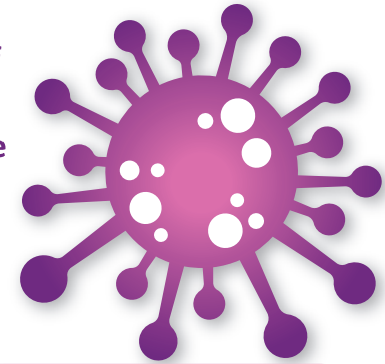


Support worker capabilities and scope of practice during COVID-19

This guidance is intended to help CSP members optimise the contribution of the physiotherapy support workforce during COVID-19.

When working at any level of practice as a support worker, you will always be part of a wider team and your work will be delegated to you by a registered healthcare professional or where appropriate a higher-level support worker.

For more information, read our quick reference guide on accountability and delegation to support workers: www.csp.org.uk/swaccountability



Scope of practice

at entry level you may:

- undertake routine administrative and cleaning tasks
- induct new staff or students to your work area
- train new and less experienced staff in the activities and responsibilities that you undertake in your role and within your personal scope
- be involved in service evaluation and quality improvement projects
- work with patients under close supervision.



at intermediate level you may:

- have your own caseload of patients who have been seen by a registered clinician and require non-complex and protocol led interventions
- prioritise your own workload
- work with patients under distant supervision
- contribute to elements of simple patient assessment
- contribute to adapting treatment plans
- induct new team members to your clinical area
- train and mentor less experienced staff in the activities and responsibilities that you are competent to undertake
- contribute to service evaluation.

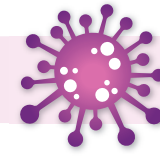


at higher level you may:

- have entire cohorts of patients delegated to you following routine screening processes or protocols and for whom you complete a whole episode of care
- plan your own workload and prioritise how you work
- see patients who have more complex needs but who require interventions which are protocol led and familiar to you
- work with patients under distant supervision
- lead on administrative tasks in your area
- induct new team members to your clinical area
- train, mentor and supervise entry level, intermediate level and less experienced registered staff in the activities and responsibilities you are competent to undertake
- independently contribute to elements of service evaluation.

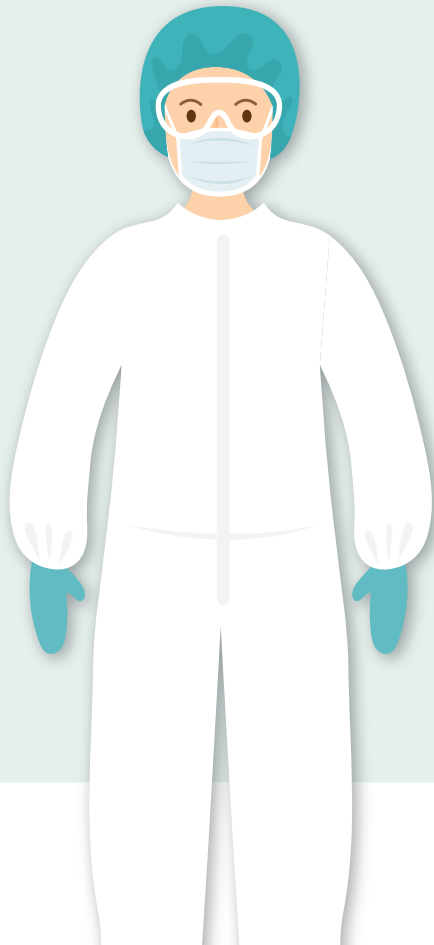


What does this look like in practice during COVID-19?



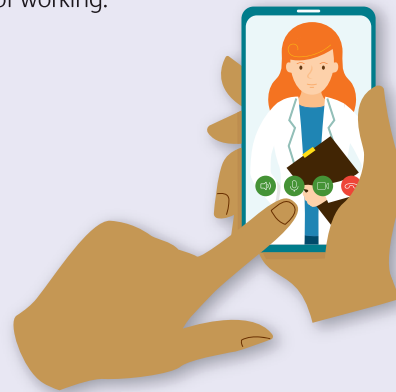
at entry level you are able to:

- ensure local PPE is organised and available and support staff with donning and doffing where needed
- support with organising staff rotas and equipment stock
- lead on cleaning of equipment and clinical spaces in accordance with local IPC guidelines
- take responsibility for managing data collection for COVID-19 service evaluation
- work with patients alongside registered staff or if working alone you are in clinical areas where registered staff are readily available e.g. in ward environments.



at intermediate level you are able to:

- independently manage delegated work including care which might be provided by virtual means. Depending on your work environment this might be cohorts of COVID-19 or non COVID-19 patients who need routine interventions. Some of this work might be new to you but following training and education you are competent to undertake
- undertake additional routine care in which you are now trained and competent e.g. providing a wider range of equipment and completing screening tools for other disciplines
- have regular contact with registered healthcare professionals in order to feedback and report outcomes of your care e.g. at least daily but this may be by remote means, i.e. phone or video calls
- contribute to some simple patient assessment e.g. prescribing and progressing walking aids
- lead local induction of new starters including returners to practice and students joining the support workforce
- support and mentor students joining the workforce at your level regardless of the placement model
- actively contribute to the evaluation of new practices and ways of working.



at higher level you are able to:

- contribute to the assessment and planning of care; make onward referrals; signpost and discharge entire cohorts of COVID-19 or non COVID-19 patients who have protocol led care, including where some care might be provided remotely. As normal services resume this is most likely to be non COVID-19 patients whose rehabilitation needs have not been met during the early weeks of the emergency response. Some of this might be new work for you and following training and education you are now competent to undertake this work
- undertake additional screening and assessment processes that cross disciplines e.g. prescription of ADL equipment and completing screening tools
- independently manage interventions for recovering COVID-19 patients. While the presentation of some recovering COVID-19 patients will be highly complex, some elements of their treatment programmes may be straightforward
- work independently but have scheduled contact with registered healthcare professionals to feedback and report outcomes of your care e.g. at least weekly but this may be by remote means, i.e. by phone or video calls
- lead local induction of new starters including returners to practice and students joining the support workforce
- support, train and educate new graduate physiotherapists including those on the temporary register in the tasks and activities you undertake as part of your role and in which you are competent
- support, mentor, train and educate students joining the workforce regardless of the placement model, and provide feedback on their performance to a named clinical supervisor
- lead on aspects of the evaluation of new practices and ways of working e.g. remote consultations.

The indicative NHS bandings for these levels of practice are Band 2, Band 3 and Band 4. Please see our full guidance on support worker capabilities to understand how NHS bandings are determined: <https://www.csp.org.uk/optimisingcapability>