumatic paediatric disorders

Treatment may include, but is not • limited to:

- Procedures approved by the Australian Resuscitation Council to the level of Advanced Life Support
- Within any limits defined according to organisation policies and procedures

Situation involves a client in need and must include, but is not limited to:

- Transfer of client with pre-diagnosed illness or injury
- Transfer of client with sudden undiagnosed illness or injury
- Management of client in trauma or with undiagnosed illness

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Drug therapy used in the treatment of a client's condition may include, but is not limited to:

- Standard pharmacological agents for the management of anaphylaxis, continuous recurrent seizures, narcotic overdose
- Other medications as indicated by local ambulance clinical guidelines

Techniques, where client's condition indicates they would be of some benefit, may include, but are not limited to:

- Airway management e.g. nasopharyneal airway, laryngeal mask airway, and laryngoscopy and magill forceps
- Cardiac dysrhythmia interpretation and manual direct current counter shock
- Other techniques as indicated by State/Territory ambulance clinical guidelines

Establishing a standard client management plan must include, but is not limited to:

- Establishing priorities of care
- Determining a client's time or transport criticality
- Regular reassessment of the client.
- Recognising and responding to changes to client's condition.

Reports may include, but are not limited to:

- Oral or written reports
- Client handover
- Incident reports
- Patient Care Record
- Case management material

Client care implementation must include, but is not limited to:

- Care is implemented at a level consistent with the level of expertise and authority to practice of the officer, within the limits of the organisation clinical practice guidelines/protocols.
- The need for additional assistance is sought promptly when the client's condition or situation is beyond the scope or authority to practice of the attending officer
- Infection control principles and practices are observed at all times for the safety of the client and attending officers
- Client is lifted in accordance with the organisation WHS policies and procedures.

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Persons authorised to receive confidential information may include, but are not limited to:

- Medical personnel
- Police Officers
- Legal practitioners
- Others, where approved as acting in the best interests of the client

Acts and regulations are those specified in each State/Territory that relate to:

- Confidentiality and privacy
 - Freedom of information
- Drug and poisons regulations
- Health
- Mental Health

Policy and procedures are organisation policies and procedures that relate to:

- Documentation
- Reporting of client medical information
- Occupational Health and safety
- Clinical Practice
- Operational
- Medico-legal

Unit Sector(s)

Not Applicable

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