

# TCS Community Handbook

Your care. Our passion.

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## Introduction

Welcome to Thornbury Community Services (TCS). We aim to deliver a quality service to clients and commissioners ensuring that TCS workers provided meet specific criteria and are the highest of calibre to meet the individual needs of the client and commissioner.

Work placements for TCS Registered Nurses and Health Care Support Workers are broad and varied. They can range from 'intensive care' in nature to the provision of long-term support for chronic conditions. Working within the home environment is very different from the hospital setting and nurses and carers have to be skilled in responding to change, working in an uncontrolled setting, and working using a family-centred approach. This allows families to actively participate in the care management of their family members. However, maintaining professional boundaries in a situation where you are often seen as part of the family, at the same time working in an integrated way with that family, other health professionals and organisations is integral. We must not forget that in many cases the family members are the experts in their 'loved ones' care, we are in their home to assist them in caring for their 'loved ones'.

This handbook and the information it contains is designed to inform you of our way of working and we hope it will assist you as fully as possible with any questions you may have relating to TCS's processes, policies and procedures.

## History

Thornbury Community Services became independent from Thornbury Nursing Services in 2013. TCS provides community care packages for CCG's, Social Services, Case Managers, NHS and/or private clients. Each package of care is tailored to the individual needs of the client and family.

Paper based copies of this document will only be accurate at the time of publication. In order to

keep in touch with any changes the most up-to-date version can be found on our web site; [www.thornburycommunityservices.co.uk](http://www.thornburycommunityservices.co.uk). If you would like a copy emailed to you, please request a copy from [ask@thornburycommunityservices.co.uk](mailto:ask@thornburycommunityservices.co.uk)

We are regulated by the Care Quality Commission for our work throughout England and Wales (hereinafter referred to as our Regulators).

## Clients who are patients

TCS may provide workers direct to private individuals who are patients.

In such circumstances the client is unlikely to have any existing framework of policies, procedures or standards to provide a point of reference for workers. To address these requirements TCS has defined procedures in order to provide safeguards for both workers and clients. The primary point of contact in the event of any issue, incident, accident or enquiry will be the Community Care Team who are available 24 hours a day, 365 days a year, they can be contacted on 0345 1205310.

In order to provide a defined and consistent minimum standard, workers are required to be fully conversant and comply with all advisory documents relating to the NMC Codes of Conduct (standards for the administration of medicines, removal from the register, scope of professional practice, standards for records and record keeping, guidelines for professional practice etc).

# Chapter 2

## Enrolling with TCS

Potential Workers wishing to register with TCS should initially apply online at [www.workfortcs.com](http://www.workfortcs.com) or contact the recruitment team.

### TCS

Unit A – Estune Business Park

Wild Country Lane

Long Ashton

Bristol

BS41 9FH

In order to maintain a quality service we may monitor and record telephone calls.

TCS aims to provide a quality service to our clients through the provision of the very best workers.

It is for this reason our processes strive to exceed the minimum statutory recruitment and selection standards required of either complex care providers.

**By necessity, the recruitment process is thorough and will include:**

- Interview assessed by an experienced registered nurse.
- Checks into your professional registration and qualifications, clinical experience and competencies.
- Checks on your fitness to practice and immunisation records.
- Disclosure Barring Service Enhanced check, including a relevant barred list check – England and Wales only.
- Hereinafter all the above criminal record checks will be referred to as Disclosure.

**The key steps in the recruitment and selection process are:**

- Application vetted, taking into account the full ten-year work history with all gaps verified.
- Verification that applicant can supply all documents required for registration.
- Interview booked at a suitable, convenient location. Confirmation letter sent detailing

documents required. Disclosure application, Ex-offenders policy, confidential health declaration, skills self declaration and training record sent.

- Local face-to-face interview carried out by a registered nurse or trained interviewer.
- Formal interview questions asked appropriate to qualification.
- Responses from questions recorded along with suitability of applicant.
- Clinical skills self declaration assessed.
- Clinical skills and competencies reviewed and suitability of clinical placement discussed.
- Verification of identity obtained by either: two forms of photo ID ( passport, national ID card or photo driving licence) and one confirming address or one form of photo ID and two documents confirming address Confirmation and authenticity of identity is completed by interviewer with documents not accepted in isolation. Identity checks are cross-referenced with other data supplied at interview with only original documents accepted.
- Two recent passport photographs obtained.
- Eligibility and right to work in the UK checked.
- NMC Check
- Registration and fitness to practice checked via NMC employer's confirmation line.
- Enhanced disclosure completed prior to registration. All disclosures include checks from included a barred list check.
- A minimum of two references obtained from current or most recent line manager. All references are from senior work colleagues and must cover the preceding three years of employment. References are sent prior to interview if consent given.
- Clinical skills checklist obtained from referee, which indicates and confirms recent clinical competencies.
- Occupational work health assessment to ascertain applicant's fitness to practice.
- Evidence of Indemnity Insurance. This is a mandatory requirement for all nurses.
- Confirmation of mandatory training completed

in the last 12 months.

- Induction online training completed prior to registration, which includes our policies and procedures and mandatory training requirements.
- Feedback report from interviewer on suitability of candidate assessed.
- Application processed and passed to quality assurance team for inspection.
- Welcome call followed by an email, which contains the unique password for access to ipoint.
- Shift availabilities added to initiate the first contact by the new business team.

**NB. There is an expectation that you comply with supplying all relevant documentation within 28 days of interview.**

Personnel records are kept by TCS in line with the Data Protection Act 1998.

Processing your data is required to ensure all Health and Safety requirements are met and also assessing your suitability for an assignment.

Your information will be held in digital format unless your consent is not received.

There are areas of compliance TCS require you to maintain to remain registered with us.

**These will include:**

- Mandatory training
- NMC registration
- Occupational health assessments, should your health needs change
- Right to work documents
- Disclosures are repeated yearly for all workers.

# Chapter 3

## Orientation into TCS

Working in the community setting is very different to working in the hospital environment. All workers have to become accustomed to working in the client's home. The client (or appropriate other) would usually control the decision making about their care. The workers have to respect this and work with the client and their family to provide good quality care, irrespective of their prior clinical backgrounds and seniority. The workers are not working in a controlled ward environment and often work with uncertainty and challenging situations. It is essential that your approach is flexible but assertive to respond to changing situations and client's needs. Clients should be treated with respect and dignity at all times.

TCS expects all Workers to act in a professional and appropriate manner at all times. We constantly monitor and review the level of service provided for our clients. Should there be a decline in the level of service from workers, TCS may consider reviewing your placement.

## Induction Process

All workers will receive a welcome call from our New Business team. We will discuss:

- Current community packages available for you to suit your skill set
- How we build a team to provide our client with continuity of care
- Your current commitments with other jobs
- What kind of shifts you're looking for
- How many shifts per month you're looking for
- Do you drive
- How far are you willing to travel for work
- I Point
- Have you registered and logged in yet
- Do you have access to a laptop or computer
- Run through I point to include
- Shifts
- Diary
- Adding/amending availabilities
- Adding bulk availabilities

- My Details
- Requesting timesheets
- Compliance section

## Other useful information

Explain the difference between Community team and New Business team.

The desk number: 0345 1205 310

Who to call if the nurse is running late for shift / shift runs over / pulling out / Clinical advice required / report an incident

TCS requires all workers to comply with the following Standards of Conduct:

## Team Meetings

All TCS workers will be required as part of their role to attend team meetings four times a year. This will enable your full participation in delivering tailored care packages for clients. It is also an opportunity for workers to share experiences and receive clinical supervision to promote good practice and support for each other.

## Uniforms

You are working in someone else's home therefore it is reasonable to expect that they may not require you to wear uniform. When this is the case, wear smart casual clothing, no ripped jeans, and be sure that you carry out manual handling tasks safely and comfortably in the clothes you wear. Some client's ask that you wear uniform which can be a TCS polo shirt with dark trousers.

Please remember that you are a representative of TCS and your dress code should reflect a smart and clean appearance at all times. Always clarify the dress code when you accept your shift from the Community Team and whatever you are required to wear, make sure you have your Thornbury Community Services identity badge with you.

## TCS recommends:

- If wearing make-up, minimal must be worn

- Nails must be kept short and no nail varnish is to be worn. Acrylic or gel nails are not permitted.
- You are permitted to wear a wedding band but all other jewellery should be removed whilst working for TCS, particularly as the presence of rings has also been shown to decrease the effectiveness of hand washing (Salisbury, 1997).
- No other forms of visible body jewellery (including tongue, eyebrow, nose and labrets) are to be worn.
- Suitable footwear should be worn at all times

## Food

You are responsible for feeding yourself when on community placements. Ensure that you take enough food and drink with you for the duration of your shift. It is not the responsibility of the client/relative to provide you with food, nor should you accept meals from them. Some clients have particular religious beliefs which may determine the food that you are allowed to bring with you to shift, this will be explained to you at time of booking.

Most clients will provide you with hot drinks and water. Please gain permission from the client before using any electrical equipment for food/drink preparation. Ensure you wash up and put away your own cups/dishes, and leave the area as you found it.

## Breaks

If you are working with a client on your own, you will not always have the opportunity to have a break. If it is possible to take a break whilst working in the community care packages you will be required to take your break on site.

If there are two or more of you working, it is your responsibility to ensure you take all your allocated breaks and document these on your time sheet. If there are two or more of you on duty it will be assumed that breaks are taken.

## Timesheets

In certain circumstances the client or relative will

be unable to sign timesheets. Complete your time sheet, add 'client unable to sign' in the notes box, and send it in. Please ensure that you enter the client code or QA number in the client details section of the timesheet. TCS have implemented an ongoing system of internal controls in order to minimise the processing of invalid or inaccurate timesheets. Any falsification of time sheets by workers is regarded as a disciplinary offence. Timesheet details will be checked before the timesheet is paid and TCS will cooperate with any organisation/investigation in respect of the timesheet. If your timesheet does not match the hours on the community teams' computerised system, the hours on the system will be paid. Any changes to hours must be agreed in advance with the team so that permission can be sought from the commissioner who pays the bill.

We endeavour to process timesheets as quickly as possible and run several pay runs per week. However, timesheets which are illegible or have information which does not match our system may be held up during the payment process.

Timesheets can be scanned to payroll using any scanning function (photographs are not acceptable). These should be scanned after your shift and emailed to [timesheets.tcs@thornburycommunityservices.co.uk](mailto:timesheets.tcs@thornburycommunityservices.co.uk)

All timesheets must be sent in promptly to alleviate a backlog which may result in a delay in payments. Timesheets received three months after the booking has occurred, will result in late payments, until invoicing has been cleared with the client

## Pay Rates

Each Care Package can vary in pay rates depending on a variety of factors including the client's needs and the duration of the booking. This will be agreed at the start of the care package and you will be informed the rate of pay prior to committing to the care package. It is your responsibility to know what your pay rate is before accepting the booking in any package. Please remember that your pay rate is confidential to you and should not be discussed with colleagues. You

should only ever discuss this with a member of the TCS office team.

## **Mileage and Travel Expenses**

Mileage is paid for travel to and from your place of work. Mileage will be checked on a regular basis, any fraudulent claims will be addressed through the disciplinary process.

If you are claiming for public transport to and from your shift, you must send all receipts associated with the journey, with the postcodes of where you have travelled from. Mileage and travel expenses will be paid from your home postcode only unless a prior arrangement has been agreed with TCS.

**Please note taxis cannot be paid without prior arrangement.**

## **Technology**

It is not acceptable for workers to charge their own electrical items in the client's home unless in exceptional circumstances and with the permission of the client/appropriate other. It is also not acceptable to use your mobile phones during shift, unless otherwise agreed or in case of emergency.

## **Working when off sick or any other leave of absence**

Workers will not make themselves available for work when on paid leave of absence (due to sickness etc.) from another employer as this is fraudulent activity. 'Employed' Workers will only seek work out of normal working hours or during annual leave and should be aware not to violate contractual terms and conditions issued by their primary employer. If it is discovered that you are working during this period you may be subject to an NHS fraud investigation, which could result in removal from your professional register and potential prosecution.

## **Timekeeping/Absenteeism**

Workers are required to be punctual and to work

for the hours required by the client within the scope of the definition or description of the role being filled. Any inability to meet timekeeping requirements or absenteeism should be reported to TCS. Persistent lateness has a negative effect on our reputation, and is viewed seriously by TCS. TCS is known for its ability to fulfil last minute requests. When accepting a 'last-minute' shift you are expected to arrive as soon as safely practicable. If you are unexpectedly held up on the way to a shift, please contact the community desk as soon as safely possible.

## **Pulling Out of Shifts**

Recurrent failure to honour your commitment to shifts accepted is viewed seriously by TCS and may result in deregistration with TCS.

## **Nightshifts**

It is necessary to be fully alert. Therefore it is not acceptable to make yourself available for a night shift either before or after attending a study day, have worked a day shift or had a demanding day.

## **Sleeping on Duty**

Unless working a 'sleeping night', sleeping on duty, at night or day, is prohibited by TCS. Any Worker reported to be asleep on duty will be investigated and appropriate action will be taken. Action may include deregistration and referral.

## **Working with Relatives**

The employment of relatives in the same area of a healthcare organisation may cause serious conflicts and problems with favouritism and employee morale; along with potential implications should a safeguarding matter arise. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships.

For clarification, a relative is any person who is related by blood or marriage, or whose relationship with the colleague is similar to that of persons who



are related by blood or marriage.

Relatives of persons currently registered with TCS will be registered only if they will not be working directly with or supervising a relative. Relatives are not able to work on the same shift as their relative when working for TCS, but are able to work in the same care package, however their shifts must oppose one another, and other workers or staff, not related to either worker must also be working in that environment .

If the relative relationship is established after registration with TCS, the individuals concerned, in consultation with TCS, will decide how the situation is to be managed; this may include deciding who is to be removed from the particular working environment.

## Record keeping requirements

Workers accepting placement with a client will adhere to TCS's method and standard of record keeping insofar as these should conform to published professional minimum guidelines, and TCS policies. All documentation belongs to TCS and is a legal record of what is happening in the package on a day to day basis. Failure to complete records accurately and in a timely manner may result in an investigation via our incidents team.

## Documentation standards

**Good records are essential to safe and effective care and should be:**

- Clear, legible and indelible
- Factual and accurate
- Written as soon after the event as possible
- Written in black ink
- Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initial and date written.
- Signed, times and dated with your TCS number
- Any issues must be reported to the Case Manager or Regional Clinical Lead as soon as possible.

Records should:

- Be written with the involvement of the client or their main carer where possible
- Be written in terms the client can understand
- Be constructive
- Identify problems that have arisen and action taken to rectify them
- Include any financial transactions that have taken place (please do not undertake financial transactions unless they are details in the client care plan)
- Include details of medication taken
- Show care planned, decisions made, care delivered and information shared

Please bear in mind that full records are essential should any questions be raised about the care and standards of care delivered.

## Occupational Health

It is important for your own health and that of those in your care that you are fit to practice whenever you attend an assignment. You must declare your fitness to practice or otherwise when you accept an assignment. In particular, please report illness, especially vomiting or diarrhoea, ear, nose or throat infection or skin conditions to the community care team.

## Appraisals

It is a CQC requirement to provide "appropriate, ongoing or periodic supervision to workers. The NMC suggest that appraisals should be undertaken annually.

TCS will be ensuring that all healthcare worker and nurses where we are your primary/permanent employer, will have planned annual appraisals. In addition to annual appraisals we will also be offering annual supervision to nurses and planned supervision of healthcare workers every four months. All annual appraisals and healthcare workers supervision must be attended otherwise you may not be able to work until you do attended the appraisal or supervision meeting. You will be

contacted by our regional team to arrange your appraisal and supervision sessions and for nurses their confirmation meeting when due. Please ensure you respond to your regional team and attend the booked session. All HCA's must receive appraisals and supervision irrespective of whether they are full time or part time.

## **Revalidation**

Revalidation should not be scary, difficult or daunting, it just needs planning and organising. It is your responsibility to know when you are due to revalidate/renew, maintain a portfolio and submit before your renewal/revalidation date. You will be able to access and complete your renewal/revalidation with the NMC 60 days before your renewal date. If you "drop off" the NMC register it can take up to three months for you to be re-registered.

Your permanent employer should be supporting you with your appraisal and completion of your Revalidation. If TCS is your permanent employer or your main/primary employer then we can support you by;

- Arranging and undertaking annual appraisal meetings
- Offering annual supervision sessions
- Arranging and undertaking a confirmation meeting at least one month prior to your renewal/revalidation date
- Providing information on events that offer CPD participatory hours
- Providing a guide to Revalidation with helpful tips

And most importantly, be here to support you throughout the process

## **Continuous Professional Development (CPD)**

CPD relates to all workers. It is the responsibility of the nurse and healthcare worker to ensure they are continually updating and increasing their knowledge and skill base. TCS provides a mixture of online

training via ICS Academy and face to face training, as well as notifying nurses of external training events.

## **Annual Mandatory Training**

All workers are required to provide evidence of, and/or undertake annual mandatory training in manual handling, basic life support, and complete TCS's annual mandatory training courses via the ICS Academy; which covers health and safety, fire safety, infection control, food hygiene, protection of vulnerable adults and safeguarding children. Workers should also maintain up-to-date knowledge of best practice.

## **Person and Property of Patients and Clients**

Workers are required to recognise the dignity of each patient and client, to respect their wishes/directions and avoid any abuse of privileged access to their person or property. Any incidents will be reported to TCS and appropriate action taken.

## **Use of Client Telephone**

If you must use a client's telephone, ensure you gain permission first. It is not acceptable to make personal calls, during your shift, whether using your own or a client's telephone unless there is an emergency. Calls to TCS should also be undertaken only in the client's best interests.

## **Emergency Procedures**

As a Worker you are responsible for ensuring that you are aware of the location of the 'grab sheet' relating to the client and areas such as whether the client are flagged to the emergency services, electricity board etc.

## **Medicines**

All qualified nurses abide by the Nursing and Midwifery Council "Guidelines for the Administration of Medication" as well as the TCS medication policy. A full copy of our medication policy is available on request.

Healthcare workers who are not qualified nurses are not permitted to administer medication unless they have received specialist training and are formally deemed competent by a TCS registered nurse. However, they may assist with medication providing that the medication is dispensed from a dossett box or blister pack that has been provided by a pharmacy. Any medication incidents must be reported immediately and will be investigated in line with TCS incidents policy.

### **Accidents and Incidents**

Workers will also work in line with TCS policies and procedures. Any accidents or incidents should also be reported to TCS at [incidents@thornburycommunityservices.co.uk](mailto:incidents@thornburycommunityservices.co.uk) or by contacting the community team on 0345 120 5310 and asking for the relevant team. All accidents and incidents should be reported in a timely manner. Failure to do so could hinder any investigation and risk safety to yourself and the client.

### **Removal from Shifts**

TCS reserves the right to remove you from any booking if evidence exists of poor team dynamics, negative therapeutic relationships, unsatisfactory performance and unreliability, as a result of any investigation or allegations made.

### **Complaints**

In the event of a complaint, all parties will be informed of TCS's complaints procedure and TCS worker will not enter into further discussion or dialogue with the client. If the worker does contact the client post the complaint they may face investigation in accordance with TCS procedure.

### **Confidentiality**

Workers are required to protect information concerning patients or clients obtained in the course of professional practice. Confidentiality can be breached in many ways, via text, email, social media, simply talking to friends and family. Please

remember that every client is entitled to absolute confidentiality and your packages should not be discussed with anyone outside of TCS. There may be instances where the client requires you to sign additional confidentiality agreements in order to work in the package. Failure to do so will result in work in that package not being offered. Breaches of confidentiality are regarded very seriously by TCS, and are managed through the incidents and disciplinary procedures.

### **Statements to the Media**

Workers will, under no circumstances, enter into any communication, provide or make any statements to the media relating to patients, clients, TCS or any other matter in connection with their placement or registration with TCS without the express permission of TCS. Any expression of interest from any media party, should be reported to TCS immediately.

### **Indemnity Insurance**

Qualified workers are required to ensure they hold adequate professional indemnity insurance.

### **Gifts**

Workers will not accept gifts, favours or hospitality from patients or clients, nor benefit from any legacy or will. Small token presents, which if refused may cause offence, may be accepted but TCS must be informed at the time of the event.

### **Equal Opportunities**

Workers will not take part in, or condone any discriminatory act, attitude or conduct with the public, patients, clients, Workers or our employees.

### **Identity Badges**

For security reasons all workers are supplied with a personal identification badge, via a smart card. All badges contain your name, qualifications, a recent passport photograph, current NMC pin

number (where appropriate), your signature and a personal identity number. Please ensure you have your badge on you at all times and keep it safe. We do not expect you to wear these in public, but we expect you to have it in case it is needed for identification.

Lost badges will need to be reported to the appropriate office:

- TCS- Compliance Team on 01275 547 337

ID Badges will expire after three years and will need to be renewed. You will be sent a letter or email prior to the expiry date to request the following information:

- A recent passport photo
- Your Full name
- Your TCS ID number
- Your signature

## **Smoking**

We discourage smoking whilst on duty. However we recognise that people may want to smoke, and if so this must be done in a designated smoking area. The law prohibits smoking in enclosed public spaces. Workers should ensure they adhere to the law. Smoking is not allowed in the client's home.

## **Drug, Alcohol and Substance Abuse**

Abuse of drugs and alcohol can interfere with the life of the worker, can impair the quality of their work and threaten the standards of care we strive to provide. Therefore from health, moral, legal and commercial points of view we take the abuse of drugs and alcohol by staff and those in our care very seriously. We draw a distinction between the taking of drugs and alcohol at work and outside of work but consider the consequences of their damaging care standards equally. If you possess, supply or use drugs illegally on our premises and/ or whilst on duty we have a legal duty to notify the police and will do so. Work may be withdrawn from you pending investigation, which may lead to your de-registration.

The company is entitled to terminate your employment if you are found to be consuming or distributing alcoholic beverages on a clients or company premises. This also extends to arriving at a client or company premises under the influence of alcohol or drugs.

If you feel that you are suffering from a drug or alcohol problem we can refer you to our Occupational Health Company who can help you seek advice and support.

## Computer Mobile Phone & Social Media Misuse

It is anticipated that some CCG's/clients will operate their own clearly defined policies and procedures in respect of access to, operation and use of computer equipment.

However where such policies do not exist and in order to determine a minimum standard TCS operate the following computer misuse policy:

### Virus Protection

In order to prevent virus contamination of IT systems the following must be observed:

The loading, installation or other use of unauthorised software and data, including public domain software, 'magazine cover' or Internet/World Wide Web downloads is not permitted.

All software must be virus checked using standard testing procedures before being loaded, installed or used.

### E-mail

There are a number of complex issues that can arise out of the use of e-mail. In order to protect the interests of clients, patients, TCS and workers, you **MUST NOT**:

- Respond to 'junk mail'.
- Forward or respond to 'chain letter' type e-mail.
- Create or send e-mails which make comment, or statements which could in any way be contrived to be defamatory.
- Include anything within an e-mail which is protected by copyright without the explicit consent of the author.
- Initiate or forward e-mail which contains obscene or pornographic material.
- Initiate or forward e-mail which could be considered to constitute an act of harassment or discrimination on any grounds.
- Disclose information which is embargoed or could in any way be considered confidential.

- Make any statements which intentionally or unintentionally create a binding contract, or make negligent statements.

### Internet Usage

Access to the Internet should be for the client purposes only and use must be restricted and appropriate to the requirements and instructions of the client and/or TCS. It is not acceptable to use the client's internet without the expressed permission of the client/appropriate other. Inappropriate use of the client's computer could lead to an investigation into your conduct.

### Computer and the Law

The Computer Misuse Act identifies and classifies a number of specific activities which are deemed to be criminal offences in respect of the access to and use of computer systems.

**These include:**

- The unauthorised access or attempted unauthorised access to computer systems, data or software.
- The attempted, unauthorised or malicious alteration, manipulation or destruction of computer systems, software or data.

### Social Media

The standard of your conduct as a nurse or healthcare worker, both online and offline is important. The way you act online can jeopardise your registration with both TCS and your Professional body.

Remember that everything you post online is public, even with the strictest privacy settings. Once something is online, it can be copied and redistributed, and it is easy to lose control of it. Presume that everything you post online will be permanent and will be shared.

Social media creates a social interaction or a conversation between users. Two of the more

familiar social media tools in use today are Facebook and Twitter.

If you identify yourself as a nurse on Facebook, you should act responsibly at all times and uphold the reputation of your profession. Even if you do not identify yourself as a Nurse, be aware that your conduct online could still jeopardise your registration if it calls your fitness to practice into question.

Do not discuss work-related issues online, including conversations about patients or complaints about colleagues. Even when anonymised, these are likely to be inappropriate.

Do not post pictures of clients, even if they ask you to do this. NMC guidance on record keeping states clearly that “you should not take or keep photographs of any person, or their family, that are not clinically relevant” (NMC 2009b).

Do not use social networks to build or pursue relationships with clients and their relatives, even if they are no longer in your care. If you receive a friendship request from a current or former client, Facebook allows you to ignore this request without the person being informed, avoiding the need to give unnecessary offence.

Social networking sites should not be used for raising and escalating concerns (commonly referred to as whistleblowing). TCS’s policy on Whistleblowing sets out your professional duty to report any concerns which put the safety of people in your care or the public at risk, and the steps you should take.

If you are concerned about the online behaviour of someone who is registered with TCS, you should take steps to raise your concerns with TCS. In the most serious circumstances, for example if someone’s use of a social networking site is unlawful, you should also report the incident to the police.

### **Mobile Phones Misuse**

There are a number of complex issues that can

arise out of the use of mobile phones. In order to protect the interests of clients, TCS and Workers you MUST NOT:

- Give your contact telephone number (mobile or other) to the client.
- Disclose the telephone numbers of other Workers to clients.
- Use your mobile phone to photograph clients.
- Create or send mobile phone messages which make comment or statements which could in anyway be contrived to be defamatory.
- Create or send mobile phone messages containing photographs/images of clients.
- Create or send mobile phone messages containing information confidential or otherwise, regarding clients.
- Initiate or forward mobile phone messages that could be considered to constitute an act of harassment or discrimination on any grounds.

Any failure to comply with TCS’s policy may be regarded as misconduct and lead to de-registration.

### **Notifying TCS of any Investigation Action**

All Workers must notify TCS in writing if they are involved in any court case, police investigation, NMC investigation or any other formal investigation, disciplinary or dismissal proceedings at any time. This applies whether the proceedings arise through connection with TCS or elsewhere. TCS worker has a duty to inform TCS of any caution, conviction or reprimand that occurs during their registration with TCS. Failure to do so could lead to the termination of your registration with TCS. The NMC requires you to inform them if you have been cautioned, charged or found guilty of a criminal offence.

### **Embracing Diversity**

TCS subscribes to the view that equality and diversity are all-encompassing principles. By following them it ensures that every person receiving a service by TCS has their need comprehensively addressed and is treated equally

without discrimination.

This takes place regardless of the individual's ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in them being discriminated against because they have such characteristics. The service aims to celebrate differences (because of ethnic background, etc) between individuals. It avoids treating people unequally. It recognises that treating people unequally can result in them losing their dignity, respect, self-esteem, and self-worth and ability to make choices.

### **Equal Opportunity**

TCS is committed to achieving a working environment that provides equality of opportunity and freedom from discrimination on the grounds of race, religion, sex, class, sexual orientation, age, disability or special needs. TCS is also committed to building a workforce that is diverse and reflects the community around us.

### **Whistle Blowing**

The formal phrase for 'blowing the whistle' is Public Interest Disclosure. You have a legal right to 'blow the whistle' and are protected by law under such circumstances.

Its purpose is to protect the interests of those in our

care where error has gone unchecked, therefore it is not 'betrayal'.

Where you have concerns relating to safety or health dangers at work where there may be an oversight relating to legal obligations, care standards or practices, etc, you should raise the matter with the Registered Manager. (Contact details available on back of this document.)

If the matter is not resolved satisfactorily you should make your concerns known again but this time in writing to the Registered Person. (Contact details, etc. as above.)

If you have acted in good faith, not seeking personal gain out of the situation, the law is on your side. Where legitimate concerns have been raised, it is illegal for TCS to cause you detriment as a result.

Should we be unable to satisfy the concerns raised, you are entitled to take the matter to a legal representative, CQC or other government officer. You may do this without notifying us first but only where you have good grounds for not having notified the Registered Manager or Registered Person first.

### **Codes of Practice**

The relevant Codes of Practice can be obtained from the following websites:

**NMC Code of Practice:** [www.nmc-uk.org](http://www.nmc-uk.org)

# Chapter 5

## Roles and Responsibilities

TCS applies a strict set of recruitment criteria to ensure that all nurses and health care support workers are properly qualified, experienced and competent. TCS will not place nurses or health care support workers whose skills are inappropriate to the specific needs of the client.

Workers accepting placement with a community client are expected to undertake any tasks that might reasonably be required by the client within the scope of the role being filled and should not refuse to carry out particular tasks or elements of the role unless you believe it is going to place either the client or yourself at risk.

Workers are not expected to perform duties which contravene their Code of Professional Conduct, or fall outside the position into which they were placed, as originally specified by the client, even though they may be qualified or competent to perform such tasks. Any change in the client's requirement should be communicated to and managed by the Community team, including any changes in the care planning.

Workers are reminded that defined minimum standards, codes of professional practice/conduct and statutory regulation take precedence at all times. Any concerns or conflict of interest should be reported to the Community Team.

All Workers will be expected to communicate any concerns they or the client have to the Community Team and appropriate action will be instigated.

TCS retains the right to reassess your clinical experience in relation to the experience required for each placement.

- Registered nurses accepting placement with a client are expected to undertake any tasks that might reasonably be required by the client within the scope of the role being filled.
- The Registered nurse will work at all times in partnership with the client and significant carers. These may include parents and partners.
- To respond appropriately to the client's needs

with empathy ensuring privacy dignity, and confidentiality at all times.

- Assist in the maintenance of environment cleanliness with consideration to current Health and Safety policies
- Undertake technical and invasive care procedures (e.g. care of tracheostomy, ventilation and gastrostomy) when competent to do so.
- All procedures/interventions must be carried out within the agreed policies and procedures. Good practice is safe practice.
- Attend team meetings regarding the client.
- Recognise and respond to abuse and neglect and report to Community Team immediately.
- To assist the client with mobility whilst promoting a safe environment, using aids as appropriate and promoting the independence of the client.
- Perform and record clinical observations to individual training and competencies. Reporting changes.
- Maintain good communication skills both written and verbal with clients and other members of the team.
- Report changes in wellbeing/condition to appropriate staff quickly and effectively.
- Respond in an appropriate manner to emergency situations.
- Perform Basic Life Support when required.
- To comply with TCS policies at all times.
- To be able to work as part of a team with the ability to use own initiative when required.
- To perform such other duties as directed by the Community Team
- To prepare meals as required, whilst maintaining good hygiene skills, e.g. food handling and hand washing.
- Able to work with minimal supervision and appropriately prioritise workload.
- Supervise, where required, an HCSW in training
- Able to perform assigned tasks efficiently and effectively in a busy, changing environment.
- All workers should comply with and follow the client specific care plan.



This is not an exhaustive list, and workers are expected to be flexible in their approach to care for the clients.

# Chapter 6

## Food Hygiene and Handling

You can pass on harmful bacteria when you handle food. To prevent this you must:

- Ensure you have done the food hygiene online training course if you are involved in food preparation. For queries, please contact the compliance team on 01275 547 337.
- Always wash your hands

### Your responsibility as a food handler:

Wash your hands thoroughly using warm water and soap:

- After using the toilet, at home and at work
- Before starting work, and after breaks
- Before and after handling raw food
- After handling rubbish.
- Dry your hands thoroughly after you have washed them.

Inform a member of the community team if you:

- Have been sick (vomiting)
- Have diarrhoea
- Have infected (red, swollen, pus-containing) sores or cuts
- Feel unwell
- Were ill while on holiday
- If anyone in your household is sick or has diarrhoea.

### Your checklist for good hygiene practice:

- Wash and dry your hands thoroughly after going to the toilet and before handling food.
- Do not handle food if you are suffering from diarrhoea and/or vomiting.
- Use bright coloured, waterproof coverings for cuts and grazes.
- Do not spit, smoke, eat, or chew gum when you are handling food.
- Make sure your work clothes are clean.
- Keep your workplace, especially surfaces and utensils clean.
- If you have to visit the doctor, remember to say you are a carer.
- Please use PPE where appropriate when caring for individuals and changing roles within the care plan

## Introduction to Therapeutic Relationships

This chapter is intended to clarify what is meant by the term therapeutic relationship. Similar terms which are sometimes used, are professional relationship, or professional boundaries, but for the purposes of this chapter we will use the term “therapeutic relationship”.

The information contained in this chapter should help you identify how to establish and maintain therapeutic relationships with clients. This should involve the use of professional knowledge as well as skills, attitudes and behaviours that contribute to the client’s health and well-being.

**Your relationship with the client is based on trust, respect and professional intimacy**, and requires the appropriate use of power which focuses on acting or making a decision in the client’s best interests. This should also take into account the client’s cultural, spiritual, psychological and physical needs.

This chapter will also help you recognise when the relationship between carer and client becomes social or personal. This is when the relationship is no longer therapeutic and, therefore, becomes unacceptable or inappropriate.

### Key Components of Therapeutic Relationships

**Power:** As a nurse/carer, you may not perceive yourself as having power in the caregiver/client relationship, but you possess more power. You will often have to make decisions on behalf of the client, have access to privileged information and use your inherent professional knowledge to influence and guide both the client and their significant others. The decisions you make should include the client’s wishes wherever possible. In addition to this you should aim to work towards realistic goals without taking advantage of the client’s vulnerable position.

**Trust:** Your client expects you to possess the correct knowledge and attitudes as well as having

the skills to carry out their care. Trust is critical in maintaining a professional, therapeutic relationship. In the initial stages of the therapeutic relationship, trust may be fragile and if this trust is breached it is often difficult to re-establish.

**Respect and Professional Intimacy:** Respect for the dignity and worth of your client is fundamental in establishing a therapeutic relationship. You must understand your client’s individuality and seek to remain non-judgemental during your placement. You are also expected to perform some intimate activities for your client, leading to the creation of a personal and private closeness on many levels.

### Establishing a Therapeutic Relationship

As a nurse/carer, you must function within your appropriate Codes of Conduct, recognising your accountability for maintaining professional behaviour, whilst also possessing a wide range of communication strategies and effective interpersonal skills.

You are responsible for the maintenance of appropriate professional boundaries for the duration of the placement with your client, regardless of the wishes of the client or the setting. This also includes confidentiality and its limitations within the provision of care by a team.

You and your client both have needs but the therapeutic relationship is based on the health and well-being of your client and is not designed to meet your needs.

Behaviours or acts are unacceptable if they are abusive or done to satisfy your personal needs, such as social support, companionship or used as a forum to air your grievances.

It is an abuse of trust when you see the client to share personal information and problems or discuss other team members. The client may not feel comfortable refusing such interactions and may fear any potential repercussions.

You should understand and respect the client’s values and opinions and ensure that they are

incorporated in the plan of care. You should also be able to listen and give your client the opportunity to express and identify goals, wishes and expectations of care, showing a genuine interest in the choices a client makes and promoting those choices.

You need to recognise when you don't have the necessary knowledge or skills to manage the therapeutic relationship and to seek assistance from other members of the team or TCS.

### **Managing the Boundaries of the Therapeutic Relationship**

You are responsible for managing your relationship with the client. This can only be done effectively if you are aware of your limitations and expectations and ensure you clarify your role in the holistic care of the client.

Your individual attributes such as age, gender, past experiences, fears, strengths and weaknesses will all have an impact on the interaction you have with your clients – as a professional caregiver you can address this by reflective practice which allows you to understand how your attributes can affect the therapeutic relationship and why you act or respond in certain ways.

As health care changes, more care is provided to clients in the community. In these situations, the role of the nurse or carer is sometimes difficult to define. You may take on more of a counselling role rather than traditional nursing tasks.

The client's home may feel like an informal environment in which to provide care making the boundary between professional and social relationship ambiguous.

It may be tempting to do more for a home care client who lacks the usual social support, e.g. grocery shopping, providing home cooked meals, giving gifts, cleaning or gardening.

These behaviours can blur the boundaries of the therapeutic relationship and make it harder for other staff involved to define their roles.

In addition, other staff may refuse to do the same

tasks, making it confusing for the home care client or their family. Indeed other team members may feel uncomfortable in an unprofessional environment.

### **Warning Signs of a Deteriorating Therapeutic Relationship**

- Spending extra time with the client beyond therapeutic needs
- Feeling other team members do not understand the client as well as you
- Changing assignments or expressing preferences for a particular client
- Thinking about the client frequently whilst away from work
- Being guarded or defensive if someone questions you about your interactions with that client
- Spending off-duty time with a specific client or their relatives
- Complaining to the client/family – i.e. about colleagues, pay, rosters or TCS
- Keeping secrets with the client away from the health care team
- Giving a client your home telephone or mobile number
- Sharing personal information, for example family problems, with a client/family
- When a client will only talk to or accept care from you and refuse care by others
- Ignoring TCS policies when working with a client

If one or more of these indicators are present, further assessments of all aspects of the relationship is needed to determine if professional boundaries are being crossed.

### **Other Considerations to Include:**

- Are non-caring activities taking away from time allocated for nursing duties?
- Is TCS aware of these extra activities and what are TCS's policies?
- Does TCS's insurance cover you whilst the activity is performed?

If you suspect you are involved in a situation that crosses the boundaries of the therapeutic relationship, then you need to consider the situation very carefully. This also applies if you suspect a colleague of crossing therapeutic boundaries and you need to report this appropriately.

The situation can be managed by regular re-evaluation of the care plan, personal reflective practice, team meetings and communication within the team and with the clients about the key roles in the relationship.

The nursing and support staff within the community care team can also assist you with the clarification of roles and provide a neutral view on behaviours in the care setting.

If you decide to withdraw from a care package, or if TCS feels the situation is problematic and requires withdrawal of a member of the team, it will be done in a way that does not cause harm to the client.

# Chapter 8

## The use of vehicles whilst providing care for client's in the community

### Action to be taken

Vehicles must at all times be in a road worthy condition. All workers must provide a valid driving licence, MOT certificate and proof of business insurance if their car is going to be used to transport clients. Checks of your vehicle must be carried out prior to use and periodically thereafter, in conjunction with the relevant checking procedures, details of which can be obtained from TCS.

Workers must not drive or operate any vehicle for which they do not hold an appropriate driving licence or permit.

### The following must be adhered to at all times:

- Do not carry unauthorised passengers.
- Do not overload vehicles beyond their stated capacity.
- Do not drive whilst suffering from a medical condition, illness or intoxication that may affect your driving or operating ability.
- Do not drive or operate a vehicle whilst using a hand held mobile phone.

### In all circumstances:

A full risk assessment should be completed prior to travelling with client's whether on public or private transport, regardless of whether the driver is the client, the worker or another designated driver.

All driving convictions must be declared to TCS. This is unlikely to affect your terms of engagement, but may put restrictions on driving on duty.

Clients: Vehicles must be at all times in a roadworthy condition, have a current MOT certificate and be insured for the worker to drive, and this must be held on record at TCS. If you are asked to drive a client's car, please contact the community care team for authorisation that we have the correct documentation.

## Timesheets and Payments

TCS utilises timesheets as a primary system of record for the invoicing of clients and the payment of Workers.

There are a number of specific requirements for the correct and accurate completion of timesheets. All Workers should adhere to these requirements in order to ensure prompt and accurate payroll processing.

- It is your responsibility to ensure you know what the pay rate will be when you accept the shift.
- Each section of every timesheet is to be completed fully and accurately.
- Worker numbers must be correctly entered on all timesheets.
- One timesheet should be completed for every client.
- TCS shifts should be completed on TCS timesheets. The use of a TNS timesheet could delay payment.
- Mileage claims must be accurate and submitted on the timesheet to which they apply. Mileage claims will be subject to audit in addition to our pre-processing checks. A number of clients apply a mileage cap on the number of miles that can be claimed and it is your responsibility to check if a mileage cap applies when you accept the shift. Mileage claims cannot be backdated. Mileage cannot be claimed in lieu of other costs, e.g. accommodation.
- Ensure the community care team is aware of all the shifts you work. If your shift is not listed on our database, and is not visible on your ipoint online diary page your pay will be delayed.
- Timesheets can be scanned to the payroll team [timesheets.tcs@thornburycommunityservices.co.uk](mailto:timesheets.tcs@thornburycommunityservices.co.uk)

Timesheets should be sent in once the shift is completed. Failure to submit a timesheet within three months of the shift, could result in payment being delayed.

As timesheets are used to calculate charges and generate invoices for clients, it is important to stress to clients their responsibility for ensuring the accuracy and validity of all timesheets that they sign.

In the event of any error or omission, nurses should not make retrospective changes to timesheets once they have been authorised by the client. In such circumstances a new timesheet should be completed for authorisation and the original destroyed.

TCS has implemented an ongoing system of internal controls in order to minimise the processing of invalid or inaccurate timesheets. Any falsification of timesheets by nurses is regarded as a disciplinary offence. Timesheet details may be checked before the timesheet is paid and TCS will co-operate with any organisation/ investigation in respect of the timesheet.

The Inland Revenue rules that if TCS has not made a payment to someone registered with it for a period of 13 weeks, then TCS must issue the worker with a P45. This does not mean that you cannot continue to be registered with TCS. We can continue to offer work that is available whenever you are free. Please contact the community care team with your availabilities.

# Chapter 10

## Entitlements

Current UK employment legislation provides all workers with an entitlement to paid holidays.

In summary this statutory entitlement provides 5.6 weeks of paid holiday to include the eight bank holidays in a 52-week working year pro rata.

By accepting our terms, you agree that any such sums paid to you as holiday pay in addition to your hourly rate may be set off against any entitlement to receive statutory holiday pay during periods of annual leave.

Due to the nature and flexibility of work provided through TCS, with the associated need for TCS to administer and maintain accurate records of hours worked and holiday taken, TCS discharge this statutory obligation by the addition of a holiday pay element to the basic hourly rate paid to all Workers. This holiday pay currently equates to an additional 15.56% pay for every hour worked.

Paying holiday pay 'up-front' in this way allows workers flexibility to take holiday breaks as and when they choose.

TCS urges all staff to take their Agency paid holiday entitlement in full.

*Agency Workers Regulations – from October 1<sup>st</sup> 2011*

### What are Agency Workers Regulations?

Agency Workers Regulations (AWR) give temporary workers equal treatment, with regards to pay and certain working conditions. The worker must complete 12 weeks of service which must be with the same client, in the same role, in order to qualify ("the Qualifying Period").

### What does this mean for you?

From Day 1 of every assignment you undertake from October 1st 2011, you are entitled to information on relevant vacancies at the client where you are working so ask a member of the community care team how to access this. Also if the client organisation where you work offers

employees collective amenities and facilities (such as canteen, childcare facilities, etc) you get the same access to some of these (unless there is a good reason why you should not). Again, a member of the community care team will let you know how to find out about what is available.

When you start working at a client, this will count towards your 12 week Qualifying Period. The 12 week Qualifying Period is not necessarily a continuous period of 12 weeks. There are certain breaks that pause, stop or re-set the clock so it very much depends on your job roles and working patterns. Workers who reach their Qualifying Period will be entitled to the same basic pay and certain working conditions as if you had been directly recruited by the client to do that same role. A member of the community care team will be able to advise you on this with more detail based specifically around your job role(s) and conditions.

We will need to ask you some questions when you are being booked into a job about any recent assignments or shifts you have worked at the same client. This is because we need to keep a track of your 12 week Qualifying Period so it's really important that you answer the questions accurately.

Thirdly, the Regulations state that if you change into a different role we must notify you of your new duties, so you may receive additional communication from us via text or email.

Lastly, if your pay or entitlements as a worker are lower than if you were recruited directly, then you may be entitled to enhanced pay rate or entitlements. As a result your payslip may look slightly different. Again, a member of the community care team will be able to advise you if this applies to you.

### Pregnant and "New Mother" workers

There are some additional provisions in the Regulations around pregnancy and childbirth. Please let the community care team know if you are pregnant or have recently given birth so we can make sure you have the information relevant to you.



## Pregnancy & Maternity Leave

Pregnancy should not automatically present any particular constraints on the type of placement offered to workers, unless medication within the client's home is deemed to be potentially harmful or there is deemed to be another risk to the worker. TCS recognises that pregnancy can affect different people in different ways, and aims to support workers who become pregnant by finding them work in suitable areas. It is important that Workers who become pregnant inform TCS in a timely manner so that we can continue to place workers in appropriate roles.

TCS will carry out a Pregnancy Risk Assessment on any pregnant worker prior to all new placements.

TCS places the health and wellbeing of Workers as an utmost priority. Workers have a responsibility to ensure that they are fit and able to work and should continue to update TCS and TCS will contact any clients with whom they may be placed.

Specifically, Workers should notify TCS of any restrictions advised by their doctor or Midwife, etc.

Prior to your return to work from maternity leave we are required to complete a further risk assessment. This may result in a formal Occupational Health referral.

In certain circumstances Workers may be eligible to receive maternity pay. Eligibility is dependent on a number of factors and will need to be determined on an individual basis by contacting the Payroll Department during office hours.

In certain circumstances it may be possible to accept shifts whilst on paid maternity leave with the express permission of your substantive employer.

## 'Keeping in Touch days'

Workers may, by agreement with TCS, do up to ten days work – known as 'Keeping in Touch days' – during their maternity leave period, for which they will be paid. This only applies to workers who do not have another 'Employer'.

Any work done on any day during the maternity pay or maternity leave period will count as a whole 'Keeping in Touch day', up to the 10-day maximum. In other words, if a shift is 4 hours in length and you do no other work that day, you will have used one of your 'Keeping in Touch days'.

Work during maternity leave may only take place by agreement with both TCS and the worker. TCS cannot require a worker to work during maternity leave if she does not wish to, nor does a worker have the right to work 'Keeping in Touch days' if TCS does not agree to them.

If TCS offers a worker the opportunity to work a 'Keeping in Touch day', she is entitled to turn the opportunity down without suffering any consequences as a result.

# Chapter 12

## Indemnity Insurance

TCS has insurance policies which provide cover appropriate to the day-to-day operation of our business. Workers are personally responsible for ensuring that they have adequate and up-to-date professional indemnity insurance, which TCS will check annually. This is often available through the relevant professional bodies and/or trade unions.

We urge all workers to have professional indemnity insurance provided by personal membership of a recognised professional body or trade union. It is a mandatory requirement for all nurses. Carers who do not have adequate indemnity insurance may find themselves personally liable to meet the cost of any legal actions or damages in the event of claims being found against them.

Members of certain professional bodies and/or trade unions may automatically benefit from a 'Public Products and Medical Malpractice Liability Insurance' which includes legal expenses. Workers should confirm with any professional bodies or unions of which they are members the availability, level and extent of any indemnity insurance cover.

## Changes in Personal Details and Use of Staff Data

TCS governs how we collect, store, use and disclose the personal information of our Workers. By signing our Registration Form Declaration, a Worker confirms that he/she has read, understood and agreed to this and expressly consents to the collection, storage, use and disclosure of his/her personal information as set out below.

TCS respects the right to privacy of its workers and will only process personal information which it collects from them in accordance with the Data Protection Act 1998, the Privacy and Electronic Communications (EC Directive) Regulations 2003 and other applicable privacy laws.

**TCS may collect from its Workers personal and sensitive information, which may include information relating to:**

- Name, residential address and status
- Age, gender, race and ethnicity
- National Insurance number and NMC details
- Skills, experience and qualifications
- Placement preferences
- Employment status
- Mental and physical health
- Immigration status
- Trade union membership details
- Work performance
- Details of any proceedings or allegations.

The information which TCS collects is stored securely and held in the strictest confidence in its computerised database system, with password access restricted only to specific individuals within the organisation or to third parties as detailed below. Information regarding a worker will only be transferred outside of the European Economic Area only in compliance with European law.

TCS uses the Information collected from its workers to match the requirements of its clients to the resources of TCS. Information relating to the mental and physical health of a Worker is used for the following purposes:

- To ensure that TCS worker is physically and psychologically capable of carrying out the work proposed by TCS, taking into account any current or previous illnesses; and
- To provide workers with a confidential and impartial Occupational Health service, with proactive advice and support.
- TCS may, to the extent that such information is relevant and necessary, disclose the information collected from its workers to the following third parties:
- National Health Service auditors and other health service administrative bodies;
- Providers of health and safety assessments, security and criminal record checks;
- Payroll and benefits services;
- As we are required to do so by applicable law, by a governmental body or by a law enforcement agency.

In order that TCS is best able to meet the joint requirements of both clients and Workers it is important to ensure TCS's records are accurate and correctly maintained. Any changes in personal details should be passed to TCS by TCS worker in a timely manner, which will allow appropriate updates to be made to TCS's records and will ensure appropriate placement. TCS worker can review the information we hold via lpoint on the 'My Details' page.

A Worker has the right to request copies at any time from TCS of his/her personal information which TCS holds and to request that TCS updates or corrects any out-of-date or incorrect information as necessary.

### To update your details contact:

Thornbury Community Services:

01275 547 337 or email [compliance@thornburycommunityservices.co.uk](mailto:compliance@thornburycommunityservices.co.uk)

# Chapter 14

## Infection Control

All health care workers are potentially at risk of occupational infection. Each year, in the UK, around 5,000 people die from healthcare-associated infections (more than those killed in road traffic accidents). It is therefore paramount that all workers are trained, competent and confident with all local infection control procedures.

The clinical environment presents a particular risk of the spread of infection, which is most commonly spread by inadequate hygiene and poor maintenance of the environment and equipment.

The single most important measure for protection other than wearing personal protective equipment is hand washing. Appropriate hand washing with soap and water is necessary to rid skin of protein matter, blood and any other potentially infectious material. Workers should wash their hands vigorously with soap and water as soon as possible after any contact which might carry a risk of infection.

Hands must always be washed before and after contact with any patient and following activities likely to cause contamination.

### **Times when you should wash your hands also include:**

- Before and after finishing duty
- Before and after eating or smoking
- Before or after handling or preparing food
- After direct contact with bodily fluids
- After going to the toilet

Workplaces have a duty to ensure that safe practices are in place, underpinned with up to date research and information. Workers have a duty to comply with all of these. How do they apply this is in the home setting.

## Confidentiality/Caldicott Code of Practice

### Principle 1 – Justify the purpose(s) for using confidential information.

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by and appropriate guardian.

### Principle 2 – Don't use personal confidential data unless it is absolutely necessary.

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purposes(s).

### Principle 3 - Use the minimum necessary personal confidential data.

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as in necessary for a given function to be carried out.

### Principle 4 – Access to personal confidential data should be on a strict need-to-know basis.

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

### Principle 5 – Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data – both clinical and non-clinical staff – are made fully aware of their responsibilities and obligation to respect patient confidentiality.

### Principle 6 – Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

### Principle 7 – The duty to share information can be as important as the duty to protect patient confidentiality.

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

## Confidentiality

To trust another person with private and personal information about yourself is a significant matter. If the person to whom that information is given is a nurse, midwife, or health visitor, the patient or client has a right to believe that this information, given in confidence, will only be used for the purposes for which it was given and will not be released to others without their permission.

The death of a patient or client does not give you the right to break confidentiality.

It is impractical to obtain the consent of the patient or client every time you need to share information with other health professionals or other staff involved in the health care of that patient or client. What is important is that the patient or client understands that some information may be made available to others involved in the delivery of their care.

However, the patient or client must know with

whom the information will be shared. Those who receive confidential information from a patient or client should advise them that this information will be given to the registered practitioner involved in their care. If necessary, this may also include other professionals in the health and social work fields. Registered practitioners must make sure that, where possible, the storage and movement of records within the healthcare setting does not put the confidentiality of the patient information at risk.

## Providing Information

You always need to obtain the explicit consent of a patient or client before you disclose specific information and you must make sure that the patient or client can make an informed response as to whether that information can be disclosed.

Confidentiality should only be broken in exceptional circumstances and should only occur after carefully considering whether you can justify your actions.

### Disclosure of information occurs:

- With the consent of the patient or client
- Without the consent of the patient or client when the disclosure is required by law or by order of a court
- Without the consent of the patient or client when the disclosure is considered to be necessary in the public interest.

The public interest means the interests of an individual, or groups of individuals or society as a whole, and would, for example, cover matters such as serious crime, drug trafficking or other activities that place others at serious risk. There is no statutory right to confidentiality, but an aggrieved individual can sue through a civil court alleging that confidentiality was broken.

The situation that causes most problems is when your decision to withhold confidential information or give it to a third party has serious consequences. The information may have been given to you in the strictest confidence by a patient or client or by a

colleague. You could also discover the information in the course of your work. You may sometimes be under pressure to release information, but you must realise that you will be held accountable for this.

In all cases where you deliberately release information in what you believe to be the best interests of the public, your decision must be justified. In some circumstances, such as accident and emergency admissions where the police are involved, it may be appropriate to involve senior staff if you do not feel that you are able to deal with the situation alone.

The above circumstances can be particularly stressful, especially if vulnerable groups are concerned, as releasing information may mean a third party becomes involved, as in the case of children or those with learning disabilities. You should always discuss the matter fully with other professional colleagues and, if appropriate, consult the NMC or a membership organisation before making a decision to release information without a patient's permission.

There will often be significant consequences, which you must consider carefully. Having made a decision, you should write down the reasons either in the appropriate record or in a special note that can be kept in a separate file.

You then have written justification for the action you took if this becomes necessary and you can also review the decision later in the light of future developments.

## Ownership of and access to records

Organisations which employ professional staff who make records are the legal owners of these records, but that does not give anyone in that organisation the legal right to access the information in those records. However, the patient or client can ask to see their records, whether they are written down or on a computer. This is a result of the Data Protection Act 1998, Access Modification (Health) Order 1987 and the Access to Health Records Act 1990.

## Electronic held records

As far as electronic held records are concerned, you must be satisfied that, as far as possible, the methods you use for recording information are secure. You must also find out which categories of staff have access to records to which they are expected to contribute important personal and confidential information. Local procedures must always include ways of checking whether a record is authentic when there is no written signature. All records must clearly indicate the identity of the person who made that record. As more patient and client records are moved and linked between health care settings by computer, you will have to be vigilant in order to make sure that patient or client confidentiality is not broken. This means trying to ensure that the systems used are protected from inappropriate access within your direct area of practice, for example ensuring that personal access codes are kept secure.

The Computer Misuse Act 1990 came into force to secure computer programs and data against unauthorised access or alteration. Authorised users have permission to use certain programs and data. If those users go beyond what is permitted, this is a criminal offence.

The Act makes provision for accidentally exceeding your permission and covers fraud, extortion and blackmail. Computerised data on individuals is regulated by the Data Protection Act 1998

## Access to records for teaching, research and audit

If patients' or clients' records need to be used to help students gain the knowledge or skills they require, the same principles of confidentiality apply to the information. This also applies to those engaged in research and audit. The manager of the health care setting is responsible for the security of the information contained in these records and for making sure that access to the information is closely supervised. The person providing the training will be responsible for making sure that

students understand the need for confidentiality and the need to follow local procedures for handling and storing records. The patient or client should know about the individual having access to their records and should be able to refuse access if they wish.

## Caldicott code of practice regarding data protection

You are responsible for ensuring that:

1. Information obtained directly or indirectly during the course of duty is not disclosed to any person, organisation or body who does not need to know or who does not have an authorised right of access to that information.
2. Every use or transfer of personal information, including e-mail, must be clearly defined and justified. Do not use personal information unless it is absolutely necessary.
3. Wherever appropriate, anonymise personal information, e.g. for statistical reporting.
4. All information recorded must be, to the best of your knowledge, accurate and up-to-date and should not be amended or modified unless you are authorised to do so.
5. You do not divulge your security password to any other person. If you suspect that your password is known then it is your responsibility to change it immediately and report the security breach to the department IT helpdesk.
6. You must not use another person's password to gain access to information, even if you are authorised to have access. Neither must you attempt to gain access to any part of the system or information that your access privileges do not allow.

# Chapter 16

## Breach of Contract Procedures

Any failure of Workers to comply with TCS's Policies, Procedures, Standards of Conduct or relevant Professional Practice guidelines may result in breach of contract (BOC) action.

BOC incidents are the responsibility of TCS's Operations Director and will be dealt with on an individual basis and in a manner appropriate to the complaint or incident as follows:

- Minor BOC incidents will result in a written warning, detailing the incident and underlining any requirement to comply with TCS, or relevant professional bodies', standards and codes of conduct.
- More serious or multiple BOC incidents will result in a final written warning and possible referral to the relevant professional body for further investigation.
- Gross or ongoing violation of TCS standards of conduct will result in removal from TCS register and possible referral to the relevant professional body for further investigation.
- Gross violation of professional codes of conduct or malpractice will result in immediate removal from TCS register. TCS will also provide any assistance as appropriate to any NMC/HPC inquiry, which may result in removal from the professional register.
- Following the BOC procedure you may be removed from TCS's Register.

TCS will endeavour in all cases to act with fairness, discretion and in confidence as far as appropriate, in respect of any complaint, investigation or incident involving workers. TCS will liaise with any union or professional body who may be representing a worker.

Depending on the circumstances of an individual complaint or incident TCS will not hesitate to act to protect patients, clients, or TCS's good name by involving the relevant professional bodies, the police and/or our Regulators.

## Deregistration

In the event of a Worker being deregistered by TCS, no commitment is made by TCS to reconsider any future application.



## Health and Safety

### Section 1

#### The Health & Safety at Work Act etc. 1974 (HASAWA)

##### Introduction

Health and Safety at Work legislation forms part of criminal law and therefore must be obeyed. Breaches of legislation can result in fines or imprisonment, which may be imposed on companies, management or individuals.

The framework of this legislation is based on Acts of Parliament, which usually impose broad general duties. Regulations are then made, under the relevant Acts, to cover detailed health and safety requirements that must be observed.

The majority of recent Regulations were made under the Health & Safety at Work Act 1974. However, some earlier legislation, such as the Factories Act 1961, the Offices, Shops and Railways Premises Act 1963 and the Fire Precautions Act 1971 are also relevant.

#### Health and Safety at Work Act etc. 1974 (HASAWA)

It is important that the following main provisions of HASAWA are fully appreciated:

1. The Act applies to all people 'at work' (with a few minor exceptions such as domestic servants) whether they are employees or self-employed. Trainees are regarded as employees under the Act.
2. Employers have a duty, so far as reasonably practicable, to ensure the health, safety and welfare of their employees. This duty includes the provision and maintenance of safe systems of work, equipment, the welfare arrangements, safe storing, handling and transporting of goods and materials.
3. Employers (except those with less than five employees) must prepare and bring to the

notice of their employees a written statement of their general policy regarding the health and safety at work of their employees. The general statement of intent must be revised as often as necessary, and must also set out the organisation and arrangements for the implementation of the policy.

4. The act provides for regulations giving recognised trade unions power to appoint Safety Representatives from amongst the employees. If requested by two safety representatives, employers must set up a safety committee.
5. Employers have a duty, so far as is reasonably practicable, to carry out their work in such a way that persons not in their employment, e.g. the general public, are not at risk.
6. Persons having control of premises which are used as a place of work by persons who are not their employees have a duty to ensure, so far as is reasonably practicable, that safe access and egress is provided and that any equipment or substances in the premises are safe and without risk to health.
7. Persons having control of premises in which prescribed operations take place must ensure that harmful emissions into the atmosphere are prevented.
8. Each employee has a duty to co-operate with his/her employer and to take reasonable care for the health and safety of himself or herself and of others who may be affected by his or her activities at work.
9. It is an offence for anyone to interfere with or misuse anything provided in the interests of health and safety.
10. Employers cannot charge employees for any measures which they are required to provide under legal requirements in the interests of health and safety.

### Section 2

#### The Workplace (Health, Safety and Welfare) Regulations 1992

## Introduction

Employers have a general duty under section 2 of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees at work. There is also a duty under section 4 of the Act towards people who are not their employees, but who use their premises.

The Workplace (Health, Safety and Welfare) Regulations 1992 expand on these duties and are intended to protect the health and safety of everyone in the workplace and to ensure that adequate welfare facilities are provided for people at work. For example, the sanitary conveniences provided must be sufficient and suitable, adequately ventilated and lit and kept in a clean and orderly condition.

In addition to welfare facilities, the regulations cover aspects of safety in the workplace, equipment and systems. Finally, the regulations cover health in the workplace through such subjects as ventilation, temperature and cleanliness. The areas covered by the regulations are listed below:

### 1. Health

Ventilation, temperature, lighting, cleanliness, waste materials, room dimensions and space, workstations and seating.

### 2. Safety

Maintenance of workplace and equipment, devices and systems, condition of floors, protection against falls and falling objects, marking of transparent surfaces, design of windows and skylights, doors and gates, safety of escalators and moving walkways.

### 3. Welfare

Sanitary conveniences and washing facilities, drinking water, accommodation for clothing and changing facilities, facilities for rest and to eat meals. It should be remembered that section 8 of the Health and Safety at Work etc. Act 1974 places a duty on the employer not to interfere with or

misuse any facility or equipment which has been provided for their health, safety or welfare.

## Section 3

### The Management of Health and Safety at Work Regulations 1999

#### Introduction

The duties imposed under The Management of Health and Safety at Work Regulations in most cases are absolute duties and are of a wide ranging and general nature.

#### Risk assessment

Employers are required to make a suitable and sufficient assessment of risks to the health and safety of their employees while they are at work and also to non-employees as a consequence of their work activities, e.g. members of the general public.

#### An assessment:

- Correctly identifies any significant risk that is reasonably foreseeable.
- Enables the assessor to decide what action needs to be taken and what the priorities should be.
- Is appropriate for the type of activity.
- Reflects what the employer/employee may be expected to know about the risks associated with their undertakings.

#### An assessment need not be recorded if the task:

- could easily be repeated and explained at any time because it is simple and obvious or
- The operation is straight-forward, of low risk, is going to last a short time and the time taken to record it would be disproportionate to the activity itself.

The time and effort put into an assessment should be proportional to the degree of risk and trivial risks can be ignored. Where an assessment has already been carried out under other regulations i.e. COSHH regulations, then the assessment does not have to be repeated.

However, any assessment needs to be reviewed and updated where necessary.

When there are five or more employees the assessment must be recorded and should include the significant hazards found, the control measures in place, who might be exposed together with details of any group of employees or others who may be especially at risk.

The assessment may identify where health surveillance is appropriate.

However, measures may already be in place under other specific regulations i.e. COSHH.

Health surveillance is intended to detect adverse conditions as early as possible to prevent further harm and if necessary should continue for the term of the employee's employment and should only be carried out by a responsible and competent qualified person.

If it is appropriate to carry out health surveillance, then individual health records must be kept.

Under the regulations every employer must appoint one or more competent persons to assist in meeting the requirements of health and safety legislation. Where there is no competent person within the organisation the employee must be given, or have access to, such information as is necessary to enable them to assist the employer in meeting safety legislation, a record of which should be maintained.

The employer must have suitable emergency procedures to be followed in the case of serious or imminent danger and those employees who are likely to be exposed must be informed of the nature of the hazards, the control measures in place, the procedures to be followed and the identity of the competent person(s).

Procedures must also allow for those who may be exposed to stop work, reach a place of safety and prevent them from returning while such a condition exists.

## Section 4

The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

### Introduction

As a result of their work activities, people may encounter a wide range of substances capable of damaging their health. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) lay down essential requirements for controlling hazardous substances and for protecting people who may be exposed to them.

### What is a substance hazardous to health?

- Substances labelled as dangerous i.e.
  - Very Toxic
  - Toxic
  - Harmful
  - Irritant
  - Corrosive
- Substances with maximum exposure limits (MEL) or occupational exposure standards (OES)
- Substantial concentrations of dust
- Microorganisms which can cause illness (including clinical waste)

Any substance not included in the first four categories but which can have a similar risk to health.

### The COSHH Regulations

The regulations require the employer to carry out the following procedures:

- Carry out a written assessment about the risk to health arising from work and what precautions are necessary.
- Introduce appropriate measures to prevent or control the risk.
- Ensure that control measures are used and that equipment is properly maintained and procedures observed.
- Where necessary, monitor the exposure of workers and carry out appropriate health surveillance.

- Inform, instruct and train employees about the risks and the precautions to be taken.

Employees have a duty to ensure that any procedures under the regulations are adhered to and to advise management of any new hazards they may become aware of. It is important that persons carrying out first aid duties are aware of any treatments and emergency procedures related to incidents covered by these regulations.

## Section 5

### The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

#### Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require certain injuries incurred at work, and some dangerous occurrences, to be reported to the appropriate enforcing authority. These regulations also require the reporting of certain diseases which are related to specific types of work. In addition, under the Social Security (Claims & Payments) Regulations 1979, details of all injuries, however minor, must be reported to your main office.

The following paragraphs give guidance on this legislation.

#### Injuries to be reported

A report must be made on any injury arising out of, or in connection with work activities (including as a result of physical violence) if those injuries result in any of the following:

- Death
- A specified major injury or condition consisting of:
  - Fracture other than to fingers, thumbs or toes.
  - Amputation, dislocation of the shoulder, hip, knee or spine.
  - Loss of sight (temporary or permanent), chemical or hot metal burn to the eye or penetrating injury to the eye.
- Injury resulting from an electric shock or

electrical burn leading to unconsciousness or requiring resuscitation or admission to hospital for more than 24 hours.

- Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent.
- Acute illness requiring medical treatment, or causing loss of consciousness due to absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness requiring medical attention, where it is believed to be caused by exposure to a biological agent or its toxins or infected material.
- Any other injury leading to hypothermia, heat reduced illness or unconsciousness or requiring resuscitation or admission to hospital for more than 24 hours.
- Any instances of either verbal or physical abuse. Injuries to members of the public as well as to employees are included in this requirement.
- Incapacity for work caused by any injury which results in an absence from work for more than seven consecutive days. More than three consecutive days must be recorded.
- Subsequent death. When an employee suffers an injury which results in death within one year, a further report must be made.

#### Dangerous occurrences to be reported

Amongst the dangerous occurrences which must be reported, the following may be relevant:

- The collapse, overturning or failure of load bearing parts of lifts & lifting equipment.
- Electric short circuit or overload causing a fire or explosion that results in a stoppage of normal work for more than 24 hours and that might have caused death or major injury.

#### Diseases to be reported

A disease needs to be reported only when a written diagnosis of a scheduled disease is received from a doctor and where the person

suffering currently has a work activity in which that disease is a known risk.

#### Method of reporting:

The quickest and easiest way to report an incident is to call the Incident Contact Centre and the operator will complete a report form over the phone.

## Section 6

### The Personal Protective Equipment at Work Regulations 1992

#### Introduction

Personal Protective Equipment (PPE) means all equipment or clothing intended to be worn or held by a person at work which affords protection against one or more risks to health and safety.

#### Prevention of injury to skin, eyes, hands and limbs

The use of Personal Protective Equipment (PPE) to protect people is the last line of defence and other measures to control the hazards and risks involved should be considered first.

All too often there is not enough effort put into reducing or eliminating hazards and too much reliance is placed on the use of Personal Protection to prevent the hazards causing injury or ill health.

Where protective clothing is not a practical solution to a hazard then barrier creams may be used together with a hygiene routine before and after work periods.

- **Suitability:** ensure that the PPE is suitable for the work being undertaken and will protect against a particular hazard.
- **Fit:** a good fit is required to ensure full protection on the part of the body being identified as 'at risk'.
- **Period of use:** it is necessary for the equipment to be worn whenever the hazard is present.
- **Training:** users must know the limitations of the equipment, the correct use, how to achieve a good fit and its inspection and storage. Any loss or defects of PPE must be reported immediately

to the appropriate person. It is advisable to keep records of training, which have been given to the wearers of PPE.

- **Maintenance:** all PPE must be regularly cleaned, checked and maintained in serviceable condition. Appropriate accommodation should be provided for PPE when it is not being used.

Employees must make full and proper use of PPE that is provided for them. Where the use of personal protection is a legal requirement, it is an offence for an employer to charge an employee for its provision.

## Section 7

### The Provision & Use of Work Equipment Regulations 1998

#### Introduction

Many workplace tasks involve the use of machines and clinical equipment, which can make the job easier, quicker and more efficient. However, if precautions are not taken, work equipment may damage a person's health or cause injury.

The regulations were introduced to ensure the provision of safe working equipment and its use. The employer has a duty to provide and maintain suitable and safe work equipment and to ensure that the users of the work equipment receive adequate information, written instructions where necessary and suitable health and safety training, including the risks involved in using the equipment and the precautions necessary.

Where there is a specific risk the use and maintenance of the equipment is restricted to designated persons who have received adequate training in the operations they have been asked to carry out.

Most equipment will have safety devices, which are designed to make the job safer. Do not tamper with them or attempt to override them otherwise you may put your safety and the safety of others at risk.

Employers must also ensure that work equipment, where appropriate, is provided with clearly identifiable and readily accessible means of isolating it from its energy source and have appropriate markings for the purpose of health and safety.

### **Other safety factors:**

- Lighting: Suitable and sufficient lighting must be provided which takes into account the operation to be carried out.
- Personal Protective Equipment: Make sure that you are using or wearing any necessary protective equipment.
- Faults: Report any faults or suspected faults immediately to your supervisor or manager.
- Clothing: Clothes should be close fitting and appropriate shoes should be worn. Jewellery in the form of rings, watches, bracelets or chains should not be worn.
- Colleagues: Do not distract people who are using work equipment and in particular do not engage in any horseplay as this is putting your health and safety, and that of others, at risk.

No matter how safe working equipment is, it is only as safe as the person who is using it. Make sure you have been properly trained in its use and follow safe systems of work.

## **Section 8**

### **Contamination Incidents including Needlestick injuries and Splash exposures**

All contamination incidents and the consequences of needlestick injuries (NSI) and sharps injuries are potentially very serious. It is essential that all Workers:

- Understand their responsibility for safe working practice and universal precautions when handling sharps
- Have read and understood local infection control policies
- Are fully aware of their responsibility to read protocols in relation to these.

Unison have estimated that there is an excess of 200,000 sharps injuries in the hospital setting in the UK every year, contributing to 16% of all hospital occupational injuries. The estimated cost to the NHS for this is over £500 million. E.g. to treat one high risk sharps injury, which no infection transmission results, cost approximately £2,000. The financial and emotional costs to both the workplace / agency and the individual can be unquantifiable.

Remember, contamination injuries/ splash exposures can lead to infection with blood borne viruses such as hepatitis B, hepatitis C and HIV. All health care workers have a right to a safe working environment and a duty to comply with relevant policies.

All Workers should be aware of local Contamination Policies at all times. This should include information on:

- Education and training
- Prevention and safe working practices
- Safe disposal of devices
- Procedure in the event of a needlestick injury and reporting.

The following is important: Contact the call centre for immediate advice and ensure your hepatitis B immunisation and tetanus is complete and up to date.

### **Always remember:**

Out of the patient into the sharps bin, if you use a sharp you dispose of it.

- Watch what you are doing and ignore distractions whilst using sharps
- Get help with uncooperative patients
- Clean used instrument trays carefully
- Cover all cuts and abrasions
- Discard all waste contaminated with blood or body fluids into the yellow clinical waste sack
- Keep sharps bins closed between use
- Use the device on the sharps bin to remove the needle from a vacutainer
- Report the incident and contact your nearest Occupational Health dept. or Accident and Emergency Department.

#### NEVER:

- Reach into a sharps bin
- Use sharps bins after they are 2/3rds full. Ensure a supply of new sharps bins,
- Grab at falling instruments
- Rush or attempt short cuts
- Move sharps by hand
- Take a used device apart

In the event of a work related injury Workers may be referred to an Independent Occupational Health provider.

## Section 9

### Fire – Hazards and Precautions

#### Introduction

##### The Fire Precautions Act 1971

##### The Fire Precautions Act (Work-place) (Amendment) Regulations 1999

##### The Regulatory Reform (Fire Safety) Order 2005 - England and Wales

Fire is a hazard that can be encountered in almost any work situation. It can result in death or injury. In the UK, fires account for about one thousand deaths and over six thousand serious injuries every year. Loss or damage to property also results and the annual cost is staggering.

This Act imposes duties on the occupiers of most industrial, commercial or public buildings to meet specified requirements and to obtain a fire certificate for the building. There are certain exemptions to this requirement, which can only be granted by the fire authority.

Premises not required to have a fire certificate must comply with the provisions of the Fire Precautions (Work-place) (Amendment) Regulations 1999 with regard to:

- Means of escape
- Fire detection and warning systems
- Firefighting equipment.

#### Common causes of fire

In order to prevent fires, it is important that everyone involved should be aware of potential causes, so as to be able to identify and take action on potential hazards.

##### Common causes of fire are:

- Malicious or deliberate ignition, often by vandals, persons breaking into and stealing from premises or by children playing with fire;
- Carelessness in smoking, with lighted matches or other naked flames;
- Faulty or misused heating equipment;
- Uncontrolled rubbish burning.

#### Combustion

Three elements must be present in order for a fire to start and spread and these are known as the 'fire triangle', oxygen/heat/fuel. If any one of the three are removed, a fire cannot start or cannot continue to burn.

- **Oxygen:** Usually comes from the air.
- **Heat:** Is the ignition source and may be, for example, from a match or other flame, the sun, a spark from a metal sole plate on a shoe etc.
- **Fuel:** Is the material or substance that catches fire and burns.

#### Spread of Fire

As long as all three elements of the fire triangle are present, the fire will continue to spread.

##### Fire travels by the following four methods:

- **Conduction:** Heat travels along a conductor, such as a metal bar, and can ignite material at the other end.
- **Convection:** The air above the fire is heated with cold air being drawn in and heated in turn. The hot air can ignite fuel some distance from the original fire.
- **Radiation:** Heat travels through a vacuum.
- **Direct Contact:** Items having a direct contact with an ignition source.

## Fire prevention and extinction

Fire cannot start or continue to burn if all three elements of the fire triangle are not present. Similarly, fire can be put out by removing any one of the three, thus by:

- Cooling – removal of heat
- Smothering – removal of oxygen
- Starvation – removal of fuel.

## Prevention controls

**Heat** - some basic precautions may be taken to prevent enough heat building up to ignite a fire such as:

- Insulating pipes
- Maintenance of equipment
- Control of smoking and no-smoking zones
- Earthing and insulating electrical appliances
- Cooling and insulating hot surfaces.

**Oxygen** - normally this can be difficult to control since correct ventilation is required in the workplace. However, the ratio of fuel to oxygen is important since fire cannot burn without the correct amounts of each.

**Fuel** - It is common sense not to allow flammable materials to build up and therefore be a fire hazard, so a basic precaution is good housekeeping. Others sources of fuel that should be controlled may include: sprays, waste, spillage and excess materials.

## Fire procedure / Fire evacuation

In the home setting, fire procedures and drills are different from other clinical settings. You should ensure that you are aware and agree with the family where the assembly point is, and that it is a safe distance from the fire.

Fires spread very quickly. It is the smoke from the fire that kills. If you see, or suspect a fire, act immediately.

If you are in a client's own home, get yourself and your client outside and dial 999. If you are unable

to get the client out, get yourself to a place of safety and await the emergency services. Never try to tackle a fire yourself – call 999 immediately. Once you have called the emergency services, you should call the office on 0345 120 5310 and inform them of the situation.

## Fire extinguishers

If fire extinguishers are available in the home, it is important to use the correct extinguisher for the class of fire. These are now colour coded as follows:

All extinguishers are red with the relevant colour coding shown by a label on the extinguisher.

**RED:** Water – Fires involving solids

**BLUE:** Dry powder – Petrol / Oil

**BLACK:** CO2 – Electrical Equipment

**CREAM:** Foam – Burning liquids e.g. chip pans

Legislation states that these should be wall mounted or in a suitable store and should be available at all times. They should be kept clear and access to them unobstructed. The correct type should be installed according to the type of work carried out in the location. All fire extinguishers must be inspected at least once every 12 months by a competent person, usually an employee of the manufacturer and records kept of the date of inspection. Extinguishers must also be inspected and refilled if they are used at any time.

## Fire alarms

A fire alarm can be any recognisable and distinguishable noise which can be clearly heard from any part of the workplace. Examples may include – electrically operated bells, manually operated ringing, etc. Fire alarms must be regularly tested and records of testing must be kept. Everyone must be trained to recognise the fire alarm and to react accordingly by following the fire drill and evacuation procedure.



## Section 10

### Hazards and Accident Prevention

#### Introduction

The Primary purpose of Health and Safety Legislation is prevention. Its aim is to create workplace standards for the reduction of hazards.

There are three main objectives in accident prevention:

**Moral:** It is unacceptable to put the health and safety of anyone inside or outside the workplace at risk, for profit or otherwise.

**Legal:** Failure to comply carries the threat of prosecution or civil action because a reasonable standard of care was not provided.

**Economic:** Time loss to the employer and the employee e.g. increase in insurance premiums, delays, decreased output etc.

Accidents do not just happen – they are caused! All accidents and near misses in the workplace should be reported to the appropriate person.

#### Definitions

An accident is an unplanned event that causes death, injury or damage to property.

A near miss is an unplanned event that does not cause death, injury or damage to property.

#### Causes of accidents

The three main causes of accidents are:

- Unsafe acts
- Unsafe conditions
- Inadequate training.

#### Unsafe conditions

- Badly stored dangerous material
- Bad light, heat, lack of ventilation
- Faulty machinery
- Broken, damaged tools and equipment
- Overcrowding

- Poor maintenance
- Noise
- Slippery, uneven floors
- Untidy work area

## Section 11

### Principles of Accident Prevention

#### Introduction

In accident prevention we must be proactive and take action before accidents occur. It is vital that all employees are aware of their surroundings and immediately report any hazards that they may discover.

#### Legislation

The Management of Health & Safety at Work Regulations 1999 require every employer to carry out risk assessments of all their activities. This will enable them to take appropriate steps to eliminate or reduce the risk of accidents and injuries.

There are other regulations that are more specific on the assessments that have to be carried out e.g. COSHH, Manual Handling, and Display Screen Equipment.

#### Risk assessment

Assessments give a clear picture of what could go wrong and how serious an accident would be, and generally apply the following principles:

- Identify the hazard and where practicable, remove the hazard or replace it with something less dangerous.
- Assess the risks which could include the need for the use of Personal Protective Equipment (PPE)

Training is required for all employees and should emphasise the importance of using the control measures that have been introduced. Training must outline the nature of hazards and risks together with the precautions individuals need to take. Relevant warning notices and instructional posters

should be prominently displayed. The assessment needs to be reviewed and recorded every time there are changes in the workplace e.g. new equipment, new location etc. Legislation usually requires that the assessments are in writing.

### **The adoption of control measures**

Following a detailed risk assessment of a given activity an employer can adopt suitable control measures. Examples of control measures would include: Supervision, relevant signs, safe systems of work, training, personal protective equipment (PPE), welfare facilities, good housekeeping.

**Specific areas of work would include the above plus some or all of the following examples:**

**Fire:** Procedures, alarms.

**Hazardous substances:** Inform employees, substitution, ventilation, reduced time, storage, inspection, maintenance, monitor, records kept, medical surveillance.

**Chemical:** Storage, disposal, emergency procedure.

**Equipment:** Usage, maintenance, layout.

**Manual Handling:** Assessment of task.

### **Policies and Procedures**

Below is a synopsis of key policies and procedures used by Thornbury Community Services. Copies of the full policies are available upon request.

#### **Safeguarding children**

TCS is committed to the principles of safeguarding and promoting the welfare of children and young people. We work with statutory partner organisations to enable us to meet national policy requirements placed upon us, and comply with timescales wherever possible. The policy contains all the relevant legislation and guidance, and the process for recognition of abuse and appropriate escalation.

#### **Safeguarding adults**

TCS is committed to safeguarding and protecting all vulnerable adults in their care. TCS ensures

all workers have a clear understanding of their responsibilities in regard to safeguarding and protecting vulnerable adults from abuse and neglect. The policy contains all the relevant legislation and guidance, and the process for recognition of abuse and appropriate escalation.

### **Confidentiality**

TCS exercises extreme discretion in the access and provision of information in all areas of TCS's business. Information relating to workers and client records is considered to be confidential and utilised only for legitimate purposes by appropriate personnel. TCS is a registered data controller and endeavours to comply with the terms and principles of the Data Protection Act 1998.

### **Equality and diversity**

Both as a provider of health services and employer of people, TCS is committed to the elimination of discrimination on the basis of gender, marital status, age, disability, race, religion, nationality, ethnicity, sexuality or social class. TCS aims to provide accessible services, delivered in a way that respects the needs of each individual and client.

### **Whistle Blowing**

TCS has fostered an atmosphere of open communication and a commitment to high standards of service, with which criticism can be frankly made and thoroughly investigated. The policy complies with the Public Interest Disclosure Act 1998 in protecting and not victimising any worker who seeks to report a genuine and reasonable concern about any form of malpractice that they encounter in the course of their work.

### **Health and safety**

TCS is committed to providing their workers with a safe place of work, safe equipment, safe systems of work, safe substances and competent fellow workers, along with adequate information, instruction, training and supervision.

All workers are required to take reasonable care of their own health and safety, and that of others who may be affected by their acts or omissions. Workers have a duty to cooperate with TCS or any other person to enable legal obligations to be met.

TCS assesses the risks and takes positive measures to promote health and safety at work. TCS sets a goal of zero accidents in the workplace supported by strategic objectives and measurable targets to prevent accidents and ill health in the workplace, in order to comply with applicable legislation and to continually improve its health and safety management system.

### **Moving and handling**

TCS recognises that hazards may exist related to manual handling involving patients and inanimate loads, and is committed to reducing, as far as is reasonably practicable, the risk of injury from any manual handling tasks. The policy contains the relevant legislation pertaining to manual handling.

### **Infection control**

TCS believes that no risk is more fundamental than the risk of infection and therefore places the prevention and control of Healthcare Associated Infections (HCAI) as a high priority. TCS expects all workers to promote patient safety by following the correct procedures when caring for people with diagnosed or potential infections, and promoting practice that reduces the risk of infection.

### **Violence in the workplace**

TCS values its workers and will take all reasonable steps to secure the health and safety of workers who may be exposed to the risk of aggression, violence or abuse in the workplace. TCS will take action against offenders, where there is no medical condition or where the act is deliberate, which may result in withdrawal of treatment or care.

### **Clinical governance**

This policy supports clinical governance, which is a framework for continuous quality improvement. TCS will develop a culture, systems and ways of working which ensure that, at every level, the quality of care for all patients/clients is at the heart of the way services are provided. Clinical governance is the primary means through which TCS discharges its statutory duty of providing quality care.

### **Complaints**

TCS ensures all complaints are resolved in an open, timely and transparent manner and, where possible, resolved within 15 working days or within a timeframe agreed with the client. Lessons are learned from the experience, and changes made to improve services and the patient/client experience.

### **Management of incidents**

Within TCS there is a culture that supports safety and openness. All workers report incidents, accidents, near misses and potential incidents to the Complaints and Incidents Team or the community care team, so that steps are taken to improve the safety of the patients and workers. Through a dynamic system of reporting and managing incidents, TCS is able to identify areas of potential risk at an early stage and take action to improve working practice across TCS.

### **Management of Client's finances**

Any client requiring assistance with finances, must have the correct paperwork signed and agreed with TCS. Please check for clarification.

# Chapter 18

## Useful Addresses

### **N.M.C (Nursing & Midwifery Council)**

23 Portland Place

London

W1B 1PZ

Tel: 020 7637 7181 | [www.nmc-uk.org](http://www.nmc-uk.org)

### **Care Quality Commission**

National Correspondence

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel: 0300 0616161 | [www.cqc.org.uk](http://www.cqc.org.uk)

## Contact Details

### Thornbury Community Services

Community Care Team	0345 120 5310 (24-hours)
Community Care Team Fax Line	0345 120 5340 (24-hours)
Compliance	01275 547 337 (8am-6pm, Mon-Fri)
Recruitment	0345 120 5280 (8am-6pm, Mon-Fri)
Payroll	01275 547 311 (Office Hours)
Payroll Fax	0333 323 2870
Community Email	<a href="mailto:shifts@thornburycommunityservices.co.uk">shifts@thornburycommunityservices.co.uk</a>
Recruitment Email	<a href="mailto:recruitment@thornburycommunityservices.co.uk">recruitment@thornburycommunityservices.co.uk</a>
Training & Compliance Email	<a href="mailto:compliance@thornburycommunityservices.co.uk">compliance@thornburycommunityservices.co.uk</a>
Payroll Email	<a href="mailto:payroll@thornburycommunityservices.co.uk">payroll@thornburycommunityservices.co.uk</a>
Ipoint	<a href="https://www.ipointweb.co.uk/">https://www.ipointweb.co.uk/</a>

Thornbury Community Services consolidates its business and call centre operations for England and Wales at our National Headquarters in Bristol:

**Unit A, Estune Business Park | Long Ashton | Bristol | BS41 9FH**

<http://www.thornburycommunityservices.co.uk>



Your care. Our passion.