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## It is essential that you...

- ✓ Read each topic thoroughly
- ✓ Answer all questions in the test at the end of the workbook
- ✓ Submit completed questions to the West Suffolk Professionals Office
- ✓ In addition to this workbook, you will also need to book a place on the following classroom-based training:
  - Basic Life Support - [clinedbookings@wsh.nhs.uk](mailto:clinedbookings@wsh.nhs.uk) Ext 3244
  - Conflict Resolution - [Education.Training@wsh.nhs.uk](mailto:Education.Training@wsh.nhs.uk)
  - Fire Safety Awareness - [Fire.Training@wsh.nhs.uk](mailto:Fire.Training@wsh.nhs.uk)
  - Moving & Handling Load Handler - Ext 3424
  - Infection Control – Ext 3688/2786 Bleep 505

# Blood Borne Viruses

## What are blood borne viruses?

In healthcare, there are three main blood borne viruses of concern:

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)

Blood Borne Viruses (BBVs) can be carried by some people in their blood and, in certain people, can cause severe disease and few or no symptoms in others. The virus can spread to another person, whether or not the carrier of the virus is ill or not.

In addition to blood, these viruses can be found in body fluids, such as semen, vaginal secretions and breast milk.

Other body fluids such as urine, sputum, sweat, tears or vomit carry a minimal risk of BBVs unless contaminated with blood.

## Job roles at risk of exposure to blood or body fluids:

- Sisters, Staff Nurses, Nursing Assistants
- First Aiders
- Doctors, Dentists
- Chiropodists/Podiatrists
- Physiotherapists
- Midwives
- Prison Officers
- Teachers
- Ambulance Technicians
- Tattooists
- Undertakers, Mortuary Attendants

*(this is not a comprehensive list)*



## How can BBVs be spread in the workplace?

- Needlestick Injury
- Carrying out surgery (EPP)
- During delivery of baby
- Splashes of bloodstained fluids in mucous membrane of eyes or mouth
- Human bites

## EPPs

Exposure Prone Procedures involve a risk of injury to the Health Care Worker, which could result in exposure of the patient's open tissue to the blood of the Health Care Worker. Such procedures occur mainly in Surgery, Obstetrics and Gynaecology, Midwifery and Dentistry.

### Prevent the spread of BBVs

- Good working practices (Infection Control, appropriate use of safety products provided, hand washing, cover wounds, immediate disposal of sharps)
- Take mobile Sharpsmart bin to point of use for immediate disposal after use
- Immunisation against Hepatitis B (Course of 3 doses over 6 months, booster 5 years)
- Mandatory requirement for all New Health Care Workers who carry out EPP to provide evidence of negative Hepatitis C and HIV antibody blood test and Hepatitis B antigen negative blood test
- Professional responsibility in relation to serious communicable diseases and reporting when exposed to risk

### Action following exposure (needlestick/sharps injury)

- Bleed injury by squeezing
- Wash wound
- Cover wound
- Report immediately to senior member of staff
- Attend Occupational Health Department (or A & E between 16:30 and 08:30 hrs and weekends) immediately
- Complete Incident Form on Datix

### What happens next?

- Risk Assessment carried out
- Check Hepatitis B vaccination history of injured party
- In the event of high risk and no history of Hepatitis B vaccination Specific Immunoglobulin may be given
- Bloods can only be taken from patient with informed consent from patient
- Post Exposure Prophylaxis (PEP) may be considered following risk assessment and must be given within one hour for efficacy (can be given up to two weeks later)
- Referral to GUM if donor Hepatitis C or HIV positive
- Blood taken from health care worker for storage (legal requirement)
- Counselling as appropriate

#### Contact the Team

- Occupational Health
- Ext. 3424

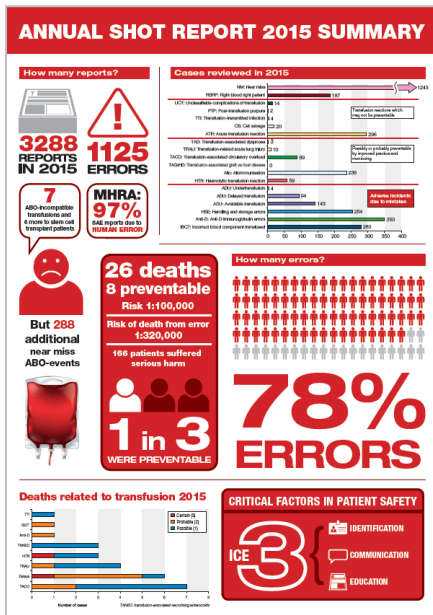
#### Additional Resources

- Datix can be found on the Trust's intranet homepage

# Blood Transfusion

To minimise the risk of your actions/omissions increasing the risk of a transfusion related error/incident ensure you comply with the Trust's training & competency requirements and undertake practice in accordance with the Trust's "Blood Policy and Administration Guidelines"

**Adherence to clinical guidelines reduces the risk of exposing patients to 'serious hazards of transfusion'**



## Help Prevent Patient Identification Errors

- In 2015 2 WSH patients were cross matched for a blood transfusion despite having a different hospital number on the request form to that on the wristband. 1 received a blood transfusion.
- Patient identification errors can lead to delays in availability of blood or incorrect blood transfused
- All 4 points of ID **MUST** be correct on the patient wristband:
  - Surname
  - Forename
  - Date of birth
  - Hospital number
- If applying a wristband or confirming the patient ID before obtaining samples ask the patient to positively identify him/herself (if able to) i.e. to state first name, surname and date of birth.
- Check what the patient says against the ID details on the wristband, including spelling of name.
- If any part of the patient ID is incorrect inform a registered nurse/midwife immediately & remove the wristband.

## Minimise Delays in Availability of Blood by Good Phlebotomy Practice



- Sample rejection creates delay in availability of blood components & causes distress for patients needing to be re-bled.
- 2016 audit highlighted 7% of transfusion samples are rejected due to:
  - Inaccurate/incomplete patient demographics
  - No signature of sample taker on tube/request form
  - Inadequate sample volume
  - Duplicate requests

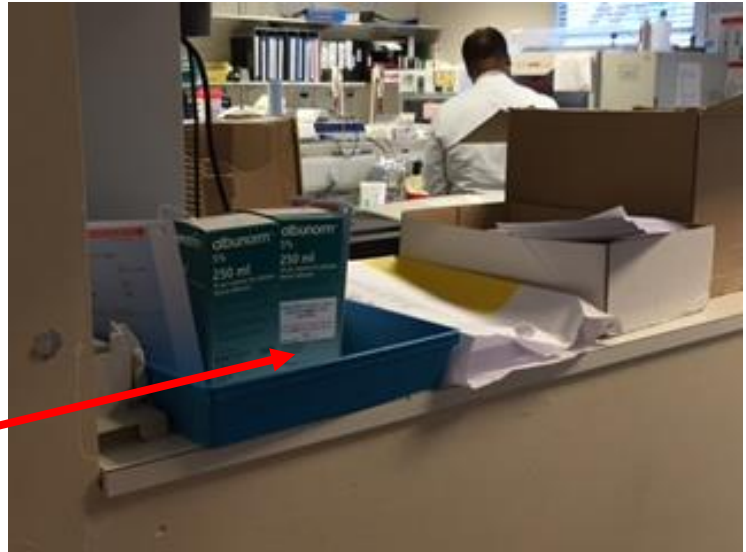
**R**eview if the patient has already been tested within the previous 72hrs  
**E**nsure correct tube(s) selected (2 x 4.5ml blue EDTA required if child has known antibodies)  
**J**udge that you have performed patient's identity check correctly  
**E**nsure sufficient blood has been obtained for testing  
**C**heck the tube is clean & not contaminated  
**T**urn the tube & gently invert the sample to prevent clotting & haemolysis

**M**ake sure the accurate, complete & legible patient identity on the tube matches the request form  
**E**nsure it is clear on the request if an urgent cross match is required

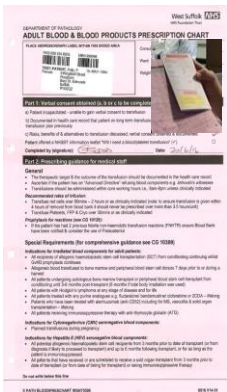
**N**ame of 'sampler' has been documented on the request form to confirm child identity checked  
**O**nly send a check sample if requested to do so by Blood Bank  
**T**ake your time to do it right!

## Understand How to Collect Batched Products without Interrupting Lab Staff

- Ensure the nurse/midwife has given you clear instruction of:
  - What product needs collecting (anti-D, Octaplex, Benefix, 4.5% Human Albumin Solution or 20% Human Albumin Solution)
  - How much (dose)
  - Who for (patient)
- Take prescription chart with addressograph label to Blood Bank.
- Locate products - on a blue tray on the shelf to the right of the door (multiple boxes may be needed for patient dose).



## Understand How to Collect Batched Products Without Interrupting Lab Staff



Check patient ID on prescription chart matches ID on blood product tag attached to product.

Check product type & dose matches prescription (multiple boxes may be required) & check expiry date.

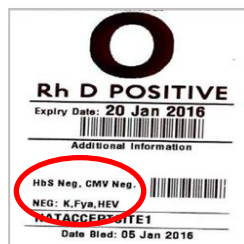
Locate patient's pink laboratory report from A-Z box & check patient ID on form against ID on prescription.

Sign, date & time against each product taken to ward. Take product immediately to ward & hand to registered Nurse.

## If you Collect Blood Ensure the Blood Component Matches the Patient's 'Special Requirements'

- Before leaving the ward ensure the Dr has completed the prescription fully to indicate if the patient has special requirements, or not
- Check the component against the prescription.
- Labels on the component indicate if it is:
  - Irradiated
  - CMV/HEV negative

Part 3: Component(s) prescribed			
Prescription			
Date: 18/7/2016	Label No: 59	Indication code (part 6): R2	Target: 70
Component: RED CELLS	Volume: 1 unit	Rate: 2 hours	
Any special requirements? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle below if yes)		Overnight transfusion clearly indicated (part 8)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Irradiated	CMV negative	HEV negative	
Prescribed by (sig): Hoyle	Concomitant medication required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Print surname: Hoyle	Collected - Date:	Time:	



## Spot Potential Transfusion Reactions Early to Reduce Patient Morbidity & Mortality

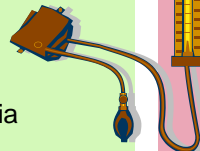
### Detection

Minimum observations required for blood products:

- Baseline T, P, Resp & BP within 60 mins of start of transfusion.
- T, P, Resps & BP 15 minutes after commencing the transfusion.
- T, P, Resp & BP within 60 minutes of completing the transfusion.

Signs & symptoms of an acute reaction:

- Rash
- Fever, rigors
- Hypotension, shock
- Respiratory distress, acute dyspnoea, hypoxia
- Mucous membrane swelling
- Pain at IV site/loin/chest/abdomen/back



### Action

- Ensure the patient always has a call bell within reach.
- Advise the patient what signs & symptoms to report.
- Use a 'blood timer' to alert you to complete observations on time.
- If there is a change in the patient's observations **OR** if the patient reports feeling anxious or unwell report to the registered nurse/midwife immediately.

## Ensure you Complete the 'Life Saving' Early Check @ 15 Minutes

- Life threatening transfusion reactions often occur within the first 15 minutes of transfusion:
  - Transfusion transmitted bacterial infection
  - Anaphylaxis
  - Acute haemolytic transfusion reaction (ABO incompatible)
- Audit has shown the early observation check is often delayed until 30-60 minutes after commencing a transfusion.
- Severity of reaction is linked to the volume of component transfused ~ if a unit of blood (300ml) is prescribed over 2hrs:
  - @ 15 minutes 37.5mls will have been transfused
  - @ 30 minutes 75mls will have been transfused
  - @ 60 minutes 150mls will have been transfused



## Record Observations on the Patient's Prescription Chart & eCare Record

Part 6 Record of administration & observability to be completed by administering Practitioner

Time	Drug Name	Strength	Route	Frequency	Actual	Expected	Observed	Signature
08:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
08:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
09:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
09:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
10:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
10:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
11:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
11:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
12:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
12:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
13:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
13:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
14:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
14:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
15:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
15:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
16:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
16:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
17:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
17:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
18:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
18:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
19:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
19:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
20:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
20:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
21:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
21:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
22:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
22:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
23:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
23:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
00:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
00:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
01:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
01:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
02:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
02:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
03:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
03:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
04:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
04:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
05:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
05:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
06:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
06:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
07:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
07:30	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	
08:00	Paracetamol	500mg	Oral	Q4H	Yes	Yes	Yes	

26 August 2016 09:36 BST - 01 September 2016 09:37 BST

Find Item  Critical  High  Low  Abnormal

Result	Comments	Flag	Date
<b>Vital Signs</b>			
Temperature	DegC		36.5
Temperature Location			Temporal A...
Temperature Axillary	DegC		
Peripheral Pulse Rate	bpm		129 ↑
Respiratory Rate	br/min		20
SBP/DBP	mmHg		143/90 ↑
SpO2	%		94
SpO2 Altered	%		
Blood Glucose, Capillary	mmol/L		10.7
Blood Ketones, Capillary	mmol/L		
Apical Heart Rate	bpm		
MEWS Urine Output			On Admissi...
AVPU Conscious Level			A - Alert
MEWS Temperature Calc			0
MEWS Heart Rate Calc			2
MEWS Respiratory Rate Calc			0 [2]
MEWS Blood Pressure Cuff Calc			0
MEWS SpO2 Calc			0 [2]
MEWS SpO2 Altered Calc			
MEWS Total			2
Peak Flow Before			
Peak Flow After			

### Ensure you Know How to Request Help to Collect Blood for a Major Haemorrhage if Requested

- An algorithm is attached to all resuscitation trolleys with the telephone number displayed.
- To request urgent assistance to collect blood products call to 2222 and state "major haemorrhage – blood urgently required in...(location)"

### Mitigate the Risks of Serious Hazards of Transfusion

#### RISK

- R**educe the risk of patient harm by ensuring s/he has the correct name & date of birth on his/her wristband.
- I**nterruptions to laboratory staff can cause them to make errors so do not disturb them when collecting blood products unless you identify a discrepancy.
- S**everity of transfusion reactions can increase with time so 15 minute observations must be recorded on time.
- K**now when & how to request urgent assistance to collect blood for a haemorrhage.
- S**igns & symptoms of a transfusion reaction must be reported to a registered nurse/midwife immediately.

East of England Regional Transfusion Committee  
East of England Trauma Network

## Major haemorrhage in adults

≥ 40% loss of total blood volume  
4 litres in 24 hours    2 litres in 3 hours    > 150ml/min

**Get senior help**  
Contact senior member of clinical team.  
Contact senior ward nurses Contact portering services

**Assess ABC**  
**IV access**  
Check patient identification  
2 large cannula  
Send blood samples, cross-match, FBC, coagulation, biochemistry  
Consider arterial blood gas measurement

**Resuscitate**  
IV warm fluids – crystalloid or colloid  
Give oxygen

**Give blood**  
Blood loss >40% blood volume is immediately life-threatening  
Give 4 units via fluid warmer. Aim for Hb>80g/l  
Give Group O if immediate need and/or blood group unknown

**Prevent coagulopathy**  
Anticipate need for platelets and FFP after 4 units blood replacement and continuing bleeding  
Give Primary Major Haemorrhage (MH) Pack  
Order Secondary Major Haemorrhage (MH) Pack  
Correct hypothermia  
Correct hypocalcaemia (keep ionised Ca >1.13mmol/L)  
Send FBC and coagulation samples after every 3-5 units of blood given  
Give tranexamic acid for trauma patients and consider it's use in non traumatic bleeding  
Contact Haematologist

**When laboratory results available**

IF	GIVE
Falling hb	Red cells
APPT and/or PT ratio >1.5	FFP 15-20ml/kg
Fibrinogen <1.5g/l and D-dimers <2g/l	Cryoprecipitate (2 pools)
Platelet count <50 x 10 <sup>9</sup> /l	Platelets 1 adult dose order at 100 x 10 <sup>9</sup> /l

**Secondary MH pack**  
• RBC 5 units  
• FFP 4 units  
• Platelets  
• Cryoprecipitate

If bleeding continues repeat secondary pack

Contact surgeons, gastroenterologists, obstetricians as appropriate

**Get help to stop bleeding**

Reassess and document

Contact the Team

Blood Transfusion Nurse Specialists  
Email: tns@wsh.nhs.uk  
Ext. 3089 Bleep 455/262

# Equality & Diversity

**Equality** is not about treating everyone the same

**The Equality Act 2010** cover

Religion or  
Belief

Sexual  
Orientation

Gender  
Reassignment

Marriage &  
Civil  
Partnership

Race

Disability

Age

Sex

Pregnancy &  
Maternity

s individuals and groups with the following protected characteristics:

You will probably be able to put yourself in more than one of these groups.



Equality & Diversity is about creating a **fairer society** where everyone can participate and has the opportunity to fulfil their potential.

Equality is a priority for the NHS. We can all promote this by:

- ✓ Showing **respect** for all
- ✓ Providing equality of opportunity
- ✓ Treating people according to their needs
- ✓ Making reasonable adjustments
- ✓ Taking positive action to challenge prejudice

Employers have a legal obligation to make **reasonable adjustments** to ensure employees are not disadvantaged in the workplace.

They need to consider a wide range of issues, including:

- ✓ Whether adjustment will prevent the problem
- ✓ How practicable it is
- ✓ Financial & Other Costs

**The Human Rights Act** sets out the fundamental rights and freedoms that individuals in UK have access to.

These are divided into three groups: **Absolute, Limited & Qualified**.

**Absolute Rights** cannot be infringed under any circumstances. These are the right to life, Prohibition of Slavery and Forced Labour and No Punishment without Law.

**Qualified Rights** are rights that the state can lawfully interfere with under explicit and finite circumstances. An example of a qualified right is freedom of expression, which is acceptable to curtail if expression leads to incitement to hatred.

Right to liberty and security is an example of a **limited right**. This means that it will be unlawful to deprive an individual of liberty unless there are valid legal grounds to do so.



**Bullying & Harassment** is behaviour that makes someone feel intimidated or offended. This is unlawful under the Equality Act. This behaviour can take many forms.

✗ Verbal Abuse

✗ Physical Force

✗ Unfair Treatment



✗ Isolating or ignoring

✗ Regular undermining

✗ Display or circulation of offensive materials

The *effect on the individual* is more important than the intention of the bully

You do not only have rights under equality laws, but you also have *responsibilities to support the Trust* in putting equality legislation into practice.

You should always:

- ✓ Not discriminate against others
- ✓ Not encourage others to discriminate
- ✓ Not harass, bully or abuse others
- ✓ Co-operate with measures introduced to support equality
- ✓ To report evidence or suspicion of discrimination

You have a *responsibility* to report bullying, harassment & discrimination wherever you see it. It does not have to be directed at yourself. You can report to:

Tell your manager what is happening

Talk to your HR Department

Talk to your Trade Union

Get Independent Advice

Collect evidence

Remember - Not reporting is not a neutral act, it can be viewed as *collusion*

There are many *benefits* to having an effective approach to Equality, Diversity and Human Rights can have for *healthcare institutions* such as ourselves.



These include:

- ✓ Fair, moral & inclusive society
- ✓ Aids recruitment & retention of staff
- ✓ Less complaints
- ✓ Higher staff morale
- ✓ Reduced sickness rates; increased productivity
- ✓ Enhances the Trust's reputation
- ✓ Ensures the Trust meets its legal obligations

### Contact the Team

- Deputy Director of Workforce (Development)
- 01284 712791

### Additional Resources

- For more information & support on different faiths and culture, contact the Chaplaincy or go to:
- <http://staff.wsha.local/ServicesAtoZ/CorporateServices/Chaplaincy/DirectoryofInformationonFaithsandCultures/Summary.aspx>

# Fire Safety

**Please Note: Clinical Staff MUST undertake a face to face classroom session with the Trust Fire Safety Advisor**

## Fire safety precautions

In your place of work you should ensure you are familiar with:

- ✓ How to raise the alarm
- ✓ The location of the break-glass call points
- ✓ Means of escape routes
- ✓ Evacuation procedures & fire assembly points
- ✓ Location of first aid fire fighting equipment



## Fire prevention

- Do not leave equipment switched on overnight unless it is designed for that purpose
- Close all doors and windows at the end of the working day
- Ensure all electrical appliances are switched off at the wall socket, with the exception of computers which are in use 24/7.
- Switch off any portable heaters
- Ensure that nothing flammable is kept too close to any heat source
- All sources of flammable liquids or medical gases are returned to their proper storage area when not in use
- Any faulty equipment should immediately be taken out of use and reported on the Helpdesk service ext. 5555

## What not to do

- ✗ Do not wedge any fire doors open
- ✗ Do not remove any first aid fire fighting equipment from its designated position or use as a door stop
- ✗ Do not restrict the width of fire exit routes or store any flammables sources on fire exit routes
- ✗

## The Fire Triangle

Fire relies on all 3 aspects for a chemical reaction called combustion to allow a fire to ignite and grow

- **Ignition Source** – Naked flame, spark, welding. Method of extinction: remove or isolate
- **Oxygen** – all around us – method of extinction smothering
- **Fuel** – anything which will burn. Method of extinction: remove fuel

Remove any 1 of the 3 to extinguish the fire

## Action in the event of a fire

If you see, suspect or smell smoke/flame, carry out the following actions:

- Raise the alarm – use the nearest break glass call point, or shout 'FIRE FIRE FIRE'.
- Evacuate the immediate vicinity, closing all doors and windows (if safe to do so)
- Call the switchboard on 2222 and report fire and its location
- Make your way to a Fire Assembly Point
- Try to account for everyone in your department
- The Trust Fire response team will investigate and take control.
- Only attempt to fight the fire if safe to do so, you're confident, you're trained and always take someone with you for safety



In a real fire situation, the Senior Fire Officer (Suffolk Fire Service) is in charge and only they can tell you when it is safe to re-enter the building or area

## Fire Fighting Equipment

- **Carbon Dioxide Fire extinguisher**  
Used on solids, flammable liquids & electrical fires.  
Hazard – Do not hold the horn or the bottom of the cylinder
- **Foam (AFFF) Fire extinguisher**  
Used on paper, cardboard, wood & contained flammable liquid fires  
Hazard – Do not use on electrical fires
- **Fire Blanket**  
Ensure you protect your hands before attempting to smother the fire or object



## Evacuation policy

### On hearing an alarm

- All non-Inpatient areas to evacuate totally to their designated fire assembly point
- All Inpatient areas are to horizontal evacuate to either an intermittent zone or a clear zone
- Evacuation methods: Walk, Wheelchairs, Beds

### Contact the Team

- Fire Advisor
- Email: [fire.training@wsh.nhs.uk](mailto:fire.training@wsh.nhs.uk)

### Additional Resources

- It is a requirement to also undertake classroom fire training. Please contact either [fire.training@wsh.nhs.uk](mailto:fire.training@wsh.nhs.uk) or Facilities Ext 3588

# Health & Safety Awareness

*The Trust is responsible to ensure, as far as is reasonably practicable, the health, safety and welfare of all its employees, and that of others, who could be affected by the Trust's undertakings. The Trust achieves this by ensuring there are health and safety arrangements in place.*

## Health and Safety Law

The following two pieces of legislation are considered to be the main pieces of health and safety legislation with other legislation being more detailed to cover specific topics:

- Health & Safety at Work etc. Act 1974
- The Management of Health and Safety Regulations 1999
- The Corporate Manslaughter and Corporate Homicide Act 2007
- Health and Safety (Offences) Act 2008



## The Corporate Manslaughter and Corporate Homicide Act 2007

This Act sets out the legal liability of individual board members for health and safety failures. Recent case law has confirmed that directors cannot avoid a charge of neglect under section 37 of the Health and Safety at Work etc. Act 1974 by arranging their organisation's business so as to leave them ignorant of circumstances which would trigger their obligation to address health and safety breaches. Those found guilty are liable for **fin**es and, in some cases, **imprisonment**. These sanctions can be used for **all** health and safety offences.

This power is exercised at the discretion of the court; it requires no additional investigation or evidence. In short, any person or any organisation can be liable to prosecution under H&S laws and regulations for a range of offences. This includes any Managers, Supervisors, Site Level Managers and Directors in fact anyone deemed to have responsibility for employees and their safety.

The company can also be ordered to publicise their failings, at their own expense, in any nominated media arena. This publicity could have lasting implications for any business.

## Health and Safety (Offences) Act 2008

This Act came into force in January 2009 and raised the maximum fine that can be imposed for breaching health and safety regulations in the magistrates' courts to **£20,000**. However the Sentencing Council's tough new health and safety guidelines, which come into force in February 2016 have increased the maximum fine to **£10 million** for the most serious breaches in health and safety law. The fine for Corporate Manslaughter has also increased to a maximum fine of **£20 million**.

## Recent New Ruling by the House of Lords

The ruling by the House of Lords states that in safety prosecutions, where there has been an injury, the responsibility rests not with the prosecution to detail and prove specific failings, but with the defence to demonstrate that they passed the "reasonable practicability" test in managing risk.



So what is 'reasonably practicable'? It is balancing the cost of additional controls against the benefits. The new legislation effectively means that **you are guilty until proven innocent**. This may seem very severe but ignorance is not bliss as it could lead to fines & imprisonment for those who are found guilty of breaching health & safety legislation.

However, a manager can, and will, fulfil their duties if they:

- Are aware of health and safety matters
- Have taken action to reduce hazards and risks
- Have followed the Trust's Health, Safety & Welfare Policy in addition to other relevant policies

## Health and Safety in WSH

To ensure the Trust and its Directors, Management and employees comply with legislation: The Trust has an overarching health and safety policy (**Health, Safety & Welfare policy (PP018)**). Available on the intranet, all WSH Trust employees **must** read and understand this policy and its contents. Any non-understanding can be addressed with training.

The policy is split into two sections:

1. The organisational structure for managing health and safety. This details all health and safety responsibilities
2. The arrangements in place to manage health and safety matters

**The Trust also has a legal responsibility to ensure it provides training and information on health & safety to all its employees. The Trust has numerous ways to give employees information such as:**

- ❖ Health & Safety – Updated to policies and procedures notified by emails and the Green Sheet news letter
- ❖ Health & Safety updated from your Departmental Health & Safety Link person or Health & Safety Representatives (Union).
- ❖ Some Departments and areas require specific health & safety training – relevant training lists can be found by clicking on the mandatory eLearning tab found on the intranet and by speaking with your like manager.
- ❖ Numerous committees and sub committees that also provide health & safety information
- ❖ Notice boards displaying on health & safety topics – the Trust dedicated health and safety notice board is located just outside the Nursing Directorate Office

It is a **legal responsibility** for Managers and Employees to ensure they read and understand all health and safety information provided to them by the Trust. The following are summaries of some, but not all, of the responsibilities for Managers and employees found in the current Health, Safety and Welfare Policy PP018.

### **General Managers/Deputy Directors/Clinical Directors and Estates and Facilities Management Team:**

- ✓ Are responsible for promoting and ensuring high health and safety standards within their areas of responsibility. They should ensure that Managers working within their area of responsibility are aware of this requirement and must ensure that Managers have the training and competence required.
- ✓ Shall finally approve red risk assessments on Datix risk register to accept accountability, will ensure risk assessments are reviewed in accordance with the requirements of the Risk Assessment Policy and Procedure (PP132); and are responsible for ensuring that hazards are controlled appropriately in their area of responsibility, by taking action on hazards identified that cannot be resolved by the Lead Clinician, Head of Department, Service Manager or Matron. Where they are unable to resolve or reduce a risk issue to a suitable level it should be escalated to the appropriate Director.

**Lead Clinicians, Deputy General Managers, Heads of Nursing, Heads of Department, Service Managers, Matrons and Managers:**

- ✓ Shall liaise with the Health, Safety and Risk Manager, their departmental health and safety link persons/departmental safety representative when appropriate to ensure health, safety and welfare matters are appropriately dealt with
- ✓ Must nominate a key individual to become a Health and Safety link person and must support this role **N.B a manager's accountability for health and safety cannot be delegated.**
- ✓ Must also nominate a key individual to become a COSHH (Control of Substances Hazardous to Health) Link Person and must support this role
- ✓ Shall ensure their department has suitable safety procedures and standard operating procedures in place which their staff are trained in and are working to.
- ✓ Have responsibility for ensuring that the Health, Safety and Welfare Policy of the Trust is implemented within their areas of responsibility
- ✓ Shall ensure that staff are made aware of safety procedures and standard operating procedures (SOPs)
- ✓ Shall ensure that safe systems of work are in operation and that legal requirements affecting health and safety are met
- ✓ Will liaise with the Health, Safety and Risk Manager on matters affecting health, safety and welfare within the workplace
- ✓ Shall ensure health and safety workplace inspections are undertaken regularly (frequency of inspections determined by risk rating on Datix) by the health and safety link person
- ✓ Shall ensure investigations of incidents are undertaken and actions taken to prevent a reoccurrence
- ✓ Shall ensure employees are aware of departmental specific and trust generic risk assessments and relevant safety information that accompanies any equipment or substances.

**Employee Responsibilities**

- ✓ It shall be the duty of every employee, whilst they are undertaking work activities, to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions. Also employees are required to co-operate with the employer on health and safety matters. Where an employee feels a health and safety measure needs to be improved they should raise this with their Line Manager initially
- ✓ It will be the responsibility of all employees to bring to the employer's attention any defective equipment or potential hazards they have identified, which might present a serious and imminent danger to health and safety of themselves and others within the Trust.
- ✓ Every employee who has been made aware of the hazards related to their tasks **shall use** any machinery, workplace equipment, dangerous substances, transport equipment, Personal Protection Equipment (PPE) and clinical safety devices provided to them by the Trust, in accordance with any information, instruction and training provided, to ensure the effectiveness of the control measures

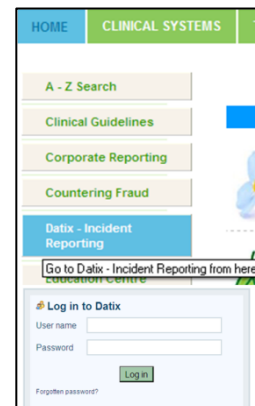
**Employees should also be aware that:**

- ✓ Only authorised personnel from Estates/Facilities are to alter or decorate any areas within the Trust. This includes putting up shelves, nailing into walls and painting
- ✓ Any personal electrical equipment to be used within the Trust must be Portable Appliance Tested (PAT) by Estates/Facilities prior to first use
- ✓ All employees must inform Estate/Facilities as soon as possible if they witness or see damage to Trust property
- ✓ Anyone who is required to use, or come into contact with, any hazardous liquids/substances, must ensure that they are familiar with the Control of Substances Hazardous to Health (COSHH) risk assessments prior to use.

## Health & Safety Arrangements

The Trust has many health and safety arrangements in place. Arrangements detailed in the **Health, Safety and Welfare Policy PP018** tells the reader where further information on those arrangements can be found. Below is an example of some of the current arrangements:

- Consultation
- Health and Safety Training
- Health and Safety Inspection Arrangements
- Risk Assessments
- Safety Alerts (CAS)
- First Aid
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- Accident and Incident Investigations
- Driving for Work



## Risk Assessment

A **hazard** is something with the potential to cause harm.

A **risk** is the likelihood of harm occurring, and the level of severity of the resultant harm.

A **risk assessment** is carried out with a systematic approach in order to identify and manage workplace hazards safely. It involves identifying the **hazard**, then looking at who could be affected by the hazard. Once these have been identified the **risk** of harm occurring to those persons has to be taken into account. Once all this information is collated, appropriate control measures can be explored to eliminate the hazard, or remove / reduce the risk of harm.

Risk assessments should be undertaken on Datix Risk Register.

Some specific risks, e.g. fire, stress, moving and handling may require more detailed and structured risk assessments.

Start by:

1. Identifying what can harm people in the workplace
2. Identifying who might be harmed and how
3. Evaluating the risks and deciding on the appropriate controls, taking into account the controls you already have in place
4. Recording your risk assessment
5. Reviewing and updating the risk assessment

Once completed on Datix the risk assessment should be approved by the relevant lead once the risk rating has been identified. This rating will also determine the review date and where the risk assessment should be escalated.

Risk assessments rated as **RED** will be reviewed at least every 3 months

Risk assessments rated as **AMBER** will be reviewed at least every 6 months

Risk assessments rated as **GREEN** will be reviewed at least every 12 months

Accepted risk assessments are to be reviewed at least every 12 months

Risk assessments should also be reviewed following an incident to ensure the identified hazard and associated risk are controlled appropriately. It is good practice when carrying out or reviewing assessments to involve the employees who either undertake or come into contact with the assessed task/activity.

## Incident Reporting

The Trust incident system is in place to record any incident or accident that has or poses a risk to the Trust, or has or could lead to personal harm to an employee or other person affected by the Trust's undertakings. It is also important to ensure all incidents are investigated appropriately. This will allow for pro-active measures to be implemented ensuring similar incidents / accidents do not happen again.

### Contact the Team

- Health, Safety and Risk Manager  
Ext. 3944
- Risk Officer Ext 3944
- Datix Co-Ordinator Ext 3770

### Additional Resources

The Trust uses Datix to record all incidents, clinical and non-clinical. Everyone has access to report on this system and no login is required. Training in the use of the Datix system is available on request by emailing [Datix@wsh.nhs.uk](mailto:Datix@wsh.nhs.uk)

# Information Governance

Data Protection & Confidentiality policies are on the Trust Website. If you are unsure of any aspect of Information Governance please Contact: I G Manager ext. 2781

## IG Training

**Head of Information Governance**  
**Sara Ames**

**Deputy IG & Legal Services Manager**  
**Melanie Johnson**

- Data Protection Compliance
- Freedom of Information
- Registration Authority (smartcards)
- Records Management
- Legal Services



## Freedom of Information Act

- Makes us more accountable for our actions and spending.
- Gives anyone, anywhere in the world the right to request data held by us
- Exemptions can apply e.g. trade secret
- Doesn't matter if disclosure will embarrass the trust
- Must respond to an applicant within 20 working days

## Caldicott Guardian – Dr Nick Jenkins

- Responsible for the legal sharing of patient information.

## Senior Information Risk Owner – Craig Black

- Responsible at Board level for any data losses in the Trust

## The Data Protection Act

- We are registered with the Data Protection Act 1998 which governs the protection and use of sensitive personal data
- There are 8 Data Protection Principles which state that information must be:
  - *Fairly and lawfully processed*
  - *Processed for limited purposes*
  - *Adequate, relevant and not excessive*
  - *Kept accurate and up to date*
  - *Not kept for longer than necessary*
  - *Processed in line with your rights*
  - *Kept secure*
  - *Not transferred outside the UK without adequate protection*

## Did you know?

**£500,000**

Is the amount of money the Information Commissioner can fine organisations that breach the Data Protection Act 1998.

## But did you also know...

You can be personally fined up to **£5000** if you breach someone's confidentiality.

You are breaking the law and risk getting a criminal record.

### Recent Fines/Action

- Princess Ann Hospital, Southampton – NMC has midwife struck off for accessing records of boyfriend and his ex-partner
- Telegraph Newspapers fined £30,000 for emailing 000's of readers urging them to vote Conservative on the day of the election.
- Ministry of Justice fined £180,000 over serious failings in the way prisons handle confidential information
- Crown Prosecution Service fined £200,000 when laptops containing police interviews were stolen.
- Bloomsbury Patient Network fined for revealing the identities of HIV patients in an email

### What does strict need to know basis mean?

**You can only access patient information if you have a legitimate reason in connection with your role. eg**

- You are involved in their healthcare
- You are investigating a complaint/incident

You cannot access information about someone you know personally even if they ask you to.

And you cannot access information about yourself – if you would like copies of your health record please contact the IG team.

### Social Networking Sites – Use with Caution!

**The Trust monitors internet use – abuse will be reported.**

- You should not reveal confidential information about our patients, staff, or the Trust.
- You must not post photographs which identify patients.
- You must not engage in activities on the Internet which might bring the Trust into disrepute.
- You should not use the Internet in any way to attack or abuse colleagues.
- You must not post derogatory or offensive comments on the Internet about colleagues, their work or the Trust

### Cyber Security

- The Trust deals with approx 400 computer viruses every quarter.
- In a year we receive 2 million emails – 50,000 are blocked as being suspicious
- New threats/ransomware/viruses are being routinely emailed to staff at the Trust – please be aware and report anything suspicious/unexpected to the IT dept.
- If you are asked to stop emailing/close down your computer due to the detection of a virus – **please follow these instructions!**
- Passwords or Smartcards must not be shared with anyone
- Laptops and USB sticks must be encrypted

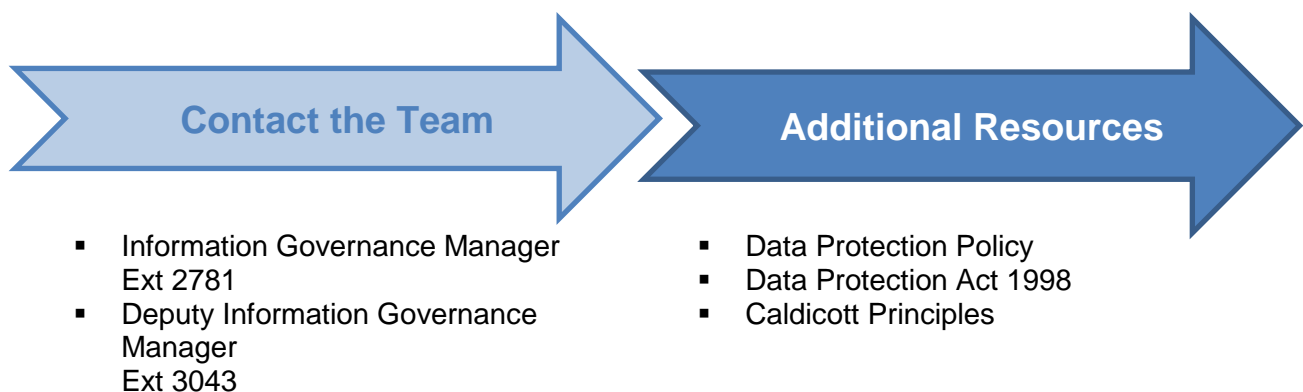
### Good Record Keeping

- Helps to improve accountability
- Shows how decisions related to patient care were made
- Supports effective clinical judgements and decisions
- Provides documentary evidence of services delivered
- Helps to identify risks, and enable early detection of complications
- Supports clinical audit, research, allocation of resources and performance planning
- Helps to address complaints or legal processes.



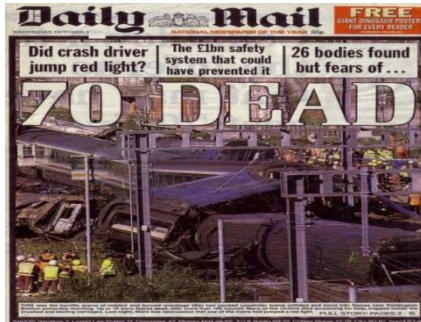
### What can I do?

- Take information security seriously
- Remember patient confidentiality is at the heart of what you do
- Familiarise yourself and comply with the data protection and security policies
- Take all reasonable steps to protect the assets you use
- Report any IG incident
- If you need further help and guidance, please contact the IG Team.



# MAJAX

**Emergency Preparedness!** The Trust's response to MAJOR INCIDENTS and other emergencies...



## What is a Major Incident?

***“Any occurrence which presents serious threat to the health of the community, disruption to service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented...by hospitals, ambulance trusts or primary care organisations”***

But it could be anything; Road Crash, Chemical fire, Surgical or Medical, External or Internal – *anything* that means we can't cope on our own. It could be that we are not directly affected, but joining in to support others. It may also be that although there is not a declared Major Incident, we have to set up the Hospital Control Centre to cope with a slow start or even a merely threatened emergency.

Only trained Trust senior Managers and Directors can declare a Major Incident.

There will be a Medical Incident Controller, who is always the on-call Gynaecologist, because:

- 1) They are clinicians who work in and know most areas of the hospital
- 2) They have been trained
- 3) There will not be a call for them to get clinically involved

Although we use a system of 'Controlled Areas', an incident is going to be 'as well as' not 'instead of'. We have 414 beds, most of them are usually full, and the patients in them will not suddenly get better and go home just because there is an emergency. So whether or not you work in one of the Controlled Areas, you will almost certainly be affected.

In the Hospital Control Centre is a team of managers and clinicians, and they have three main tasks

1. Link the hospital to the other agencies involved
2. Ensure that clinical staff have the resources they need
3. Help us survive the incident and get us back to the day job as quickly as possible

Obviously, staff are our main resource and the way we respond as individuals will make a huge difference to the outcome of the incident.

The external arrangements for dealing with Incidents use a very military approach and use terms such as 'Gold Control', 'Technical Cell' and so on. Our arrangements do not need to be quite so rigid. Nevertheless we should all be clear that working arrangements will change and our response is based on 'Command and Control'.

This is because we cannot predict what the situation will be. So we have a framework and reporting lines which allow us to shape our response to almost anything. (These are all laid out in our Major Incident and Business Continuity plans which you can find on the intranet). This means that you might well be asked to work in an area you are not used to; it does not, and must **NEVER** mean that you work beyond your competence.

## What should you do?

There are really only two possibilities we need to consider – are you on duty when you hear about it or not?

If you remember what they are doing in the Hospital Control Centre, it all becomes a lot more straightforward....

Their task is to get us through the incident and back to our normal job. That includes plotting and planning staffing levels and skill mix throughout the Trust. The only way this can be done is if they know who is available and when. So if you are already on duty, just carry on unless and until you are asked to go elsewhere.

If you are not on duty, do **NOTHING** – the only assumption you should make is that Control Centre is going to be slotting you in when and where you can do the most good. If you're needed before your next normal shift, you will be phoned..... (But please don't phone us – Switchboard will be creaking at the seams!)

If you **ARE** asked to come in, please only use the Entrance by Rainbow Outpatients at the back of the building, and please, please remember to bring your ID badge as you may be challenged or need to 'swipe in'.

Apart from the Hospital Control Centre, we might set up any or all of the following controlled areas:

<b>Triage</b> <i>A&amp;E FOYER AREA</i>	<b>Admitting Ward</b> <i>F6</i>
<b>Major Treatment Area</b> <i>RESUSCITATION AREA IN EMERGENCY DEPARTMENT (ED)</i>	<b>Portering</b> <i>EVERYWHERE</i>
<b>Intermediate Treatment Area</b> <i>MINORS CUBICLES 1-6 IN THE EMERGENCY DEPARTMENT (ED)</i>	<b>Relatives' Reception</b> <i>CHAPEL</i>
<b>Minor Treatment Area</b> <i>PHYSIOTHERAPY OPD AREA</i>	<b>Staff Holding</b> <i>TIME OUT</i>
<b>Preoperative Area</b> <i>MEDICAL DAY TREATMENT</i>	<b>Press Centre</b> <i>COMMITTEE ROOM</i>
<b>Operating Theatres</b> <i>OPERATING THEATRES</i>	<b>Discharge Area</b> <i>MAIN OUTPATIENTS</i>
<b>Critical Care</b> <i>ICU</i>	<b>Dead</b> <i>MORTUARY</i>
	<b>Decontamination</b> <i>FRONT AREA OF HOSPITAL</i>

If you work in a Controlled Area, you should have a look in the box labelled "MAJOR INCIDENT", which can be found on the wall. It contains a number of things you should aware of:

- A yellow jacket for the Area Controller. When an incident kicks off, the Area Controller is the most senior person in the department, which could be *any* qualified nurse on a ward. If that happens to be you, put the jacket on as people will be headed in your direction who may not know the area and they mustn't waste time or distract others trying to find out who is in charge. The Area Controller's job is to control the area, **NOT** to be hands-on with patients.
- Action Cards for the department, the Area Controller, and for those who will be sent to you
- Message pads – we have to assume that the phones will be overloaded, and that even if they weren't, the person who answers the phone may not understand! 'Runners' from non-clinical departments will be sent to you, so write it down and send a runner

### The key things to remember...

- An emergency could be anything - External, Internal, Surgical, Medical or an infrastructure failure
- We do move to 'Command and control'
- If you're called in, come to the back entrance and bring your ID - you WILL be challenged
- If you're not asked, stay clear
- This is a RARE occurrence; we will practice because the Law now says we must – but we do it mainly because it's a good idea!

### Contact the Team

- Emergency Preparedness  
Lead Ext 📞 3171 Bleep 978

### Additional Resources

The Major Incident Policy can be found on the Trust's intranet

# Medicines Management

*Medicines are defined as those substances included in the 1968 Medicines Act as medicinal products. A medicinal product is any substance used for treating, preventing or diagnosing disease; for contraception; for inducing anaesthesia; or otherwise affecting any normal physiological function.*

*To ensure patients receive the best possible treatment and remain safe there are many guidelines and restrictions concerning the prescribing, dispensing, supply, transport and administration of medicines.*

## Medicines & Staff

For reasons of safety, ethics and finance it is important that Trust medication is only used for patients.

Trust medication **MUST NOT** be supplied to staff, non-resident visitors or volunteers under any circumstances.

If staff need medication during working hours the pharmacy department sell over the counter medicines. If these are not appropriate staff should be referred to either Occupational Health during working hours, or the Emergency Department out of hours.

## Medication Administration

Medicines are vital tools in treating, curing, preventing and palliating symptoms of disease. However medicines also have the potential to cause harm. Therefore it is essential that medicines are only administered by appropriately trained staff.

Medicines may only be administered by authorised staff who have received appropriate training on medication administration.

In certain circumstances where patients have been assessed as competent they may administer their own medicines. Further information on patient administration can be found on the Trust Self-Administration of medication policy PP(14)226

Staff must NEVER administer medicines unless trained and authorised to do so, even at a patient's request.

## Controlled Drugs (CD's)

Under the Misuse of Drugs Act (1971) certain drugs were highlighted as dangerous or potentially harmful. The purpose of this act was to prevent the misuse of these drugs which are designated as 'Controlled Drugs'.

There are many legal regulations and restrictions governing the prescribing, ordering, dispensing, storage and administration of these drugs.

Controlled Drugs may be collected from the Pharmacy by a designated messenger from the ward. The messenger is someone designated by the pharmacist or by the nurse in charge of the ward. They need **NOT** be a qualified person but the messenger **MUST** have Trust identification available.



### Collecting & Transporting Controlled Drugs

The messenger will be required to sign and print their name in the controlled drug order book to accept the medication for delivery. Sealed boxes of controlled drugs do **NOT** need to be opened and checked.

The messenger must immediately return to the ward or department and hand the Controlled Drugs to the nurse in charge on the ward, who must sign the controlled drug order book to accept the drugs and arrange for them to be immediately placed in the Ward Controlled Drug Cupboard and entered into the Controlled Drug Register.

### Illicit Substances



Occasionally illicit substances may be discovered on hospital premises.

Any substances found, or suspected of being illicit drugs, in the possession of a patient or visitor should be handled in accordance with “**PROCEDURE for the Management of ILLICIT SUBSTANCES Found Within West Suffolk Hospitals NHS Trust**” (PP(14)178)

The policy states substances must not be returned by staff to patients relatives or carers as staff may be vulnerable to prosecution for supplying illicit substances.

Substances should NOT be sent to pharmacy.

If small amounts of an illicit substance are discovered the Local Security Management Specialist and the Directorate Bleep Holder should be informed, an incident form should be completed and the patient will be requested to handover the substance for anonymous destruction by the police.

#### Contact the Team

- Ward Pharmacists / Technicians – find out who yours is and get to know them
- Main Pharmacy – ext. 3232
- Dispensary Clinical Pharmacist - ext. 2784
- Medicines Information – ext. 3109
- Pharmacy Education Team – ext. 2813

#### Additional Resources

- Policy for the Use of Medicines (PP(14)200)
- Self-Administration of Medicine (PP(14)226)
- PROCEDURE for the Management of ILLICIT SUBSTANCES Found Within West Suffolk Hospitals NHS Trust (PP(14)178)

# Safeguarding Children

*Abuse happens to male and female children of all ages, race, gender, religion or disability, sexual orientation, social background or culture. Some children, such as disabled children, are particularly vulnerable. Prejudice and discrimination can prevent some children getting the help they need and the West Suffolk Hospital will ensure that all children are protected and receive the support they require.*



## The Children's Act 1989 & 2004-Sections 17, 47 and 11.

- Sec 105 defines a child as 'anyone under the age of 18years'

## Lord Laming inquiry into the death of Victoria Climbié 2003

- 108 recommendations. Children's Act 2004. Every Child Matters agenda, Section 11 responsibilities, Local Safeguarding Children Boards, Child Death Review Panels

## Working Together to Safeguard Children (revised 2015)

- Became Statutory guidance in 2006

## Bichard Enquiry 2004

- Followed the death of Holly Wells and Jessica Chapman and conviction of Ian Huntley and led to safer recruitment

## Sexual Offences Act 2003

- A child is categorically deemed unable to give consent to sexual activity under the age of 13 years, any such activity should be treated very seriously as a risk of significant harm to the child.
- The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should still remain at 16.
- Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered the protection of Child Protection Procedures under the Children Act 1989. Consideration still needs to be given to issues of sexual exploitation through prostitution and abuse of power. Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member.
- Section 15 of the Sexual Offences Act 2003 makes it an offence for a person (A) aged 18 or over to meet intentionally, or to travel with the intention of meeting a child under 16 in any part of the world, or he has met or communicated, via the internet for example, with that child on at least two earlier occasions, and intends to commit a "relevant offence" against that child either at the time of the meeting or on a subsequent occasion. An offence is not committed if (A) reasonably believes the child to be 16 or over.
- The Act covers offences committed against those who, because of a profound mental disorder, lack the capacity to consent to sexual activity, where a person with a mental disorder is induced, threatened or deceived into sexual activity and it is an offence for people providing care, assistance

or services to someone in connection with a mental disorder to engage in sexual activity with that person.

### What is abuse?

When a person abuses or neglects a child by inflicting harm or by failing to act to prevent harm. Abusers may be adults or children. 'Working Together to Safeguard Children' DOH 2015

### What is significant harm?

- The Children Act 1989 introduced the concept of 'Significant Harm' as the threshold that justifies compulsory intervention in family life in the best interests of children
- 'Harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, for example, impairment suffered from seeing or hearing the ill treatment of another
- There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development

### Categories of Abuse

#### Physical

- May involve hitting, shaking, throwing, poisoning, burning, drowning suffocating or any other physical harm including where a parent/carer fabricates or induces illness

#### Fabricated/ Induced Illness - Symptoms Reported

- Blood in Stools
- Blood in Vomit
- Blood in Urine
- Coma
- Apnoea (suffocation)
- Unexplained fever
- Skin Disease
- Poisoning
- Diarrhoea
- Epileptic Convulsions
- Drowsiness
- Intolerance to food & food additives

#### Emotional

- Persistent emotional maltreatment causing severe adverse effects on the child's emotional development. This may be conveyed by the child feeling unloved, inadequate or worthless. It may be as a witness to domestic abuse. Whilst some form of emotional abuse is involved in all types of abuse it may also occur alone

#### Sexual

- When a child is forced or enticed into performing sexual activities whether they are aware or unaware of what they are doing. These activities may involve penetrative or non-penetrative contact or they may not involve contact at all for example watching pornography or grooming over the internet, social networking sites
- This form of abuse is less likely to be reported at the time the abuse occurs (for example the Jimmy Saville case)

#### Neglect

- Is the persistent failure to meet the child's basic physical and /or psychological needs? Neglect may occur during pregnancy due to maternal substance misuse
- Once born it may involve the simple inability to provide or protect one's child adequately or appropriately



## Child Sexual Exploitation

### Would you recognise the signs?

- Has the young person received unexplained gifts or money?
- Do they use their mobile phone secretively?
- Do they have significantly older friends?
- Have they been picked up from home or school by someone you don't know?
- Are they associating with other young people who are already known to be vulnerable or involved in exploitation?
- Have they started playing truant from school or regularly going missing from home?
- Have they suffered from a sexually-transmitted infection?
- Are they self-harming?
- Has their appearance changed?
- Are they involved in any gang activity?
- Significant change in behaviour?
- Extreme anger or sadness?
- Aggressive and attention-seeking behaviour?
- Suspicious bruises with unsatisfactory explanations?
- Lack of self-esteem?

## Serious Case Review

### Daniel Pelka

15th July 2007 - 3rd March 2012 (Age 4 years)

### Missed opportunities

- ✗ 27 reported incidents of domestic abuse involving alcohol and in some cases weapons
- ✗ Multiple bruises not documented or acted upon;
- ✗ Fractured arm too readily accepted as accidental;
- ✗ Weight loss not recognised or thought of as potential abuse;
- ✗ Lack of professionals 'thinking the unthinkable'
- ✗ Information silo's and delays
- ✗ Lack of connection with differing family names



## Suffolk Serious Case Review

### Risk Factors

- Parents 'hard to engage' with deep mistrust of agencies in particular social care.
- Lack of evidence to substantiate concerns
- Closely spaced ages of children
- Parental relationship breakdown
- Period of 'sofa surfing'
- Incomplete parenting assessment/ maternal mental health assessment
- Lack of attendance to nursery placements/social interaction for the children other than with adults
- Domestic abuse incidents

### There is no national child protection register!

Children become subject to child protection plans. The majority of plans are for neglect then emotional, physical and sexual. A shift from the historical view that child abuse is a 'battered baby' and recognition of the long term effects of neglect and emotional abuse.

### Parental behaviours that potentially impact on the well-being of a child

- Drug or alcohol misuse
- Domestic abuse
- Mental health, suicidal ideation
- Learning difficulties
- Previous children on Child protection plans.
- Parent abused as a child

### Risk factors in the child

- Fail to meet parental expectations and aspirations, e.g. disabled, wrong gender
- Born at wrong time, e.g. when parents are more concerned with alcohol or a drug habit
- Unwanted due to a breakdown in parental relationship
- Product of forced, coercive or commercial sex

### Risk factors in the family

- Step-parents, single parent families
- Domestic violence
- Multiple/closely spaced births
- Social isolation or a perceived lack of social support
- Poverty
- Young parental age
- Violence
- Living with step-parents
- Violence towards pets
- Early separation from the mother

### Safeguarding referrals for children from the West Suffolk Hospital

- The Trust refers 200-250 children/unborn children to Children's social care per year.
- ¾ are from midwifery
- Of the remaining quarter 75% are from the emergency dept and largely related to parenting issues (**TOXIC TRIO** - mental health/OD, substance misuse or domestic abuse)

## Private Fostering

Private foster care occurs when a child under 16 (or under 18 if disabled) is cared for, and provided with accommodation, by an adult who is not a close relative\*, for 28 days or more, by private arrangement between parent and carer.

***\*The Children Act 1989 defines 'relative' in relation to a child as a grandparent, brother, sister, uncle or aunt. They could be a full or half relation, and could be related by marriage. The term also includes a stepparent. A previous or current partner of the mother or father would not qualify as a relative; neither would extended family such as great aunt/uncle or parent's cousins - Source DCSF 2005***

Typical examples of private fostering arrangements are...

- Children sent to this country, for education or health care, by parents who live overseas;
- A teenager living with a friend's family because they don't get on with their own family;
- Children living with a friend's family because their parents' study or work involves unsociable hours, which make it difficult to use ordinary day care or after-school care;
- Children staying with another family because their parents have separated or divorced;

- Children from overseas staying with a host family while attending a language school or overseas students at boarding school who stay with a host family during the holiday

### Vulnerability

#### Children may be more vulnerable to being harmed if they are

- Babies
- Disabled
- Children who are picked on as being different, a facial disfigurement or health need.
- Children who are already thought of as a problem e.g. children in care or in secure accommodation are open to sexual exploitation and trafficking, e.g. Rochdale case
- Children who are privately fostered (Placed with carers/extended family for a period of longer than 28 days)

### Vulnerable to Radicalisation:

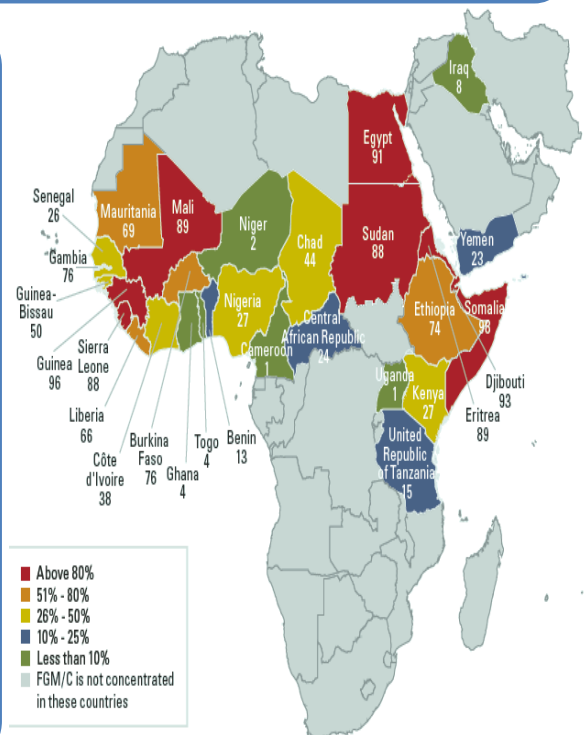
Indicators may include:

- Support for violence and terrorism, leadership of specific organisations and a rejection of the principle of the rule of and the authority of any elected Government in this country
- Possession of extremist literature and imagery in hard copy or digital form
- Attempts to access, become a member of or contribute to extremist websites and associated password protected chat rooms
- Possession of material regarding weapons and or explosives
- Possession of literature regarding military training, skills and techniques
- Withdrawal from family, peers, social events and venues; hostility towards former associates and family, association with proscribed organisations and association with organisations which hold extremist views that stop short of advocating violence in this country
- Claims or evidence of involvement in organisations voicing violent extremist ideology in this country or overseas
- Claims or evidence of attendance at military/terrorist training in the UK or overseas
- Claims or evidence of involvement in combat/violent activity, particularly on behalf of violent extremist non state organisations.

**Follow Usual Safeguarding Referral advice**

### Female Genital Mutilation:

- FGM is illegal in the UK. For the purpose of the criminal law in England, Wales and Northern Ireland, FGM is mutilation of the labia majora, labia minora or clitoris & is subject to Statutory reporting from March 2015.
- FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia.
- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.
- FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences



**Seek advice and refer to social care & policy**

**E-safety:**

- e-safety is a term which means not only the internet but other ways in which young people communicate using electronic media, e.g. mobile phones. It means ensuring that children and young people are protected from harm and supported to achieve the maximum benefit from new and developing technologies without risk to themselves or others.
- The aim of promoting e-safety is to protect young people from the adverse consequences of access or use of electronic media, including from bullying, inappropriate sexualised behaviour or exploitation
- Appropriate use of electronic media by service provider staff and professionals is covered by other protocols and procedures with individual services and organisations

**Your Responsibility**

**All** health professionals working directly with children and young people should ensure that safeguarding forms an integral part of all elements of care that they offer. Other health professionals also need to be fully informed about their responsibility to safeguard as they may be working with a parent, carer or significant adult and have knowledge that is relevant to a child's safety and welfare

**Disclosures**

No professional has the right or responsibility to withhold information or to respect a child's/young person's wish for confidentiality where abuse is known to have occurred or suspected.

**The main legal restrictions to disclosure of information are**

- Common law duty of confidence
- Human Rights Act 1998
- Data Protection Act 1998

**In general however the law will not prevent you from sharing information with professionals if...**

- Those likely to be affected consent;
- The public interest in safeguarding the child's welfare overrides the need to keep the information confidential;
- Disclosure is required under a court order or other legal obligation

**Disclosures from children**

Do

- ✓ Listen
- ✓ Reassure them
- ✓ Explain what will happen
- ✓ Document what was said, by whom, in the presence of and when
- ✓ Take it seriously

Do Not

- ✗ Promise to keep confidentiality
- ✗ Ask leading questions
- ✗ Make promises you cannot keep
- ✗ Speculate or accuse
- ✗ Investigate without reporting

**Factors that stop children reporting abuse**

May not be listened to  
May not be believed

Embarrassment  
Unable to communicate  
the abuse

Adults not sympathetic  
Adults might tell  
someone else

Fear of consequences  
Lack of control

Not knowing who to tell  
Previous/current  
experience of racism

Not understanding or  
recognising abuse  
Believe it is their own fault

## Seeking advice

### **Remember to act as an advocate**

- Do not delay or do nothing
- Phone your concerns Where there are immediate concerns for the safety of a child otherwise submit the referral electronically via the form on the Trust's safeguarding microsite on the intranet.
- Confirm your concerns and the details in writing differentiating between fact and opinion using the Trust referral form
- Details of this will be sent securely electronically and stored in the child's Evolve clinical record.
- You can also seek advice form the MASH professional consultation line on 0345 6061499

## What happens next?

- The Local Authority has a duty to investigate under section 47 of the Children's Act
- Children's services will talk to other professionals involved.
- A decision is made of what action to take in 24 hours
- Investigations involve talking to the child, family and may involve a medical examination.
- The majority of children stay at home while the investigation takes place.
- Assessments will determine the level of risk to a child
- In some cases the decision is to immediately remove a child and is undertaken by the Police under a protection order.
- Children's services may apply to a Court for further orders to protect a child
- Alternatively decisions are made to hold a case conference and place the child or young person on a protection plan or a 'Child in need' plan. Here professionals from all agencies share information and formulate an action plan to achieve the best outcomes for the child. The children and their families are invited to attend the conference

**All children subject to child protection plans will have a Flag/ALERT on their clinical record.  
Evolve records will have details of the plan & assessments by Children's services**

*On the 3rd of August 2007 Peter died with multiple rib fractures and a fracture/dislocation of his spine.  
A Child Protection Plan does not guarantee safety. A child's welfare is paramount.  
Effective recognition, communication and early intervention are the keys to safeguarding.*

## Contact the Team

- Named Nurse Ext 2808 Bleep 382
- Named Doctor Ext 3635 Bleep 944
- Named Midwife Ext 2995  
Pager 07659118542
- Consultant Paediatrician on call
- The Trust's Intranet holds all guidance and referral forms

## Additional Resources

- The new microsite on Trust intranet holds all guidance and referral forms
- Children and young people's services 'Customer First' on 0808 800 4005
- Police Central referral unit 01473 782741
- NSPCC 0808 800 5000 or their website at [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- Guidance and policy can be found on: [www.suffolkscb.org.uk](http://www.suffolkscb.org.uk)
- 'Working Together to Safeguard Children' 2015
- NICE Guideline CG89 'When to Suspect child maltreatment' offers

# Safeguarding Adults

## Definition of an Adult at risk of Abuse or Neglect

An adult who is at risk of abuse or neglect is someone who is 18 years or over who:

- Has need for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**Care Act 2014**

- **Abuse may involve** a single or repeated act or omission, occurring within a personal or other close relationship where there is an expectation of trust, which causes harm to the adult at risk as defined above.

***It is important to remember that any adult can become vulnerable to abuse and neglect, at any time***

## Types of abuse

- Physical
- Sexual
- Psychological / emotional
- Domestic Violence
- Financial or Material
- Neglect and Acts of Omission
- Self-neglect
- Discriminatory
- Organisational
- Modern Slavery
- Radicalisation

## Some possible signs of abuse

- Appearing frightened, stressed, agitated, withdrawn or subdued
- Unkempt or neglected appearance, inappropriate/soiled clothing
- Dehydration, malnourishment
- Unusual weight gain or loss
- Evidence of improper use of medication
- Unexplained injuries (bruises, cuts, burns, wounds)
- Delays in obtaining treatment for injuries, or illnesses
- Unwillingness to leave the person alone with someone in authority
- Denied time alone with other people
- Other speaking of the person in a derogatory / disrespectful manner
- Speaking on behalf of the person and not allowing them to explain what has happened.

## Domestic Violence and Abuse

- The term 'domestic violence and abuse' is used to mean: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or are family members
- This includes: psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage

## Female Genital Mutilation (FGM)

- Female Genital Mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK
- It has been estimated that over 20,000 girls under the age of 15 are at risk of FGM in the UK each year, and that 66,000 women in the UK are living with the consequences of FGM. However, the true extent is unknown due to the 'hidden' nature of the crime.
- The girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to 'heal' before they return to school
- If you are worried about someone who is at risk of FGM or has had FGM, you must share this information with your line manager, social care or the police. It is then their responsibility to investigate and protect any girls or women involved. **Please use the Adult Safeguarding referral process to report and record your concerns**
- If you are a health professional who may come into contact with girls and women at risk of FGM, you can read the Multi-Agency Practice Guidelines on Female Genital Mutilation (HMG 2011). These guidelines contain detailed advice and guidance in relation to the protection of girls who may be at risk of FGM, as well as the care and treatment of women who have already undergone FGM.

## Ways in which you may become aware of abuse and neglect

- You may see or hear something happen.
- A person may tell you about apparent abuse.
- A friend, family member or somebody else may tell you something that causes you concern.
- You might notice injuries or physical signs that cause you concern.
- You may notice either the victim or abuser behaving in a way that alerts you that something may be wrong.

## Adult Safeguarding Referral Procedure

If you have been informed or if you suspect that an adult may be suffering abuse / harm, or is at risk of significant harm, you should do the following:

- Discuss the issue with your line manager or senior staff member.
- Complete a “**Cause for Concern Communication Form**” (Safeguarding Adult Referral) to record the concern and action taken by the person identifying the concern.
- Contact the relevant “**Customer First**” service, depending on where the person normally resides or the relevant county’s on-call social worker (this information is on the ‘Cause for Concern Communication Form’).
- Send a copy of the form to the **Adult Safeguarding Lead** in the Nursing Directorate as well as a copy to the hospital **Social Care Services Department**.
- Put a copy of the form in the patients notes and document in the notes that a referral has been made any why (include as much detail as possible).
- The ‘Cause for Concern Communication Form’ and all information and guidance relating to Safeguarding Adults can be accessed on the Trust Staff Intranet within the ‘Safeguarding Adults Forms’ page of the ‘Safeguarding’ pages.

### Social services will require information about:

- ✓ The nature of the problem
- ✓ General background about the people concerned
- ✓ The name of the G.P. and other agencies in contact with the person
- ✓ The level and nature of the immediate risk (and why)
- ✓ Whether the person concerned is aware of/consenting to the referral
- ✓ Previous occurrences
- ✓ Who has been informed
- ✓ Any actions taken or requested

## What do I need to do if I am informed that a person may be or is being abused or neglected?

- Ensure the person is safe - If there is an immediate threat contact emergency services.
- Consider - are there any other people (including children) at risk?
- Listen carefully to what is being said and allow the person to share what is important to them.
- Treat the allegation seriously and keep an open mind
- Treat the person with dignity and respect
- Accept what is being said without comment or judgement
  - **Be aware of the need to protect, and not contaminate evidence.**
- Ask the person what they would like to do about what has happened
- Reassure the person that their wishes will be taken into account at all times
- Document your concerns, what you have seen/witnessed, what was said, by whom, where it was disclosed, what time and who was present as soon as you can.
- Report your concern to your line manager and to the hospital social care team
- Social services will have lead responsibility for investigating situations where an adult is at risk of abuse
- Where there is evidence of criminal activity the Police must be informed
- Keep any evidence safe - ensure that it is not ‘contaminated’ (e.g. clothing should not be washed)
- Tell the person what will happen next and keep them informed.
- Seek out support you need for yourself.
- **Do not:**
  - promise to keep the information secret
  - Make it explicit that that you will have to share what you are told, but only to people who need to know e.g. your line manager. **REMEMBER – CONFIDENTIALITY**
  - Attempt to investigate yourself.
  - Contact or confront the alleged abuser.
  - Gossip about the incident.

## Your Responsibilities

- ✓ To recognise abuse and neglect and respond appropriately.
- ✓ To report abuse/neglect of an adult at risk if you have any concerns.
- ✓ Follow the correct policies and procedures.
- ✓ Please do not ignore your concerns and let the abuse/neglect of an adult at risk continue.
- ✓ It is not your responsibility to decide whether an adult at risk is being abused/neglected.
- ✓ Safeguarding adults from abuse and neglect is everyone's business.

## PREVENT INFORMATION

### Raising Your Awareness of Your Role in Preventing Terrorism

#### What is Prevent?

- Prevent is a non-enforcement, pre-criminal part of the government's Counter Terrorist strategy and a safeguarding responsibility for healthcare. Prevent focuses on working with individuals & communities who may be vulnerable to the exploitation of violent extremism and terrorists. The aim of Prevent is to stop people becoming terrorists or supporting terrorism.

#### What is CONTEST?

- The CONTEST Strategy was created to protect the UK from international terrorism and is led by the Office for Security and Counter Terrorism at the Home Office.
- There are four programmes to the strategy:
  - Pursue - to stop terrorist attacks;
  - Prevent - to stop people becoming terrorists or supporting violent extremism;
  - Protect - to strengthen our overall protection against terrorist attacks;
  - Prepare - where we cannot stop an attack, to mitigate its impact.
- Anyone can be groomed into terrorist activity using the normal social process of influence. Individuals may be emotionally, intellectually or physically susceptible during certain times.
- **All healthcare staff have a role to play in reducing the risk of radicalisation and supporting vulnerable individuals.**

#### What is self-radicalisation?

- It is an occurrence where individuals become terrorists without affiliating with a radical group, although they may be influenced by its ideology and message.

#### Your Role in PREVENT

If you have the slightest concern about anyone:

- Showing violent expressions or behaviour that cause you to feel uncomfortable,
- vulnerable patients or clients that are becoming increasingly radicalised or
- even patients who have injuries that they are reluctant to give an adequate explanation for
- Discuss with you line manager and report the concern to the **Trust Prevent Lead** by phoning the **Safeguarding Adult Lead** on **Extn. 2746**

## Whistleblowing – Raising Concerns

- This is about reporting poor practice, fraud or dishonest practice.

#### When to raise a concern

- If you have a genuine concern about the treatment of patients or other non-patient related healthcare matters, then you should inform your immediate manager straight away unless your manager is the subject of your concern when you should report to a higher manager or persons designated for addressing complaints. If you have a concern about Fraud and Corruption then consult the **'Fraud, Financial Irregularities and Corruption Policy'** where guidance will be given on how to report your suspicions.
- See the Trust **'Whistleblowing – Staff Concerns about Patient Care Policy'** for more information on this and what to do if you have concerns.

- In addition, the **National Whistleblowing Helpline (08000 724725)** provides free confidential advice to staff within the NHS and Social Care who are unsure whether they have a whistle blowing concern, or how to raise a concern internally or escalate this externally.

## The Mental Capacity Act 2005

The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. This could be due to:

- A mental health condition
- A significant learning disability
- A brain injury
- A stroke
- Unconsciousness (due to an anaesthetic, sudden accident etc.)
- Dementia
- Delirium
- Confusion
- Substance misuse (alcohol and/or drugs)

## Assessing Capacity – The Two-Stage Test

**STAGE 1** *Does the person have an impairment or disturbance in the functioning of the mind or brain?* (i.e. dementia, stroke, brain injury, confusion etc.)

**If no, person has capacity to make decisions. If yes, go onto Stage 2.**

**STAGE 2** *Does the person have an inability to make decisions?*

A person is unable to make a decision & therefore lacks capacity if they cannot do one or more of the following:

- **Understand the information relevant to the decision**
- **Retain that information for any period**
- **Use or weigh that information as part of the process of making the decision, or**
- **Communicate the decision (by any means)**

The final decision about a person's capacity must be made by the person intending to make the decision or carry out the action on behalf of the person who lacks capacity – known as the 'Decision Maker'

## Best Interests Decision-Making

- If, having taken all practical steps to assist someone, it is concluded that a decision should be made for them, that decision must be made in that person's 'best interests'.
- The Mental Capacity Act 2005 Code of Practice provides a "best interests" checklist.
- Please refer to the link below to access more information on the checklist:

<http://staff.wsha.local/Intranet/Microsites/Safeguarding/Adults/TheMentalCapacityAct2005/BestInterests.aspx>

## Independent Mental Capacity Advocate (IMCA)

- An Independent Mental Capacity Advocate (IMCA) should be used to contribute information on a patient's best interests when they do not have any relatives/informal carers.
- An IMCA must be involved when an NHS body is proposing to:
  - provide, withhold, or stop any **Serious Medical Treatment** *or*
  - Arrange accommodation in a hospital or care home and:
    - The person will stay in the hospital for longer than 28 days or
    - They will stay in the care home for more than 8 weeks
- Guidance in how make a referral to an IMCA can be found in the MCA & IMCA Trust Policy available here: [http://staff.wsha.local/CMSdocuments/TrustPolicies/PDFs/201-250/PP\(13\)223IndependentMentalCapacityAdvocates.pdf](http://staff.wsha.local/CMSdocuments/TrustPolicies/PDFs/201-250/PP(13)223IndependentMentalCapacityAdvocates.pdf)

### Deprivation of Liberty Safeguards (DoLS)

- The aim of the DoLS is to provide legal protection for those vulnerable people who are deprived of their liberty otherwise than under the Mental Health Act 1983, to prevent arbitrary decisions to deprive a person of liberty and to give rights to challenge deprivation of liberty authorisations.
- The safeguards exist to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appears to be unavoidable.
- The safeguards require that the deprivation of liberty be made lawful through 'standard' or 'urgent' authorisation processes. (Please refer to the **Multi-Agency Policy & Procedure Deprivation of Liberty Safeguards** document for more information available here: [http://staff.wsha.local/CMSdocuments/TrustPolicies/PDFs/251-300/PP\(13\)254DeprivationofLibertySafeguards.pdf](http://staff.wsha.local/CMSdocuments/TrustPolicies/PDFs/251-300/PP(13)254DeprivationofLibertySafeguards.pdf))

### Use of Restraint

When using restraint in connection with the care and treatment of a patient who lacks capacity, healthcare professionals will be protected from liability if the following two conditions are met:

1. The healthcare professional must reasonably believe the restraint is necessary to prevent harm to the person who lacks capacity; *and*
  2. The amount or type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm
- It is always important to consider whether there are any less restrictive options
  - When using restraint or restricting a patient in any way it is important that the reasons are documented in the patient's notes

### Documentation of DoLS in the Patient's notes

- Must be able to show that there is a plan for the patient
- The Plan must include:
  - a description of the problem/issue and factors that need to be into account.
  - The options that could be considered
  - The option that is felt to be in the person's 'best interests' and why
    - It may be that you will describe a step wise increase in restriction depending on patient response/behaviour
  - Discussions with family/informal carers
  - Any request for involvement of an IMCA

### Contact the Team

- Adult Safeguarding Lead, ext. 2746
- Learning Disability Liaison & Safeguarding Adult Nurse  
Extn: 2750 Bleep: 221

### Additional Resources

- Please refer to the WSFT **Safeguarding Adults Policy** on the Trust Intranet which can be accessed within the A-Z Information section.
- Further information relating to the Mental Capacity Act, Deprivation of Liberty Safeguards and the Independent Mental Capacity Advocate can be found in the 'MCA 2005 Resource Folder' available in each ward/department
- More detailed information and guidance on all aspects relating to Safeguarding Adults can be accessed on the Trust Staff Intranet by referring to the following link:  
<http://staff.wsha.local/Intranet/Microsites/safeguarding/safeguarding.aspx>

# Security Awareness

*"We want to create a pro security culture amongst staff, professionals and the public to engender where the responsibility for security is accepted by all and the actions of the minority who breach security are not tolerated"*

*The Trust does not currently have a guard security presence, it is therefore vital that we all stay alert and vigilant. The Trust requires all staff to report any security breach or suspicious activities; should your suspicions be raised, do not hesitate, challenge / call for assistance via 2222.*

## ID Badges

- ID badges must be worn at **all** times whilst on Trust property and be visible, inclusive of training days / sessions.
- Patients, relatives, members of the public and work colleagues have a right to know with whom they are communicating
- It is important to challenge individuals in secure areas who you do not recognise. It is important to be vigilant and security aware at all times; "when in doubt" make the 2222 call and ask for assistance
- The wearing of ID will assist the Security dept. when investigating security breaches; when viewing CCTV footage it will facilitate quick identification of those in the area, and thus will speed up the investigation process
- ID badge applications will be dealt with by your Line Manager, and processed via The ID team located in HR, all ID enquiries can be made via ext. 3055
- It is important to note that staff members requiring access to some secure areas, via their ID card, will have to have a "Disclosure and Barring service check " (DBS) in place or in process; please contact HR for further information on DBS checks

## Personal and Patient Property

- Do not bring personal items of value or large amounts of cash into the work place. Should you choose to do so, this will be entirely at your own risk
- In the majority of incidents of theft from staff, nearly all of the evidence, all be it circumstantial, points to it being a colleague
- All clinically confused patients' property **must** be registered on the Patients Property list and the patient/ relative **must** be advised not to keep large amounts of money on the ward, said monies must be given to relatives or banked in the Trusts General Office for safe keeping. The Trust does occasionally experience theft of patients' property / cash and without the proper initial recording of said funds, post incident investigation is very difficult
- All incidents of theft **must** be recorded via the Trusts Datix report system and reported to the Police via 101. The Police will issue a Crime Number relevant to the incident, this is to be included in the Datix incident report

## Key Security

- Keeping keys safe is vitally important within the daily working routine of the hospital. New or replacement keys may be requested via section 2 of the ID application form
- Please ensure that the area in which you work in has a Key Register and that all keys are signed in and out, (drug cabinet keys must be instantly traceable) thus creating a robust audit trail
- Lost keys must be immediately reported to your Line Manager and an incident form completed
- Lost or misplaced keys may result in a costly program of replacement key / suits for departments

### Secure Wards



- The Trust has several wards that require an ID badge (Proximity Reader) or using the intercom at the entrance before you can enter
- To have these areas included on your ID badge clearly mark the application form, indicating which areas you require. The form must be signed by your Line Manager. If you do not have a Trust DBS check in place or in process for some high risk areas, access will be denied via your ID card
- When entering or leaving a secure ward/area it is vital to ensure that individuals do not “tailgate” you onto or off the ward. Always make sure that you check behind you, and should there be someone trying to follow you, ask whether you are able to assist the person: your reply must be “Sorry, I am unable to let you in/out, however if you use the intercom a member of staff will assist you”
- Any adverse reaction to this request **must** immediately be reported to the security department via the 2222 number

### 2222 and Incident forms

- **2222** is the Trust emergency response number, should you become involved in a security breach and require assistance, use this number to summon assistance; do not use the “0” it may cause a delay in assistance arriving
- In this way the LSMS/Police can be made aware should you witness a security breach or if you are concerned about a possible security breach e.g. individuals who are not know to you in areas where they should not be
- When making the call, clearly state your name, where you are and what the problem is. Please then remain in the area and keep the individual in sight until help arrives. Please do not get too close to any suspicious individuals and compromise your own personal safety
- An incident report must be completed for all occurrences e.g. assault, thefts and all security breaches. It is important to include as much detail as possible i.e. time, date, place, descriptions, names of individuals concerned, patients full name and CRN numbers, Police officers epaulet numbers plus any Police event or crime number

### Conflict Avoidance

- In line with the Secretary of State for Health's 2003 Directions, the Trust is required to provide “Conflict Resolution Training” to all staff who deals directly with patients, visitors and the public. This training, which is mandatory, will help you to identify possible situations that may escalate into serious incidents and will assist you in preventing this happening
- It is surprising how easily conflict can be avoided, for example a simple question such as “How can I help you” accompanied by a smile, can work wonders
- Always try to solve the problem and never make promises that you cannot keep
- Please remember that the WSH Trust operates a Zero Tolerance policy

### Restrictive Physical Intervention Team

- The Restrictive Physical Intervention Team (RPI) was created in response to a demand from nursing staff for support when dealing with aggressive/violent patients whose condition was a result of “clinical cause”.
- The Memorandum of Understanding (MoU) is a security agreement between the NHS and the Association of Chief Constables (ACCPO). The document states that “the Police **WILL** attend to prevent a breach of the peace; however the Police will **NOT** restrain a patient whilst any form of medication is administered.”
- The RPI Team must be called on 2222 if, after being unable to pacify the patient, nursing staff decide the only remaining option is to sedate the patient. The caller should clearly state the following:
  - **Request the RPI Team**
  - **The location of the problem**
  - **The caller’s name**
  - **The nature of the problem**

The reaction time for the team to arrive at your location should be within five minutes. Each call out will be individually assessed by the team

- The RPI team will expect the ward staff to provide a dedicated nurse for the duration of the incident also to have an action plan regarding the patients’ sedation. It is important to deal with the situation as quickly as possible
- The RPI team may also be called to return difficult wandering patients back to their ward and bed space

#### Contact the Team

- Local Security Management Specialist  
Ext 3533  
Bleep 320

#### Additional Resources

- For further details please refer to the following policies; Management of violence and aggression, Security Awareness, Restrictive Physical Intervention & Breakaway Procedure.

# Slips, Trips & Falls (Clinical)

*A fall is an event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NPSA 2007)*

*A frequent faller is someone who has had more than two falls in the community over the previous three months, or more than two falls during this admission*

## Employee Responsibility

- To read and implement the Trust policy for the management of falls PP202 (for non-clinical falls see policy PP282)
- Complete the Trust Electronic Risk Assessment Tool within 24 hours of admission for patients meeting the inclusion criteria
- Implement and document all actions relating to the patient's individualised management plan
- Be environmentally aware for yourself and your patients
- Report any falls or near misses using DATIX

## Why do patients fall?

Most falls are caused by a combination of several factors, such as:

- acute illness
- delirium or dementia
- poor footwear
- unfamiliar environment
- medication

People aged 65 and over have the highest risk of falling

## How do we identify those at most risk?

- Green 'medical review' sticker – placed in the notes for patients admitted with a fall or fragility fracture or with a history of frequent falls
- Yellow 'medical review' sticker – placed in the notes for patients who have fallen on the ward
- Green leaf sign – placed above the bed to show a risk of falling
- Red leaf sign – placed above the bed to show a risk of frequent falls

## Is your patient safe?

- Is the call buzzer within reach?
- Is the patient in a high visibility area?
- Does the patient need supervision to mobilise?
- Can the patient reach their drink?
- Does the patient need anything else?

## If a patient falls...

- Alert the nurse in charge as soon as possible
- Follow post-fall assessment protocol in the Falls policy - assess for injury, consider need for specialist equipment/handling, transfer to a safe position
- Complete observations
- Ensure yellow sticker is in patient's notes and medical staff are informed
- Complete DATIX report
- Next of kin informed

### Lying and Standing Blood Pressure

All patients with a history or a risk of falling must have three consecutive daily BP recordings taken

- Lay patient down for 10 minutes
- Take blood pressure
- Stand patient up, wait 2 minutes
- Repeat blood pressure reading
- Record both readings on the observations chart

Postural hypotension = fall in systolic pressure >20mmHg and/or fall in diastolic pressure >10mmHg

### Key Messages

- It is your responsibility to read and implement the Trust Falls Policy
- Be aware of your environment and the need to maintain the safety of your patients
- Assess all patients according to the policy
- Implement patient safety plan and keep documentation up to date
- Report all incidents including near misses on DATIX

#### Contact the Team

- If you have any questions or need Health & Safety advice please contact the Risk Office ext. 3949 or for clinical advice, contact your area Matron or the Falls leads on ext . 2889 or 3639

#### Additional Resources

- For further details please see policy number PP(14)202