

ESSENTIAL KNOWLEDGE AND SKILLS FOR HEALTHCARE ASSISTANTS

THIRD EDITION

ZOË RAWLES



Essential Knowledge and Skills for Healthcare Assistants

This revised edition of *Essential Knowledge and Skills for Healthcare Assistants* is an accessible and comprehensive text designed to equip you with the necessary skills for your practice. This book equips you with the knowledge to provide the safest and most effective patient care possible and supplies comprehensive coverage of both primary and secondary care settings, with an emphasis on primary care. It provides evidence-based guidelines to ensure best practice that is matched to the National Occupational Standards, the Care Certificate and the qualification frameworks from around the United Kingdom (UK).

The third edition includes the following:

- an all-new chapter on safeguarding and expanded coverage on communication skills;
- a comprehensive overview of the principal clinical skills that healthcare assistants (HCAs) need to master, including understanding physiological measurements, taking blood pressure, venepuncture, urinalysis, wound care, administering injections, and more;
- essential non-clinical knowledge and skills such as communication and assertiveness, reflection, accountability, confidentiality and record-keeping, health promotion, infection control, and more;
- the evolving role of the healthcare assistant and training opportunities; and
- application to practice throughout, with numerous case studies and activities to aid understanding.

This is an essential guide for all those training as healthcare assistants, nursing associates and assistant practitioners, and a useful reference for students embarking on nursing, and health and social care programmes.

Zoë Rawles BN BSc (Hons) Retired Lecturer/Nurse Practitioner and Director of HealthTrain.



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Essential Knowledge and Skills for Healthcare Assistants

Third Edition

Zoë Rawles

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This book is for all the amazing healthcare assistants and assistant practitioners I have ever had the privilege to teach or work with, and the many others I have never met.

I hope you find this book useful in your quest for training and knowledge.

Be proud of the wonderful work you do, and keep learning!



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Contents

<i>About the author</i>	ix
<i>About the illustrator</i>	xi
<i>Foreword</i>	xiii
<i>Acknowledgements</i>	xv
<i>Glossary</i>	xvii
Introduction	1
Section I: All change	3
Chapter 1 The evolving role of the healthcare assistant	5
Section II: Some useful stuff	11
Chapter 2 Understanding reflective practice	13
Chapter 3 Accountability and delegation	23
Chapter 4 Using protocols	29
Chapter 5 Communicating with patients	35
Chapter 6 Simple assertiveness skills	47
Chapter 7 Confidentiality, consent and record-keeping	53
Chapter 8 Safeguarding	65
Chapter 9 Health promotion: the key messages	73
Chapter 10 Keeping it clean: hand decontamination	91
Chapter 11 Chaperoning	101
Section III: Core skills	109
Chapter 12 Physiological measurements	111
Chapter 13 Understanding and measuring blood pressure accurately	125
Chapter 14 Understanding the heart: how to perform the electrocardiograph (ECG)	135
Chapter 15 Venepuncture and capillary blood testing: best practice	149
Chapter 16 Kidney function and urine: performing accurate urinalysis	167

Section IV: More advanced skills	175
Chapter 17 Examining the feet of people with diabetes	177
Chapter 18 The skin and the healing process: basic wound care	193
Chapter 19 Understanding lung function and disease: performing accurate lung function testing	209
Chapter 20 Administering immunisations	223
Chapter 21 Ear irrigation	253
<i>Index</i>	267

About the author

Zoë Rawles qualified as a nurse in 1980, having trained on one of the first nursing degree courses in the country, graduating from the Welsh National School of Medicine in 1980. She spent most of her career working in primary care as a practice nurse. In 1999, she graduated as a nurse practitioner from Swansea University with a first-class honours degree, and subsequently worked as a lecturer on the same course from 2001–2009 during its transition from degree to master’s course. In 2010, Zoë co-wrote a book, *Physical Examination Procedures for Advanced Nurses and Independent Prescribers*, with two colleagues. In 2003, while working in general practice, Zoë mentored healthcare assistants who were undergoing training, and she became interested in the developing role of the healthcare assistant. She set up a business (HealthTrain) with a nursing colleague and delivered accredited training for primary care staff, including healthcare assistants. Zoë ran the business single-handedly from 2009–2021, and was instrumental in developing a Level 3 diploma course for HCAs with her local health board (Hywel Dda University Health Board in West Wales).





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About the illustrator

Lucy Freegard is an illustrator and children's book author from London. Her books include *Just Like Daddy*, *Just Like Mummy* and *Ballet Bunnies*, published by Pavilion Children's Books. She has an MA in children's book illustration from Cambridge School of Art, a BA in illustration from Cardiff School of Art & Design, and did her Art Foundation at Falmouth University. Lucy lives and works in Bristol.

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Foreword

I am delighted to write the foreword for the third edition of *Essential Knowledge and Skills for Healthcare Assistants*. This updated edition is a timely enhancement to the well-received second edition published in 2019.

Healthcare assistants (HCAs) play a crucial role in delivering high-quality care across diverse patient populations, from those in acute settings to individuals with learning disabilities, physical disabilities, mental health conditions and maternity services. As integral members of the healthcare team, HCAs contribute significantly to patient care, and this book is designed to equip them with the essential knowledge and skills necessary for their vital work.

The user-friendly format of this book provides clear guidance and reinforces the importance of patient-centred care throughout. Each chapter is thoroughly researched and written in accessible language, making it an invaluable resource for both new and experienced HCAs. The topics are presented with a combination of step-by-step instructions and real-world insights into the day-to-day experiences of HCAs, particularly in primary care settings. This approach not only aids in understanding responsibilities but also empowers HCAs to practice effectively and with confidence.

Clinical skills form the backbone of the HCA role, and this book excels in detailing these skills with clarity. The addition of a new chapter on safeguarding further enhances its relevance, making it an essential resource for supporting education programmes.

Zoë Rawles, who has been dedicated to the education and training of HCAs since 2003, brings her extensive experience as a former nurse practitioner to this work. Her ability to simplify complex concepts ensures that HCAs can grasp the principles underlying their tasks, gaining the confidence and competence needed for their roles.

This book not only provides the foundational knowledge necessary for current best practices but also addresses essential issues such as accountability, communication, confidentiality and reflection. It is a must-read for anyone aspiring to excel as a healthcare assistant or assistant practitioner, paving the way for safe and effective patient care.

I wholeheartedly recommend *Essential Knowledge and Skills for Healthcare Assistants* as a vital tool for professional development in the healthcare sector.

Ofrah Muflahi, MSc, BSc, SPQ (CCN), RN
Mary Seacole Leadership Scholar '08
RCN UK Professional Lead–Nursing Support Workers



Acknowledgements

My love and sincere thanks to my family, friends and carers who have enabled me to produce this third edition while also caring for my husband who has Alzheimer's.



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Glossary

Adjuvant: a substance that is added to a vaccine to increase the body's immune response to the vaccine.

Adrenal insufficiency: a condition whereby the adrenal glands are unable to produce enough steroid hormones such as cortisol. This can be fatal if left untreated.

Alveolus: a tiny air-filled sac at the end of the airways in the lungs. The alveoli are designed to maximise surface area for the exchange of oxygen and carbon dioxide.

Ambulatory blood pressure monitoring: a non-invasive method of recording blood pressure over 24 hours while the patient goes about their normal activities. It is thought to provide an accurate reflection of blood pressure.

Anterolateral: situated in front and to the side.

Anticoagulant: medication that reduces the ability of the blood to clot.

Antibody (also called an immunoglobulin): A protein manufactured by the body that will neutralise a foreign substance or antigen.

Antigen: A substance that will stimulate an immune response by inducing the production of antibodies. An antigen may be a toxin, chemical, bacteria or virus that comes from outside the body.

Anaemia: a condition whereby there are fewer red blood cells or less haemoglobin in each red blood cell. Haemoglobin attaches to oxygen so if there is less of it, the blood is not able to carry as much oxygen around the body.

Anaerobic: living without oxygen.

Aneurysm: a bulge in an artery wall where the wall is weakened and liable to rupture.

Angina: pain that comes from the heart. It occurs when the coronary arteries supplying the heart with blood become narrowed.

Anorexia: lack of appetite.

Anorexia nervosa: an eating disorder characterised by distorted body image and an irrational fear of gaining weight.

Anterior: towards the front.

Antimicrobial: an agent that inhibits the growth of microorganisms or kills them.

Antimuscarinic: the term given to a group of drugs that are smooth muscle relaxants. They will help to dilate or widen the constricted airways in chronic obstructive pulmonary disease (COPD).

Arrythmia: a problem with the rate or rhythm of the heart beat.

Arteriole: a very tiny artery, usually the terminal branch of the artery that connects to the capillary.

Arthropathy: disease of a joint.

Atherosclerosis: a condition whereby the arteries are narrowed by fatty deposits called plaques or atheromas. The restricted blood flow can damage the affected organ (e.g. the heart) and stop it from working properly.

Atrial fibrillation: an abnormal heart rhythm and a major cause of stroke.

Auscultatory: a method of listening to the sounds of the body such as from the heart or lungs, usually using a stethoscope.

Autopsy: examination of a dead body (cadaver) to determine the cause of death.

Axilla: the area under the arm. Also known as the armpit.

Bevel: the sloping point at the sharp end of the needle.

Bilirubin: the yellow pigment in bile produced when the liver breaks down old red blood cells.

Bronchodilator: a substance that dilates (opens up) the airways (bronchi and bronchioles) in the lungs.

Bronchus: the large air tube that begins at the end of the trachea and branches into the lungs.

Bundle of His: a bundle of modified heart muscle that transmits the electrical impulse from the atrio-ventricular node to the right and left ventricles.

Capillary: the smallest blood vessel, where the wall is only one cell thick.

Catalyst: a substance that speeds up a chemical reaction.

Cellulitis: an infection of the deeper layers of the skin usually caused by Group A Streptococcus bacteria.

Contraindication: a condition or reason to withhold certain treatment.

Connective tissue: groups of tissue in the body that maintain the form of the body by supporting, anchoring and connecting the various parts of the body.

Cross-contamination: the transfer of a contaminant from one source to another that may result in infection.

Cyanosis: a bluish discoloration of the skin and mucous membranes, usually due to a lack of oxygen in the blood.

Debridement: the removal of dead damaged or infected tissue to enable the healing process.

Deep-vein thrombosis (DVT): the formation of a clot in a deep vein, usually in the leg. If a piece of the clot breaks off and travels to the lung, it can cause a pulmonary embolism, which can be fatal.

Dehydration: a reduction in the normal water content of the body causing an upset in the delicate balance of minerals.

Diaphragm: a sheet of muscle that extends across the bottom of the rib cage separating the thorax from the abdomen.

Domiciliary: provided at home.

Doppler: ultrasound used to examine the blood flow in the major arteries and veins.

Efficacy: the capacity to produce a desired result or effect.

Electrolyte: substances found in the body that carry an electrical charge. They must be present in the right amounts to maintain homeostasis for the proper functioning of the body.

Emphysema: a long-term lung disease whereby there is damage to the air sacs (alveoli) in the lungs.

Endocarditis: inflammation of the inner layer of the heart.

Enzyme: proteins that control the rate of chemical reactions in the body.

Epidemic: a widespread occurrence of an infectious disease occurring in the community during a particular time.

Epithelialisation: migration of newly formed skin cells across a wound bed during the healing process.

Erythrocyte: another name for a red blood cell.

Exacerbation: a worsening or flare-up of symptoms.

Excoriation: tearing or wearing of skin cells, usually due to rubbing or scratching.

Exfoliation: removal of the dead skin cells on the outermost surface of the skin.

Exudates: fluid such as pus or clear fluid leaking out of nearby blood vessels into surrounding tissues or wounds where there is inflammation or infection.

Fistula: an abnormal passage or connection between two organs or areas that do not normally connect. This can result from injury, surgery, infection or inflammation.

Fungating: a type of skin lesion characterised by ulceration and necrosis (death of tissue), usually caused by a cancerous growth breaking through the skin. There is usually a characteristic offensive odour.

Gallipot: a small plastic pot used for holding cleaning fluid, e.g., sodium chloride or water, that may be used during a wound dressing or a minor operation.

Genitourinary tract: the system of organs concerned with the production and excretion of urine and those concerned with reproduction.

Haematological test: a blood test that provides information about the type, number and appearance of red and white blood cells and platelets.

Haematuria: blood in the urine.

Haemoglobin: a substance in red blood cells that combines with and carries oxygen around the body and gives the blood its red colour.

Haemophilia: a hereditary condition whereby the body is unable to control or stop bleeding when a blood vessel is injured.

Heart failure: a condition whereby the heart is unable to pump enough blood to meet the needs of the body.

Hemosiderosis: excessive accumulation of iron deposits called hemosiderin in the tissues.

Hydrophilic: water loving.

Hypercoagulability: a tendency of the blood to coagulate more quickly than normal, increasing the risk of blood clots.

Hypergranulating: where tissue is progressing beyond the surface of the wound in the healing process.

Hyperlipidaemia: a high level of fat (cholesterol, low-density lipoprotein and triglycerides) in the blood. An important risk factor for heart disease.

Hyper-responsiveness (of the airways): a condition whereby the airways in the lungs get smaller (constrict) when exposed to a trigger or allergen.

Hyperthyroidism: a hormonal condition whereby the thyroid gland produces too much thyroxine, which speeds up the body's metabolism.

Hypoallergenic: provokes fewer allergic reactions.

Hypoxia: a deficiency in the amount of oxygen that reaches the tissues of the body.

Immunosuppression: suppression of the body's immune system resulting in an inability to fight infection or disease.

Impermeable: not allowing fluid to pass through.

Inferior vena cava: the large vein that carries deoxygenated blood from the lower half of the body back to the right side of the heart.

In situ: in position.

Insulin resistance: a condition whereby the cells fail to respond to the normal effects of insulin; may progress to Type 2 diabetes.

Intercostal space: the space between two ribs.

Intravenous: within a vein. Usually refers to giving medication or fluid through a tube or needle inserted into the vein.

Ischaemia: reduced blood supply depriving an area of essential oxygen and nutrients.

Ketoacidosis: a complication of diabetes whereby the body is unable to break down glucose because there is not enough insulin. It breaks down fat instead as a source of fuel; this causes the build-up of a by-product called ketones, which can disrupt the body's metabolism.

Leukaemia: cancer of the blood or bone marrow.

Lipoprotein: molecules made of protein and fat that carry cholesterol and similar substances through the blood.

Low adherence: will not stick easily.

Lymph node clearance: removal of lymph nodes from the armpit to check if cancer has spread into the nodes and help determine if further treatment is needed to eliminate any cancerous nodes.

Maceration: a process whereby the skin is softened and broken down by extended exposure to wetness or moisture.

Malaise: a generalised feeling of discomfort or illness; feeling unwell.

Malpractice: negligence or incompetence on the part of a professional.

Metabolic rate: the rate at which the body burns calories.

Mid-clavicular line: an imaginary vertical line crossing through the right or left clavicle (collar bone) to the hip bone.

Mitral valve: a valve made up of a dual flap of skin situated between the left atrium and left ventricle in the heart. It allows blood to flow into the right ventricle when the right atrium contracts but prevents the back flow of blood when the ventricle contracts.

Mucolytic: a medicine that makes sputum less thick and sticky and easier to cough up.

Myocardial infarction: a heart attack resulting from an interruption in the blood supply to an area of heart muscle, causing the heart cells to be damaged or die.

Necrotic: death of cells or tissues through injury or disease where there is an inadequate blood supply. It is irreversible.

Opiate analgesic: a class of drugs derived from the opium poppy that are used to relieve moderate to severe pain.

Orthostatic: related to or caused by standing up.

Palpable: able to be touched or felt.

Palliative: an area of healthcare focused on relieving pain and suffering, to promote quality of life and manage end-of-life symptoms.

Pandemic: an epidemic of an infectious disease across a much larger region, e.g. across continents or even worldwide.

Pathogen: a microorganism capable of causing disease in its host.

Pericardial tamponade: a collection of fluid in the pericardial sac around the heart. It interferes with the performance of the heart and will cause death if left untreated.

Peripheral vascular disease: a condition whereby a build-up of fatty deposits in the arteries restricts the blood supply to the leg muscles.

Pneumothorax: a collection of air in the pleural space around the lungs resulting in collapse of the lung on the affected side.

Polycythaemia: a condition whereby there are too many red blood cells in the blood, resulting in increased thickness or stickiness of the blood reducing blood flow to the organs of the body and sometimes resulting in clots.

Posterior: further back in position.

Postural hypotension: a reduction of at least 20 mm Hg systolic and at least 10 mm Hg diastolic blood pressure within three minutes of standing upright. A common cause of falls in the elderly.

Pre-eclampsia: a medical condition characterised by high blood pressure and protein in the urine that occurs during pregnancy, with risk of serious complications to mother and baby.

Proteinurea: the abnormal presence of protein in the urine in detectable quantities usually defined as an excess of 300 mg protein per day. There are many possible causes but persistent proteinurea should be investigated.

Pulmonary embolism: a blockage in a blood vessel in the lungs which can cause collapse and death.

Pyelonephritis: a kidney infection.

Renal artery stenosis: narrowing of the renal artery (the artery that supplies the kidney with blood) that may lead to impaired kidney function.

Reperfusion: restoration of blood flow after having been blocked.

Sick sinus syndrome: a collection of conditions whereby there is malfunction of the sinus node, resulting in arrhythmia.

Slough: a layer of dead tissue separated from surrounding living tissue that can result in delayed healing. It is made up of dead cells that have accumulated in the exudate and is typically a white/yellow colour.

Statins: a class of drugs used to lower cholesterol.

Sternal border: the long edge of the breast bone.

Superior vena cava: the large vein that carries deoxygenated blood from the upper half of the body back to the right side of the heart.

Supine: lying down with the face up.

Systemic: affecting the entire body.

Thyrotoxicosis: a disease caused by excessive concentrations of thyroid hormones in the body.

Trachea: the large airway that leads from the larynx (voice box) to the bronchi (large airways at the top of the lungs). Also known as the wind pipe.

Tricuspid valve: a three-segmented valve that stops blood in the right ventricle from flowing back into the right atrium.

Turbid: having sediment or particles stirred up or suspended in fluid, clouded, opaque.

Varicose eczema: a type of eczema caused by increased pressure in the veins that affects the legs. Pigment from the blood leaks into the skin, causing discoloration, inflammation and ulceration.

Venuole: a very small blood vessel that allows blood to return from the capillaries to the veins.

Introduction

I was delighted to be asked to write a third edition of this book and for the opportunity to update the information and include an extra chapter on safeguarding.

The first edition was the result of many years of involvement with the training of healthcare assistants (HCAs) and a realisation that most of the books available were aimed more at HCAs working in secondary care. This still appears to be the case, and so for this reason – and because this is the area I know most about – I have once again aimed this book more at HCAs working in primary care. Even so, I hope it will continue to be a useful resource for HCAs and APs working in other areas, as well as for nursing associates and nursing apprentices.

The book covers some of the more theoretical aspects of the role, but also endeavours to provide an accessible and ‘user-friendly’ approach to learning some of the underpinning knowledge and practical tasks that are now routinely included in the job description of the HCA. It does not assume a level of knowledge, but starts at the grass roots and describes the appropriate skills required for levels 2 and 3 on the career framework outlined by Skills for Health (2010). These are equivalent to GCSE (General Certificate of Secondary Education, grades 4–9) and A levels, respectively. At this level, you – as the HCA or assistant practitioner (AP), also known as associate practitioner – are performing tasks that are delegated to you under supervision from registered professionals. You should always act according to clear protocols and must demonstrate competence supported with the required level of knowledge before being delegated specific tasks.

I have included a chapter on safeguarding in this edition, giving a brief overview of the theory and practical issues involved. There is an example of a safeguarding issue of the sort the HCA may encounter in primary care to get the reader thinking about how they should react in a similar situation.

Whenever possible, the techniques described in this book are based on current national guidelines and are in line with the National Occupational



Figure 0.1 Healthcare assistant (female)

Standards (Skills for Health 2023) and referenced accordingly. The book does not replace accredited training, but does provide an essential resource for those currently undergoing such training at levels 2 and 3.

Please read the chapters and engage in the activities and quizzes to reinforce your learning.

I hope you will enjoy developing your understanding about the amazing human body, and discover how you can develop your own essential role in assisting with the monitoring and promotion of health for your patients.

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Skills for Health (2023) *National Occupational Standards Overview*. <https://www.skillsforhealth.org.uk/resources/national-occupational-standards-overview> (accessed August 16, 2024).

Section I

All change

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Chapter 1 The evolving role of the healthcare
assistant

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The evolving role of the healthcare assistant

HEALTHCARE ASSISTANTS AND ASSISTANT PRACTITIONERS

Healthcare assistants are increasingly at the front line of healthcare. There are other titles in use, including healthcare support worker, clinical support worker, nursing support worker and nursing assistant, to name but a few, but for the purposes of this book, I will use the title healthcare assistant (HCA) from here on. The development of the role in recent years, has been exponential and left some nurses shaking their heads in disbelief and asking if their own role is being eroded at a similar rate. Other nurses have embraced the role with open arms, regarding it as an opportunity to develop their own role and broaden their skills in other more complex areas.

It is difficult to establish exactly where and when the HCA role started to enter the scene.

Support workers and HCAs can be found as far back as the Crimean War, and the role of the auxiliary nurse was then established in 1955 (Kessler et al. 2010). The NHS & Community Care Act (1990 Reviewed 2024) formally recognised the HCA role, introducing it as a role to complement the existing auxiliary nursing role. Support workers have since been adopted to a greater or lesser extent in every area of health and social care. The Royal College of Nursing (RCN) has recognised the importance of support workers as providing a large proportion of hands-on care in the many different settings, and describes them as ‘the bedrock of our wards, clinics and community teams’ (RCN 2024a).

This is quite a leap forward from when I began my nursing career in 1980. I can remember some extraordinarily capable state-enrolled nurses (SENs) and nursing auxiliaries in my early nursing days, but I only became aware of the healthcare assistant role in the mid-1990s. The practice I worked for felt that there was a need for a member of staff to be specifically employed to assist in taking blood pressures and other physiological measurements, as well as performing other various administrative tasks