



GETTING IT RIGHT FOR HEALTH CARE ASSISTANTS

Many HCAs are carrying out patient care and a range of clinical tasks, which could be Band 3 level.

To check this, we need to know about what you do in your day to day role.
By completing this survey, you are providing vital information to support change and gain the recognition your role deserves.

The survey is confidential and open to all HCAs.

Job title: Pay band: 2 3 OTHER

Ward: NVQ: 2 3 NONE

On average, how often do you carry out these duties in your current role?
Please tick the appropriate box for each task/responsibility:

	Never	A few times a year	A few times a month	A few times a week	Every day	Not applicable
Escort a patient unaccompanied to another ward/theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collect medicine from the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record patient observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor a patient's blood glucose levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take bloods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit plaster casts and/or slings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out a complex dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out venepuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Never	A few times a year	A few times a month	A few times a week	Every day	Not applicable
General & clinical supervision of less experienced staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out an ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out bladder scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out catheterisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake blood cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete care risk documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biopsies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give detail of any formal or informal training you have received in order to carry out the duties above:

How long have you been doing these duties? (Give dates of change where possible)

Do you feel confident undertaking all the tasks you are required to do? Yes No

Are you sometimes required to act on your own initiative to deliver patient care? Yes No

Can your work duties be unpredictable? Yes No

Do you work in an acute or emergency setting? Acute Emergency

Are you regularly exposed to radiation, harmful substances, bodily fluids and contamination? Yes No

Are you required to work in a sterile environment? Yes No

Do you deal with emotional/sensitive patients and relatives? Yes No

Do you plan and manage your own workload? Yes No

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Are you required to work unsupported or alone at night?

Yes

No

Would you like to get more involved with the campaign?

Yes

No

Personal data will be collected and stored in line with GDPR. No personal details will be shared with your employer or any other third party. You may be contacted in response to the answers you have given or to invite you to join UNISON.

In order to represent you, it's important that you give your name and contact details.

Name:

Are you a UNISON member? Yes

No

Email:

Phone: