NHS Western Isles

Policy Document

Health Promotion, Learning Difficulty and Learning Disability

Author
Sara Aboud Senior Health Promotion Officer,
Colin Gilmour Health Improvement Manager

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01/11/2011 30/11/2014 Health Promotion Department
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<tr>
<td>Sara Aboud</td>
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<tr>
<td>Marissa MacLennan</td>
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<td>Tina Burgess</td>
<td>Expert content review</td>
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<tr>
<td>Suzanne Macaulay</td>
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<td>Kenna Macllnnes</td>
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<td>Isabel Steele</td>
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<tr>
<td>Wendy Ingledew</td>
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<td>Joanne O’Donnell</td>
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<td>Jeanne MacKay</td>
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<td>Mairead MacDonald</td>
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<tr>
<td>Mairi Murray</td>
<td>Day Hospital Manager / Staff Representative</td>
<td>Ensure staff visibility</td>
</tr>
<tr>
<td>Maggie Fraser</td>
<td>Communications Manager</td>
<td>Communications lead for NHSWI</td>
</tr>
<tr>
<td>Elenor MacLeay</td>
<td>Quality Assurance Manager/ RCN</td>
<td>QA Manager/RCN Rep, NHSWI</td>
</tr>
<tr>
<td>Mike Hutchison</td>
<td>Mental Health and Learning Disabilities Manager</td>
<td>Manager of mental health services for NHSWI</td>
</tr>
<tr>
<td>Emelin Collier</td>
<td>Head of Planning &amp; Development</td>
<td>Public Health Planning &amp; Development Lead, NHSWI</td>
</tr>
<tr>
<td>Denise Symington</td>
<td>PFPI Development Officer</td>
<td>Patient involvement for NHSWI</td>
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<tr>
<td>Kathryn MacIver</td>
<td>Learning Disabilities Collaborative Manager</td>
<td>Lead for developing collaborative working and learning disability for NHSWI</td>
</tr>
<tr>
<td>Dr Kristy Brightwell</td>
<td>Chair of Learning Disabilities Partnership</td>
<td>Responsible for developing pathways for Learning Disability for NHSWI</td>
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1 Introduction

1.1 Definitions and Useful Terms

Outlined below are some definitions of some key terms that are used in this document to ensure that everyone reading this strategy has the same shared understanding.

Learning Disability

Learning Disability is a significant life long experience that has three components:
- Reduced ability to understand new or complex information or to learn new skills (in global rather than specific areas)
- Reduced ability to cope independently
- Onset before adulthood (before age 18) with a lasting effect on the individual’s development.

The classification used by the World Health Organisation suggests that the person would have an assessed IQ falling below 70 and additional functional deficits. Approximately 2% of the population are thought to have a learning disability. Approximately 0.3 to 0.4% are thought to have a severe or profound learning disability.

Learning Difficulties

The term ‘learning difficulties’ encompasses a wide range of people who require additional support with learning. The majority of children with a learning difficulty do not have an identified diagnosis. Many of those who have difficulties learning do not have an associated learning disability as defined above. Approximately 10% of the general population are thought to have learning difficulties.

Learning difficulties within children and young people means a learning impairment which has a substantial and adverse effect on their ability to carry out day-to-day activities. This will typically lead to additional support, either within mainstream education or within different education provision to that made generally by an education authority for children and young people within mainstream schools.

Autistic Spectrum Disorder (ASD)

This is a pervasive developmental disorder characterised by a triad of impairments manifested before the age of three. These are:
- impaired social interaction
- qualitative impairments in communication
- restricted, repetitive and stereotyped patterns of behaviour.

Learning disability may or may not be present.

Attention Deficit Hyperactivity Disorder

Children with attention deficit hyperactivity disorder (ADHD) have difficulties with attention and concentration to an extent which interferes with their ability to complete
everyday tasks, such as schoolwork. Many ADHD children are also hyperactive and impulsive.

**Dyslexia**

Dyslexia is a specific learning disability it is characterized by difficulties with accurate and/or fluent word recognition, and by poor spelling and decoding abilities, consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

**Health Improvement**

Health improvement aims to reduce health inequalities amongst individuals and communities. Health Improvement falls within Public Health and includes many areas of work traditionally described as health promotion, disease prevention, health protection and health care.

**Health Promotion**

Health Promotion is the provision of information and/or education to individuals, families, and communities that encourage the promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviours. According to the World Health Organization, Health promotion is the process of enabling people to increase control over, and to improve their health.

This document has been developed in response to the Health Needs Assessment Report, People with Learning Disabilities published by NHS Scotland in 2004 and the Best Practice Statement, Promoting access to healthcare for people with a learning disability published in 2006 by NHS Scotland. These documents are based on the value that children and adults with learning difficulties and learning disabilities have a right to be valued as individuals alongside all other members of society.

Although there are many challenges involved in promoting the health of those with learning difficulties and disabilities all services that are being developed by NHS Western Isles Health Promotion Department should be underpinned by seven principles. People with learning difficulties should be:

- Valued.
- Treated as individuals.
- Asked about what they need and involved in choices.
- Given the help and support to do what they want to do.
- Able to access local services (like everyone else).
- Able to access specialist services when they need them.
- Able to have services which take account of their age, abilities and needs.

This group’s needs are complex and often go undiagnosed. This means that Health Promotion staff working with these individuals will often require skills and competencies that are specific to a particular individual or group rather than the usual generic skills that can be transferred across groups. As a result this strategy considers an approach that aims to bring about equity of service. It will start at birth and continue through childhood to adulthood and old age.
1.2 Aims and Objectives

Aims

- To improve health, well-being and social inclusion.
- To reduce health inequalities.

Objectives

- Define the population groups to which health promotion need to respond.
- Outline the health promotion needs of these groups.
- Propose solutions to address the health promotion needs of the target group.
- Highlight and scope resource implications for proposed solutions.
- Highlight development needs for services, including those for specific groups of staff.
- Ensure the needs of the target group are reflected in health promotion activities.
- Ensure that inclusive leisure and active living are considered as part of the strategy.

Achieving the aims and objectives will support NHS Western Isles and partners in realising their vision of a community where everyone leads the healthiest life possible. Just as in the general population, improved health for this target group will require all the different policy strands and the different action programmes for improving health, lifestyles and life circumstances to be linked, and where possible, integrated.

Health promotion activity must be relevant to the daily lives of the target group, their families and carers. Where appropriate health promotion programmes need to be available from early years, through childhood and into adulthood. Life transitions such as the move from primary to secondary school and education into work have been a focus for health promotion activity for the general population. This is even more important for this target group.

1.3 Learning Difficulties and Causes of Illness

Issues such as smoking, drugs, puberty, sexual health, alcohol, mental health and well-being, diet and physical activity require different approaches. At present this target group is more likely to have a poor diet and poor dental health than to smoke or take drugs. However, some members of the target group are more vulnerable to making negative lifestyle choices and this needs to be addressed.

Lead causes of illness in those with profound and multiple needs include:

- Issues relating to epilepsy
- Swallowing problems
- Gastrointestinal disorders
- Respiratory problems
- Low body weight associated with gastrostomy tubes
- Posture and mobility problems
- Heart Problems
- Poor diet and exercise.
The most effective health promotion initiatives for people with learning disabilities are those that tackle the leading causes of ill-health and death.

Many of these problems interact with one another and increases the complexity of improving the health of these groups. Early intervention in children and young people can help prevent deterioration and support vulnerable families. Additional issues in older people also need to be considered. For example dementia is four times more common in older people with learning disabilities than in the wider population.

2  All Involved

This health promotion strategy was developed by Health Promotion and the Learning Disabilities Integrated Collaborative Project.

This document applies to all those involved in the delivery of health promotion with those who have learning disabilities or difficulties throughout the Western Isles.
3 Policy Statement

NHS Western Isles is committed to implementing Better Health Better Care, Equally Well, The Health Needs Assessment Report – People with Learning Disabilities in Scotland and Best Practice for Promoting access to healthcare for people with a learning disability a guide for frontline NHS staff.

3.1 Equality and Diversity

Fair care is ensured to all without any discrimination between persons on grounds of sex, marital status, race, disability, age, sexual orientation, language, social origin, other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions.

3.2 Patient Focus Public Involvement

NHS Western Isles is working with patients and members of the public to improve the quality of health service provided.

A patient-focused NHS will:

- Maintain good communications, including listening and talking to patients, public and communities
- Know about those using the service and understand their needs
- Keep users of the service informed and involved
- Have clear, explicit standards of service
- Maintain politeness and mutual respect
- Have the ability to respond flexibly to an individual’s specific needs
- Ensure effective action is taken to improve services
- Talk with users, the wider public and communities

Effective public involvement can:

- Act as a catalyst for change
- Help achieve a major improvement in the health of the public
- Help strengthen public confidence in the NHS
Health Promotion, Learning Difficulty and Learning Disability

4.1 Policy

National policy documents indicate that the target group suffers from higher levels of health inequalities, different patterns of illness and fewer opportunities than the general population. In recent years a series of Government policy documents have outlined a range of commitments and proposals for services for people with learning disabilities. These were ambitious, with significant actions required of health boards and local authorities which related to services for both children and adults. All the partners are committed to implementing the recommendations to ensure optimal health for the target population. There is a commitment to ensuring the target group has better choices, stronger voices, fuller lives in relation to where they live and what they do, that services are seamless, particularly at life transitions, and that people with learning disabilities are respected and accepted within communities.

Policy documents directed specifically at children with learning difficulties including the Scottish Executive (2004), Education (Additional Support for Learning) (Scotland) Act 2000, and Children and Young People’s Mental Health Framework, 2006 are supportive of the need to ensure that health improvement is seen as an important factor in developing children to their full potential.

‘Equally Well’ is of particular relevance to the present strategy. One of the many broad inequality issues it raises is the need to promote service access for vulnerable groups, including people with learning disabilities. Implementation of the present strategy will substantially contribute to meeting the recommendations of ‘Equally Well’ in this respect, for example, with regard to delivering health promotion activity targeted at people with learning disabilities, and ensure equitable delivery of services.

Inequalities in health are clearly documented, and have already prompted local services to change methods of delivery. Current gaps in service delivery include:

- The development of inclusive leisure and play facilities
- The consideration of access to health and social information
- The development of advocacy especially where the target group does not have a voice.

This strategy will be integrated with the local Health Improvement Plans and shares a desire to address the inequalities agenda in an integrated manner that maximises the contribution of health promotion. This is a long term strategy, and as such it has the potential to inform and support the service plans of the Department both now and in the future. Maintaining its relevance to future planning will be an essential component of its successful implementation.

Learning disability is a more common diagnosis in more socio-economically deprived groups. There is a high financial cost associated with caring for the target group, which is again proportionally higher in socio-economically deprived groups.

Many adults with learning disabilities cannot gain employment or are in low paid jobs, living in poor housing, and have poor diet and exercise. More people with learning
disabilities are choosing to become parents and struggle with the pressures of parenting, often relying on their wider family for economic and other support.

Children and young people with a learning difficulty are over represented in lower socio-economic groups and it is therefore, necessary to ensure that issues of disadvantage are addressed within families, for the ultimate benefit of children. Current support services should take cognisance that access to mainstream leisure facilities, for example, is more expensive proportionately for lower social economic groups than for others. This is compounded when service users have to pay for carers to support them in pursuing normal family activities.

The NHS Health Scotland Health Needs Assessment Report provided evidence that people with a learning disability have:

- A higher number and level of unmet health needs
- More complex health needs than the rest of the population
- A different pattern of health need to the rest of the population
- Shorter lives than the rest of the population
- Different main causes of death than the rest of the population
- Difficulty accessing appropriate health services and supports.

The report also noted that current public health initiatives inadvertently widen the health inequality gap for this group of people as they tend to focus on health issues that impact on the general population.

The number of people living with a learning disability is unknown. Within the needs assessment report done by NHS Health Scotland (2004), one review study from 1997 was cited as estimating a prevalence rate of 3.4% of the population for those with a mild learning disability, and 0.38% for those with a moderate to profound disability. More recently, within The Same as You?, the Scottish Executive estimated a prevalence of 2% of the population with a mild to moderate learning disability, and 0.3 to 0.4% with a severe or profound learning disability.

There is currently very little local research around the Health Literacy and Learning Disability. On the local database there are 194 clients registered with a learning disabilities. However, due to the complex nature of learning disabilities and making a diagnosis there maybe more in the community that NHS Western Isles may be unaware of.

The previous sections provide a brief snapshot of some of the challenges facing the Western Isles in relation to the issues facing children and adults with learning difficulties and learning disabilities. The learning from the development of this strategy should be firmly embedded to promote health and reduce inequalities.

As already stated the needs of the target group are often complex and many issues need to be taken into account when designing health promotion interventions. Lifestyle programmes need to take account of the different patterns of lifestyle behaviours within the target group, compared to the wider population and the barriers that may prevent them from being able to access information and services and ensure that emphasis is placed on their most important priorities. Other factors that should be considered include:

- When working with individuals any co-morbidity that they have should be considered when addressing health promotion needs.
• The needs of the target group should be considered in all strategies and implementation processes and evidence of targeting should be required through effective performance management.
• A key person should be appointed to lead work on health promotion for this target group from within health promotion.
• Current local work on literacy and health literacy should be extended to consider how the health improvement information needs of the target group can be met.
• Health promotion programmes should be outcome-focused; evidence based (where possible) and reflects assessed impacts on equality and diversity.
• Approaches to implementing mental health promotion programmes should also take account of the needs of this target group.
• Opportunities for physical activity should be encouraged, both to promote health and well-being, but also to improve confidence in the target group.
• Approaches should be taken to improve access to appropriate dietary support and healthy eating advice.
• Implementation of this strategy should identify and incorporate the local and national recommendations from key policy documents that focus on this target group.

Services and information can come in many different forms depending on the client group. Service and information delivery should be designed to take into account a wide range of needs where appropriate. To ensure the success of this strategy it is essential that the specific health promotion needs of children, adults and older adults with a learning disability should be supported through the Community Health Partnership.

As already stated there are many seen and unseen barriers to those with learning difficulties and disabilities accessing services to break these down a list of recommendations to improve access should then be developed, in partnership with the target group this should be disseminated and implemented.

When working with this group Health Promotion will ensure that all resources used are appropriate as far as possible for the needs and abilities of the group or individual. Due to the size of the population, the broad nature of learning disabilities and costs associated with development of resources it would be unfeasible to produce local publications for all conditions. However, Health Promotion will hold a small stock of nationally produced publications covering the topics.

When working with this group, Health Promotion will ensure as much as possible that all resources are appropriate for the needs and abilities of the group or individual. Due to the size of population, the broad nature of learning disabilities and costs associated with development of resources, it would be unfeasible to produce local publications for all conditions. However, HIRS will continue to hold a small stock of nationally produced health promotion publications covering certain topics.

Health promotion publications will continue to be purchased/sourced from NHS Health Scotland and FAIR Multimedia, whilst also linking in with relevant, approved websites to download appropriate information i.e. HI Project, Health Rights Information Scotland, NHS Health Scotland, Scottish Government and NHS inform.

Any resources or materials developed locally for this target group will be developed in accordance with national standards.
4.2 Recommendations

Health Promotion support a number of initiatives already including:

- S’mashin Saturday Club – monthly group for young people with learning disabilities that focuses on art and physical activity
- HILLS - Health Promotion inputs
- Sexual Health – Specialist sexual health training for learning disabilities

However, there are still many gaps in providing provision for this group below are some recommendations for developing work and closing the gaps.

- Carers and health professionals should be provided with awareness raising and support on meeting the health information needs of the target group.
- The physical and mental health needs of carers should be considered by professionals working with the target group.
- Carers should have ready access to advice and information to support them in their role.
- The expertise, knowledge and caring skills of carers should be developed through providing regular access to appropriate training programmes.
- Work should be undertaken locally to explore and develop lifelong educational opportunities, from early years and throughout life.
- Training for service providers should be developed and facilitated by the Health Promotion team, ensuring that their menu of training opportunities develops as part of the strategy implementation process.
- Accurate, accessible information regarding access to services, should be developed and provided, where appropriate information should be provided in easy to understand formats.
- More should be made of electronic resources, reflecting the increasing computer literacy of the population.
4.3 Action Plan

Where possible and appropriate, carers and people with learning disabilities should be involved and included in all aspects of this action plan.

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<td>Carers and health professionals should be provided with awareness raising and support on meeting the health information needs of the target group.</td>
<td>Ensure that all health promotion staff are aware of the range of information available to meet the needs of this group, both from HIRS and national information providers.</td>
<td>Monthly Update from HIRS</td>
<td>Marissa</td>
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<td>The physical and mental health needs of carers should be considered by professionals working with the target group.</td>
<td>Include consideration of the physical and mental health needs of carers in the implementation of the carer’s strategy. Provide resources on where carers can get information and support. Produce health promotion information for carers.</td>
<td>Review of the current relevant sections Act as champion Audit of current resources Identify relevant resources</td>
<td>Kenna</td>
<td>December 2013</td>
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Carers should have ready access to advice and information to support them in their role.

- Review of current information (leaflets, web) for the target group.
- Continue support of existing provision such as S’mashin and health inputs.

The expertise, knowledge and caring skills of carers should be developed through providing regular access to appropriate training programmes.

- Sexual Health training for carers and professionals working with groups.
- Ensure that the mental health promotion strategy explicitly considers the needs of this target group.
- Develop training in health literacy for carers
- Training for carers on dietary issues should be developed and implemented.

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<td>Continue support of existing provision such as S’mashin and health inputs.</td>
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<td>The expertise, knowledge and caring skills of carers should be developed through providing regular access to appropriate training programmes.</td>
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<td>Sexual Health training for carers and professionals working with groups.</td>
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<td>Ensure that the mental health promotion strategy explicitly considers the needs of this target group.</td>
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<td>August 2013</td>
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<td>Develop training in health literacy for carers</td>
<td>Mary/Tina</td>
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<td>Training for carers on dietary issues should be developed and implemented.</td>
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<td>Work should be undertaken locally to explore and develop lifelong educational opportunities, from early years and throughout life.</td>
<td>Nominate a health promotion lead in learning disability and learning difficulties.</td>
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<td>Scoping exercise of existing health promotion activity for those with Learning Disability and Learning Difficulties</td>
<td>Completed Scoping report Disseminated amongst team</td>
<td>Sara / Kenna/ Mary</td>
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<td>Scope work to develop a health literacy action plan</td>
<td>Completed Plan for Health Literacy work Disseminated amongst team</td>
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<td>Prepare a paper for community planning partnership outlining the role of partners in meeting the health needs of this target group.</td>
<td>Completed paper Paper submitted to CHaSP</td>
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5 Accountability

Accountability for the implementation of this strategy is shared by the organisation both individually and corporately. Ensure all staff involved in the delivery of the service are adequately trained and resourced to undertake their work in respect of this strategy.

Each professional/individual involved in the implementation of this policy is responsible for his/her knowledge of the strategy and its appropriate application.

6 Education and Training

NHS Western Isles recognises the significance of continuing education and training in respect to this strategy. Training and education will be carried out both by professionals ‘in house’ and by sourcing education and training from outside agencies if required.

NHS Western Isles recognises the important role that volunteers can play within the organisation. The Board holds the Investing in Volunteers Award and is committed to ensuring that volunteers have a good experience and have the skills and training that they need to undertake their volunteering role.

7 Monitoring and Reviewing

A systematic audit of the service will be carried out annually by Health Promotion. In order to ensure continuous improvement in the delivery of services and information this policy will be reviewed at least every three years, but sooner if indicated by new research based evidence or by Government directive.

8 Risk Assessment
9 References


10 Appendices

10.1 Appendix 1 Audit Checklist

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Key: C  Compliance    N/C  Non compliance    O  Opportunity for Improvement