

# Health & Safety

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# 'Health and Safety' isn't just a slogan. It's the law.

This paper aims to enable you to:

- Monitor and maintain the safety and security of the working environment
- Promote health and safety in the working environment
- Minimise risks arising from emergencies

The content provides underpinning content and context for all care and support workers. It relates especially to the following:

SVQ level 2, 3, and 4 Core units HSC22: Promote the health and safety of yourself and individuals; HSC32: Promote, monitor and maintain health, safety and security in the working environment; HSC42: Contribute to the development and maintenance of healthy and safe practices in the working environment. It also provides relevant knowledge for SSSC's Induction Guidance: 'Preparing for Practice'.

## **INTRODUCTION**

Most people approach the subject of Health and Safety with a feeling of gloom – 'Not health and safety again; that is all you ever hear. It is all just policies, procedures and legislation'. And yes, to an extent you would be right, but only to an extent. There are numerous pieces of legislation and lots of practices to be observed – but boring? I don't think so. Let me put it this way. Before I started writing this paper, I probably had similar feelings to yours about the subject, and then a thought came to me about just how important the subject really is for people working in both health and social care. Interestingly, the thought came to me, not when I was studying health and safety but when I was teaching psychology to a group of care workers. We were looking at Maslow's Hierarchy of Needs (Maslow, A 1954). I must have taught this class on many occasions, when suddenly it jumped out at me that the first two levels of basic needs, which all individuals strive to achieve, are health and safety. That is when I realised what an important subject this is.

Health and safety are often regarded as just common sense. But they are clearly much more than that. Years ago, they were considered important only in so-called 'dangerous' industries such as coal mining, steel making and construction, where injuries and fatalities were more commonplace than today. Health and safety were then a much more simplistic affair. I can recall only too clearly a well known government public safety campaign which appeared on television. Find someone over the age of 40 and tell them the first line of this anonymous poem. You will be amazed how many of them are able to remember it!

Sir Isaac Newton told us why  
An apple falls down from the sky,  
And from this fact it's very plain  
All other objects do the same.  
A bolt, a brick, a bar, a cup  
Invariably fall down not up,  
And every common working tool  
Is governed by the self same rule:  
If, at work, you drop a spanner  
It travels in a downward manner.  
So when you handle tools up there  
Let your watchword be 'take care'.

Today, health and safety feature not only at work but in every aspect of your life: on transport, when you go shopping, go on holiday, where you study, in the places you worship, or even in your own home. However, it is in the workplace that you, as workers, share the responsibility with your employers to ensure that the working environment is a safe place for everyone who uses that environment. This includes individuals, workers, key people and others.

The main piece of legislation covering health and safety continues to be the Health and Safety at Work etc. Act 1974 (as amended). This is a comprehensive piece of legislation which has spawned many later, related laws and amendments about health and safety. The Act outlines the responsibilities of both employers and employees in the workplace. They are outlined in Figure 1 below.

Although it may appear at first glance that employers and employees have different responsibilities, it is clear that both are charged with the safety of the environment in which they work and the safety of all individuals who are in that environment. That working environment now covers a variety of care settings in which you, as a worker, could find yourself working.

*Figure 1  
Health and Safety at Work etc. Act 1974:  
Employer and Employee Responsibilities*

### **Responsibilities of employers**

Employers must, as far as is reasonably practicable, safeguard the health, safety and welfare of employees.

Employers must prepare, and revise As necessary, a written statement of safety policy.

Employers must consult with Employees on health and safety matters.

### **Responsibilities of employees**

Employees must take reasonable care of their own health and safety and those of others who May be affected by their acts or omissions.

Employees must also cooperate with their employers so far as is necessary to enable the employer to comply with his/her duties.

It is an offence for anyone intentionally or recklessly to interfere with or misuse anything provided in the interests of hygiene.

Care of individuals comes in many forms. Here are some of the environments that provide care for individuals:

- Residential care
- Hospital ward
- Supported accommodation
- Hostel
- Individuals own home
- GP's surgery
- Small group home
- Day care centre
- Sheltered housing
- Clinic
- Hospice

This list is not exhaustive and you have probably thought of many more that are not on my list. What the list does show is that there is a variety of working environments in which you could find yourself working and, in each of these, health and safety are of paramount importance.

## **MONITORING AND MAINTAINING THE SAFETY AND SECURITY OF THE WORKING ENVIRONMENT**

Health and safety are an integral part of the work that you do to provide care for individuals. As with all aspects of care, your practice must be underpinned by legal and organisational requirements on equality, diversity, discrimination and rights. You must also provide active support which promotes the individual's rights, choices and wellbeing. That is fine, I hear you say – but can it be that simple? Well, as in care work, we may face issues that cause dilemmas.

You may think on first reading that Joseph was indeed acting in a safe and caring manner. He was promoting an individual's choice (to have a cigarette) and acting safely by sitting with her making sure that she had finished her cigarette.

LOOK AT THE CASE STUDY BELOW AND ANSWER THE QUESTION: Do you think Joseph behaved in a safe manner?

Joseph is a nightshift worker in a nursing home for 20 residents. Joseph is a smoker. One other member of staff sleeps on the premises.

Emma, a woman in her 90s, is also a smoker. At home, she always had a cigarette in bed before she went to sleep. When she came into the home she pleaded with Joseph to let her smoke in bed. Joseph knew that there was a strict policy about smoking in bedrooms, but he knew that it settled Emma down for the night and stopped her wandering during the night looking for cigarettes. He made a point of sitting with her while she had her cigarette and in fact had one as well, and they had a pleasant time chatting together before she went off to sleep. Joseph made sure that both cigarettes were safely disposed of

Now look at it from a health and safety point of view.

- What if Joseph is suddenly called away on an emergency, leaving Emma with a lit cigarette?
- What if Emma starts to smoke when Joseph is not there?
- There is legislation (The Smoking, Health and Social Care (Scotland) Act 2005) which makes it illegal to smoke in residential establishments, except in designated areas
- There is a strict policy based on the legislation that must be followed by everyone using the building.

Fire remains one of the greatest threats to safety in care establishments. In February 2004, a fire at the Rose Park Home in Lanarkshire, Scotland, caused the deaths of 14 residents. In retrospect, Joseph was not working in a safe manner and he was breaking the law. He should report the matter to his line manager and discuss some way of working through the problem, e.g. by encouraging Emma to have her last cigarette in the smoke room.

The Scottish Government issued guidance in relation to the Smoking, Health and Social Care (Scotland) Act 2005 Act for the NHS, local authorities and care service providers. You should familiarise yourself with this guidance which is contained in:

Scottish Government (2005) Smoke Free Scotland: Guidance on smoking policies for the NHS, local authorities and care service providers.

Whilst the aim is for a 'smoke-free Scotland' the Act made some exemptions and allowances. There can be designated rooms for smoking in adult care homes, adult hospices and residential psychiatric units. Whilst such rooms may be designated, proprietors are not obliged to do so.

Working with and resolving conflicts between the individual's right to choose and the impact of their own health and safety will no doubt arise in your work with service users. Individuals may choose to smoke, drink too much alcohol, use illegal drugs, use prescribed medication in excess, eat food which damages their health (especially those who have diabetes), and eat foods which make them overweight. Individuals do, of course, have the right to express their needs and preferences, but in situations where there is danger to themselves or others, you, as a care worker, should assist them to understand and take responsibility for promoting their own health and care, and support them to assess and manage risks to their health and wellbeing. Offering support, providing advice, and seeking support from outside agencies such as drugs or alcohol groups, are some ways in which you can support people to promote their own health and care. Working with the care team and the individual to provide a care package to meet the needs of the individual is the most effective means of resolving these conflicts and dilemmas.

We will now look more closely at how we can achieve a safe working environment and continue to keep it safe. To do this, we will look at five main areas:

1. Right of entry
2. Keeping property and valuables secure
3. Dealing with hazards – hazardous equipment and materials, spillages, body fluids, clinical waste, laundry, drugs and medicine
4. Aggressive and violent people
5. Reporting and recording health and safety issues.

## Right of Entry

All individuals have the right to feel safe in the place where they live, whether this is a residential home, hospital or their own home. To ensure that feeling of safety, you have to check people's right to enter, be in or around the premises in which you are working and take appropriate actions to deal with people who do not have that right. Organisations should have procedures which apply to these, and workers should be aware of these and always follow any guidelines.

In large organisations such as hospitals, employees normally wear some form of easily identifiable uniforms and identity badges. The badges may also have a photograph and a built-in 'swipe' system, which allows access to secure areas. Employees may also be given entry codes to secure doors, and many hospitals now have CCTV equipment and buzzer entry systems on some wards, e.g. baby and children's wards.

In care homes and day centres, workers normally do not wear uniforms but may wear badges as proof of identity. Some work environments may have a reception area to which all visitors should report and where they may be given a visitor's badge. If there is no formal practice, you should be aware of visitors on the premises and be vigilant. A member of senior staff should make staff aware if there is to be a visit from the utility companies such as gas, electricity or water, and workers from those agencies should carry identification. All workers who represent outside agencies, such as health, social work, Care Commission inspectors, plumbers or electricians, should be required to produce evidence of identity.

What is the appropriate action to take if you encounter someone who does not have the right to be in or around the premises? Again, organisations should provide staff with guidelines. You should familiarise yourself with frequent visitors from external agencies. If you do not recognise a visitor, you should always be polite and ask if you can help them. If they are from an outside agency, ask for proof of identity and escort them to a senior member of staff or the reception area. Do not direct them to an area of the building, always take them. You are advised never to tackle an intruder whom you encounter on the premises. Call for assistance from other staff or the police if required.

If a visitor asks to see someone, always check with the individual first to find out if they wish to receive the visitor. This is very important, as people have the right to choose whether or not to receive a visitor. If the person does refuse to see someone, then the worker should inform the visitor in an assertive manner that the person does not wish to see them, rather than falling into the trap of telling white lies such as 'they are sleeping'. You should be aware that this might be upsetting for the visitor. However, you should advise the visitor that if the individual changes their mind, you will contact them. You might take a contact telephone number for the visitor but you should not take any messages from them, as this may upset the person in your care.

This may be a very difficult area for you to deal with, especially if relatives are insistent. You should seek advice from a senior member of staff, especially if the individual is very vulnerable, e.g. has dementia, learning difficulties, communication difficulties, is very ill, or is a child. There should be some mention of acceptable visitors in an individual's care plan in these circumstances.

Care in the community now means that more individuals live in their own home, and this situation demands special consideration of who has right of entry. Many people who live on their own are vulnerable and may need individual support from workers. The police provide information on how to deal with bogus callers or telephone calls. You are advised to provide individuals with the relevant information about this, as well as provide short bullet pointed lists at the front door and at the phone to remind them. Several local authorities have 'Safe as Houses' and 'Care and Repair' schemes, which provide protection for vulnerable people who live alone. The Homewatch (known as Neighbourhood Watch in Britain) scheme, first introduced from the USA to Millington, Cheshire in 1982, is now becoming popular in many areas, and has a special remit in 'keeping an eye out' for vulnerable people who live alone. It may in some instances be prudent to inform the local police that a vulnerable person is living alone in the area.

People who live alone may be vulnerable to unwanted visitors, either relatives or friends. Of course, people do have choice and the right to admit anyone they wish into their own home, and these rights have to be respected. However, you should be aware that some visitors may prey on vulnerable people and workers should be vigilant. As you cannot be with the individual on a 24 hours a day basis, it is critical that you report immediately any sign of danger, harm or abuse of which you may become aware. This may take many forms including physical, emotional, sexual or financial.

### **Keeping property and valuables secure**

Most individuals have personal possessions which are precious to them, whether these items are valuable or not. To ensure that these items are kept safely, organisations should have some policies for recording and storing them, and you should be aware of these. Most organisations have a system whereby all items are recorded on admission or as required. This will normally be some type of book that must be signed by the individual (if possible) or relative or at least one member of staff. More valuable items may be recorded separately and may require the signature of a senior member of staff. Valuables should be kept in locked area and only designated staff should have access. It is not advisable to keep items of great value or large sums of money on the premises. Individuals should be given advice about how to deposit such valuables in a bank or other secure area.

### **Dealing with hazards**

- A hazard is something with a potential to cause harm
- A risk is the chance, high or low, that someone will be harmed by that hazard.

As you will no doubt anticipate, the number of potential hazards in the working environment is numerous.

As a worker, you have responsibilities in relation to hazards:

1. You will need to be aware of potential hazards.
2. You will need to deal with hazards, if appropriate, by taking individual action.
3. You need to report hazards that you are unable to deal with to your manager, so that they become an organisational responsibility.

Hazards may come in many shapes and forms. We will examine three main sources of hazards:

1. Equipment.
2. Hazardous materials – chemicals, body fluids, laundry, drugs.
3. Aggressive and violent people.

## Equipment

Equipment comes in all shapes and sizes, from the simplest to the most complex. This may range from high-tech hospital machines, to lifting and moving equipment, to a vacuum cleaner, kettle or washing bowl. All equipment is designed to assist the user to carry out the job in a safer manner, both to themselves and to the people they are assisting.

Duties apply to the use of equipment in three areas:

1. Safe use of equipment.
2. Care of equipment.
3. Reporting of unsafe equipment.

Employers have a duty, in law, to provide safe equipment. You, as a worker, have a duty in law to use that equipment safely. You should receive training in the use of all specialist equipment, and you should always follow the guidelines given to you. If you have any doubts about the safety of any equipment you are asked to use, even if you are unsure, you should stop using the equipment immediately, and report it to the appropriate person. Often workers, especially those who are new or unqualified, feel uncertain about reporting unsafe equipment to their superiors in case they are labelled as 'fussy' or 'troublemakers'. If in doubt you should always err on the side of caution and report anything, no matter how small, to a superior. After all, your own and others' safety could be at risk.

### Example

Nothabo was recently employed as a care assistant in a nursing home for older adults, many of whom require assistance with their washing. In her first week, she was asked to clean the plastic bowls used for bed-bathing individuals. No one had shown her how to carry out this task. The only instructions she was given were 'to make sure she made a thorough job of it'.

Keen to make a good impression, Nothabo took all the bowls to the designated washing area. She washed them in hot soapy water and disinfectant, and to give them an extra good clean, scrubbed them with abrasive pads she found in a box she found in a box in the cupboard under the sink.

Satisfied she had done a good job, she dried them with paper towels and stacked them neatly on top of each other and put them away in the cupboard. No one had provided Nothabo with the proper training, and so she was unable to carry out the task in the manner that took care of the washing bowls.

The correct way to clean these bowls was to wash them with hot soapy water and disinfectant but not use any abrasive material on them, as this roughens the surface and provides a perfect place for micro-organisms (germs) to stick to and multiply.

Also, the bowls needed to be thoroughly dried with disposable towels, and not stacked inside each other but stored upside down in a pyramid to allow air to circulate through them.

Taking care of equipment is also an important part of health and safety. People can be careless with equipment, sometimes deliberately and sometimes because they have not been given the correct instruction on the proper care procedures.

## Hazardous materials

The control of substances hazardous to Health Regulations 1999, usually referred to as COSHH, require employers to prevent or control exposure to hazardous substances such as chemicals, dust, fumes and micro-organisms. Employers are required to protect everyone who is present in the working environment. For the most up-to-date information about COSHH you should check the HSE (Health and Safety Executive) website.

In a care environment, hazardous substances fall into two main categories:

1. Cleaning materials and related products
2. Clinical waste

All workers should receive training in the risks and precautions to be taken when working with hazardous substances. There should be a COSHH file which clearly outlines the type of substance kept in the workplace, where and how they are stored, the type of labels on the containers, the effect of the substances and how to deal with an emergency involving any of the substances.

In care settings, the most common types of materials are cleaning materials, disinfectants, bleaches and pesticides. None of these substances should be used without workers receiving clear guidelines for their use. For example, some commonly used on their own can become extremely dangerous when mixed or even used together. A good example of this is that some types of toilet cleaner and bleach mixed together may give off chlorine gas!

All types of cleaning materials and related products should be stored in the correct manner, in a safe place, in containers which have safety lids and caps, and should be correctly labelled. It is important that products are always kept in their own containers and labels are not changed. If you are supporting an individual in their own home, it is important that you help them store their cleaning materials safely. Always check that cleaners etc. have not been decanted into other containers such as lemonade bottles or cartons, as in the past there have been deaths caused by people mistaking fluids or bleach for a drink. Figure 2 below illustrates the wording on a label of multi-action cleaner.

**Figure 2 – Multi-Action Cleaner**

**KEEP OUT OF REACH OF CHILDREN.  
AVOID CONTACT WITH EYES. IN  
CASE OF CONTACT WITH EYES,  
RINSE WITH PLENTY OF WATER  
AND SEEK MEDICAL ADVICE  
IMMEDIATELY AND SHOW THIS  
CONTAINER OR LABEL. DO NOT  
MIX WITH BLEACH PRODUCTS OR  
OTHER HOUSEHOLD CLEANERS.**

## Dealing with spillages

Spillages fall into two main categories:

1. Chemical-based products
2. Body fluids

All workers should receive training on how to deal with spillages of chemical-based products. These products may come in many forms – liquid, powder, cream, aerosol, spray. Each container should be clearly marked with a hazard symbol. New international symbols are being introduced. You should check the HSE website for information about these. The most common warnings are listed below:

- Corrosive
- Harmful
- Irritant
- Toxic
- Very Toxic

Any spillages of these products, which have a hazard symbol, should be treated with care. You should check with the COSHH file or a senior member of staff if you need assistance, to find out what precaution you should take to deal with a spillage, and you should follow any guidelines given. This may involve the use of protective clothing and gloves, apron or even goggles. If you are in any doubt, always ask for assistance, and if you have any concerns about the storage methods, use, or types of materials kept in your working environment, then you should report this immediately to your line manager who will then assume responsibility for dealing with the problem.

## Body fluids

Care must be taken when cleaning up body fluids. These fluids include blood, semen, vaginal secretions, sputum, fluids from lung, brain and other areas, tissue, organs, and saliva in dental procedures. It also includes any other fluid such as urine, faeces, nasal secretion and vomit.

Some general rules apply to the cleaning up of body fluids:

1. Restrict access to the area.
2. Wear gloves to protect your hands. Avoid tearing your gloves on equipment or sharp objects. Torn gloves should be replaced immediately.
3. Use additional personal protection as needed (e.g. leakproof apron and/or eye protection).
4. Use disposable towels to soak up most of the fluid.
5. Clean with appropriate disinfectant solution, which is ten parts water to one part bleach. Bleach will kill both the HIV and Hepatitis B virus. After cleaning, promptly disinfect mops and other cleaning equipment, otherwise you might spread the viruses to other areas.
6. Put all the contaminated towels and waste in appropriate, sealed, labelled, leak-proof containers (see Figure 3 below).

## Clinical waste

All waste generated in a care setting that has been in contact with blood or other body fluids is classed as clinical waste and has the potential to harm.

Here is a very useful list from the booklet 'Health and Safety in Care Homes 2001', produced by the Health and Safety Executive.

While you might think this type of list would be more appropriate to health care workers such as nurses, it might surprise you how many care workers in any care setting now have to deal with many of the items on the list.

**Figure 3: Clinical Waste**

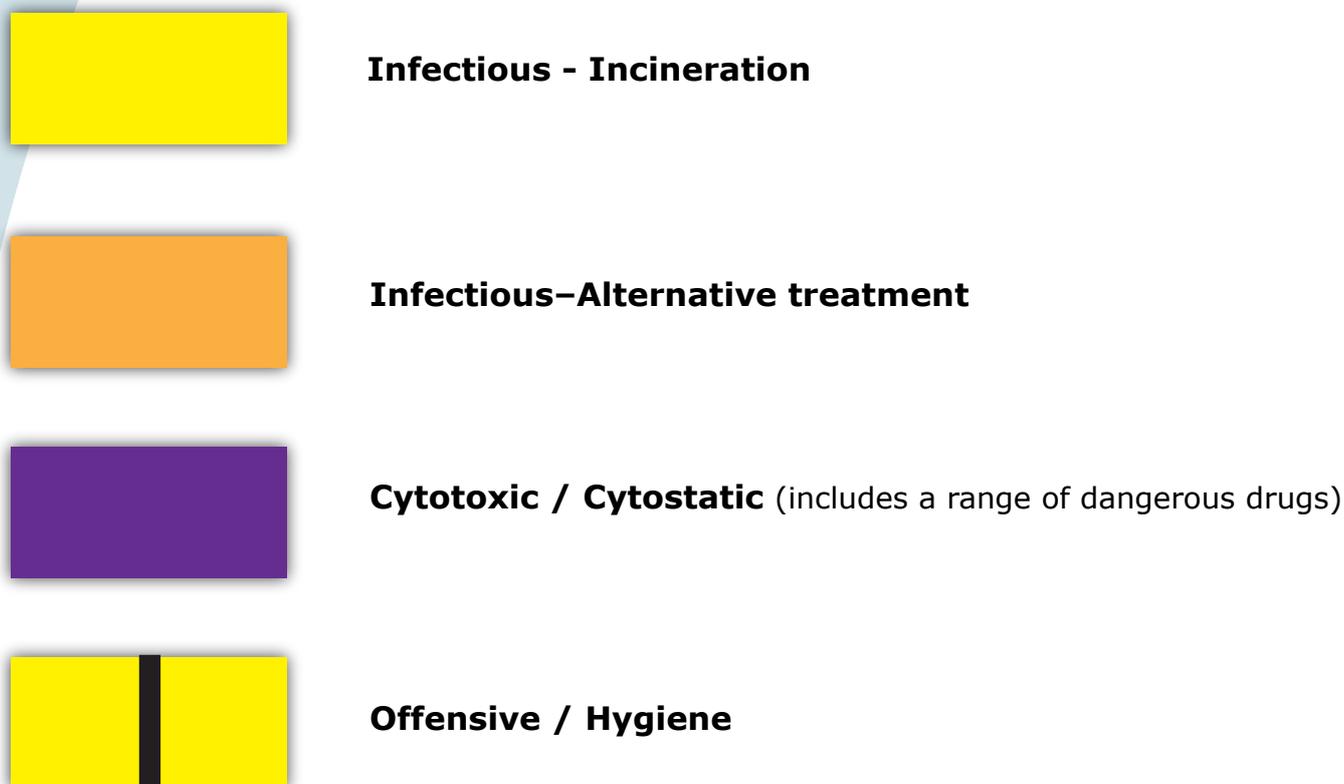
| Waste groups | Type of clinical waste  |
|--------------|---|
| Group A      | Identifiable human tissue, blood, soiled surgical dressings, swabs and other similar soiled waste.  |
| Group B      | Other waste materials, e.g. from infectious disease cases, excluding any in groups B-E.   |
| Group C      | Discarded syringe needles, cartridges, broken glass or other contaminated disposable sharp instruments or items.  |
| Group D      | Microbiological cultures and potentially infected waste from pathology departments and other clinical or research laboratories.   |
| Group E      | Drugs or other pharmaceutical products.   |
|              | Items used to dispose of urine, faeces, and other bodily secretions or excretions that do not fall in group A. This includes the use of disposable bedpans or bedpan liners, incontinence pads, sanitary towels, tampons, stoma bags, urine containers and laundry. |

### Disposal of waste

The disposal of waste is a crucial part of the care process as it is the most direct means by which infection can be passed on to individuals and workers. Infections are dangerous to everyone, but in particular to those individuals who are in poor health, or are old or young and therefore more vulnerable to infection. You are probably aware of the terms MRSA (methicillin-resistant staphylococcus aureus) and C. Diff. (Clostridium difficile) that have been in the news recently. Individuals have become extremely ill from these, and in some cases have died. For example the Healthcare Commission reported in 2006 that in two outbreaks of C difficile at Stoke Mandeville Hospital 33 people died and 334 patients were infected. Reducing the spread of infection requires the use of Standard Infection Control Procedures, which will be described later in the chapter.

All staff should receive the appropriate training in the disposal of waste, and be clear about what is classified as clinical waste and what constitutes domestic waste. The Hazardous Waste Regulations 2005 place a duty on waste producers in health and care settings to segregate hazardous and non-hazardous waste at source. Segregation is based on a colour-coded scheme linked to disposal (see Figure 4).

**Figure 4: Waste Segregation**



## Laundry

Laundry, often referred to as linen, has also been given careful consideration in relation to its disposal. When working with any type of linen, it is advisable to wear gloves and aprons.

**Used linen** refers to the bulk of linen, which is used on a daily basis but is not soiled. This would include sheets, pillowcases, towels and items of clothing.

**Soiled linen** is linen that has been contaminated with blood or other body fluids, e.g. urine, semen, sputum or faeces. Your organisation should have clear guidelines about how this type of linen should be dealt with. Normally there will be specific types of clearly marked plastic bags for this, and these bags will be dealt with separately in the laundry.

**Infected linen** is linen which has been in contact with infectious conditions such as hepatitis, MRSA, C difficile, HIV, pulmonary tuberculosis etc. Again, this linen must be dealt with carefully. Guidelines should be clearly given to workers who have to deal with this. Gloves and aprons are essential and linen should be placed in special clearly marked bags, which are specially designed to dissolve when washed at high temperature washes of 95% centigrade or above.

## Drugs and medicine

Drugs and medicine require particular attention, as they are dangerous if misused. All should be stored in a safe place, clearly labelled, and only authorised workers who have been fully trained should have access to them and be allowed to administer them to individuals. Some drugs will require specific storage, e.g. in specific temperatures, and a small number of drugs, such as some creams and powders, may require particular methods of handling.

In cases where workers are supporting individuals in their own homes, due caution to ensure safe storage should be adhered to and strict adherence to the prescription directions should be followed. Again, only qualified, trained staff should administer drugs to individuals in their own homes. Advice should always be sought from the medical professionals, e.g. GPs or pharmacists, if there is any doubt.

All drugs and medicine are classed as clinical waste (see above) and as such are governed by rules of disposal. Never flush unused drugs down the toilet or place them in a refuse bin. Workplaces which use large amounts of drugs, such as hospitals, clinics and care homes, should have guidelines for these procedures and these should be strictly adhered to. If working in an individual's home, it is advisable that all unused medicines should be returned to the nearest pharmacist.

## Aggressive and violent people

Violence towards workers is today an all too common occurrence. Unison Scotland obtained data under a freedom of information request which showed 25,046 incidents of violence against staff were recorded in 2008 – 2009 ([www.bbc.co.uk](http://www.bbc.co.uk) 09.10.09).

*Any act of violence on a member of staff going about their business of providing vital public services is completely unacceptable. To have 25,000 a year is shocking.*  
(Dave Watson, Unison Scotland)

It is now recognised that aggression and violence to workers are a source of injury and distress. Violent incidents may include verbal abuse, threatening behaviour or assault.

What must be considered is not only workers but services users, key people and others may also be at risk. It is therefore vital that the care environment is made as safe as possible for everyone who uses the setting, and that there should not be a tacit acceptance that aggression and violence are unavoidable occupational hazards. Protection of staff and services users falls under the remit of both the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. Organisations should have a policy relating to aggression and violence. As with all hazards in the workplace, a risk assessment should be carried out by the organisation (see next section) to establish if there is a problem with aggression and violence. Methods of reducing these risks should be sought, clear guidelines given for areas of responsibility, and a procedure for supporting people who have been assaulted or who have experienced verbal abuse should be in place. All workers should receive training and information about potentially violent situations within the organisation, and be kept up to date with relevant information about individuals.

Lone workers should be alert to potential violence or aggression. If there is any concern about the likelihood of this arising, you should not work alone but should always have a partner with you on visits, or extra staff on night duty in a care establishment. You should not be put at risk from violent individuals, and it may be that alternative or additional support should be provided by the managers of the care team.

Violence or the threat of violence may have serious repercussions on the stress levels of workers, service users, key people and others. If you feel that you or others have been affected in this way, it is important that you report the incident and its effects to your line manager.

## **RECORDING AND REPORTING HEALTH AND SAFETY ISSUES**

It is essential that all health and safety issues are both reported and recorded. It is your duty to report anything in the workplace which you think is a potential hazard to yourself or to others, no matter how trivial the hazard might seem. As you will see in the last section of this chapter, there are particular procedures for reporting incidents and accidents under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations, often referred to as RIDDOR.

In Activity 6, the most important consideration is that Varinda should not be treated any differently from others in the unit. In the next section, we will consider the use of Standard Infection Control procedures that should be used in all care environments to protect both individuals and workers alike. Varinda, however, does present a health risk to workers and others in the unit, and you would have to inform him of this. And further, that his information would have to be passed to an appropriate senior member of staff (e.g. Varinda's key worker), but with the reassurance that the information would not be passed on to all staff members or others living in the unit.

Reporting of health and safety issues should always be taken seriously and organisations should have procedures for this. Normally, you should report your findings to an appropriate member of senior staff. It is simply not enough to complain to a fellow worker that you are fed up because the hoist to assist individuals into the bath is not working. Issues such as this should be brought to the attention of an appropriate member of the senior staff, who should record in writing all such issues. If issues are not dealt with to your satisfaction, you should report the issue again, and if necessary take the matter to a more senior member of staff or to your union representative.

Recording health and safety information is governed by the same legislation and organisational policies that apply to all information, including the Data Protection Act.

## **PROMOTING HEALTH AND SAFETY IN THE WORKING ENVIRONMENT**

Promoting health and safety in your working environment is all about your approach to health and safety and how you demonstrate your commitment to it. You can do this in a variety of ways:

- How you, as a worker, always consider the importance of health and safety
- How you try to keep yourself and others safe by minimising and managing risks and hazards
- How you follow health and safety guidelines and act as a role model to others
- How you work with others to support them to follow these guidelines.

### **Minimising and managing risks**

As an integral part of your everyday work, you should always be vigilant to potential hazards in the workplace, and act appropriately to minimise any risks both to yourself and to others. As a care worker, health and safety should always be uppermost in your mind as part of your role in supporting others. One of the main ways you can do this is by minimising and managing risks, and you would do this by the procedure of risk management. This term originated from industries such as engineering and construction, but has now become firmly embedded in all areas in the workplace.

The Management of Health and Safety at Work Regulations 1999 (as amended) require that all workplaces with five employees or more must carry out risk assessment to both workers and any other persons using the workplace. They must provide training and information for employees, who in turn have a duty to follow any training and instructions given to them and to report any situations which they believe to be unsafe.

Remember:

- **A hazard** is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc.
- **The risk** is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how severe the harm could be

The aim of any risk assessment is threefold:

1. To investigate what might cause harm to individuals
2. To determine whether they have done enough to prevent harm
3. To determine whether more action needs to be taken.

The Health and Safety Executive highlights five steps in risk assessment:

### **Step 1 – Identify the hazards**

These can be concerned with the physical environment, the actual jobs which workers have to do or the behaviour of people in that workplace.

### **Step2 – Decide who might be harmed and how**

In doing this, you should consider who might use the work environment and how they could be harmed within it. This should include not only all workers and service users, but also visitors, workers from other care agencies, utilities personnel and outside contractors.

### **Step 3 – Evaluate the risks and decide on precautions**

Risks should be categorised as high, medium or low. You may not be able to determine on your own whether a risk is high, medium or low. You should always seek advice on anything about which you are unsure. Some risk assessment may be quite simple. A bag left on the floor, for example, in a residential home for older adults who have mobility problems may pose quite a high risk. High risks should always be approached as a priority and in a way that aims to get rid of the hazard altogether. In this case, it is a simple matter of removing the bag and placing it in a safe place.

What about hazards that cannot be easily removed: a toilet that does not flush; an outside step that has become worn or uneven; a radiator that is overheating?

In case such as these, it is necessary to control the risk by taking additional precautions until such time as the hazard has been removed. Preventing access to the risk is one way of doing this.

You could lock the toilet and place a note outside the door advising everyone that the toilet is out of use, and direct them to another toilet. A plumber should be contacted to fix the problem as quickly as possible. You could place a notice above the step advising people of the

hazard, ensure that all staff are aware of the problem, and assist anyone who needs help going up or down the step. A builder should be contacted as soon as possible. While waiting for the central heating engineer to arrive, a blanket or other cover should be placed over the radiator. A notice may also be placed near the radiator and, if necessary, individuals could be prevented from using the room.

#### **Step 4 – Recording your findings**

Organisations with more than five employees must have a system for recording the significant findings (hazards and conclusions) of the risk assessments reported by workers or individuals using the environment. There should be a mechanism for informing the staff about this, e.g. instructions issued to staff not to use one of the toilets.

#### **Step 5 – Review your assessment and revise it if necessary**

It is useful to keep records to demonstrate that you have considered all the necessary aspects. These records are useful as a reference point for when the assessments need to be reviewed (whenever circumstances change, or periodically to ensure that they remain current).

### **HOW TO FOLLOW HEALTH AND SAFETY GUIDELINES**

In this section we will look at why you should follow approved methods and procedures when you carry out potentially hazardous activities. We will look at the importance of how you should follow health and safety guidelines, and how should support others to do the same. There are many situations in which you are required to follow guidelines. We will examine five:

1. Moving and handling
2. Cross infection
3. Food preparation
4. Lone working / Independent working
5. Water temperatures.

#### **Moving and handling**

Each year an estimated 428,000 people in Great Britain suffer from back problems, which they attribute to manual handling activities at work. Disorders affecting the back may cost Britain £3 billion per year. In the social and health care sector, almost 50 per cent of accidents each year involve manual handling, in particular assisting people with mobility (HSE, 2001).

It is not possible to provide complete instructions in this chapter for the safe moving and handling of individuals and heavy objects in care settings. However, the subject deserves close attention due to the potential risk it poses both to workers and those for whom they care. Employers now have a duty to train all staff required to undertake these duties. You should not attempt to lift heavy objects or individuals unless you have been fully trained. Back injury amongst nursing and care workers is one of the most common reasons for time off work. Individuals who do not receive proper care when they need assistance to move can be seriously affected in relation to their recovery, rehabilitation or general health and wellbeing.

The Manual Handling Operations Regulations were introduced in 1992 and amended in 2002. They outline clear practices that have to be put in place. Responsibilities are designated as in Figure 5.

**Figure 5: Manual Handling Operations Regulations**

### ***Responsibilities of employers***

Employers have a duty to ensure the safety of all employees involved in manual handling and moving.

Employers have the responsibility to make a thorough assessment and implement measures to avoid risk, or minimise it to the greatest possible degree, including the provision of appropriate training

Employers have a duty to ensure the safety of lifting equipment, which should be inspected every 6 months, and to provide training in its use

### ***Responsibilities of employees***

Employees have the responsibility to obey reasonable and lawful instructions in relation to moving and handling, and to act with reasonable care and skill

Employees have a duty to attend health and safety training as required by their employer and to avoid or minimise risk to the greatest possible degree

Employees have a duty to attend training in relation to the use of lifting equipment, to use lifting aids as directed and to report any faults that they find in equipment

More comprehensive guidance can be found in the HSE (2006) leaflet 'Getting to Grips with Manual Handling. A short guide.'

Using moving and handling equipment when required is an essential part of providing a safe environment. You should always encourage everyone you work with to do likewise, and report any poor practice you witness. If the equipment you are asked to use is broken or faulty, you must report this immediately.

## **Cross infection**

The subject of cross infection, especially MRSA and C difficile, has been discussed earlier in this paper. In many care settings, vulnerable children, adults and older adults are cared for, and the risk of infection to them may have serious consequences. Procedures to minimise the risk of cross infection are often referred to as 'Standard Infection Control Procedures' with the word 'standard' meaning that they are used when dealing with all individuals at all times. This in effect protects all individuals and all staff from cross infection from each other.

Remember Varinda who had HIV and Hepatitis B and who did not want everyone to know; we did say that the worker would have to inform her line manager but not other staff, as they should be using standard procedures when dealing with all the individuals they support and not just the ones that they know or suspect of having an infectious disease.

This not only protects everyone on a health basis, but also protects the confidentiality of the individual and prevents workers from being discriminatory towards certain individuals.

So what are these Standard Infection Control Procedures?

These procedures cover a very wide range of procedures but three main areas are considered here:

1. Hand washing
2. Gloves
3. Protective clothing

## **Hand washing**

The Government, the Care Commission, the British Medical Association and the Royal College of Nursing have all highlighted hand washing as a major factor in the battle against cross infection. Not only do they give advice to nurses, care workers, doctors and ancillary staff about how to wash hands, but also when to do it.

Try listing when you should wash your hands. Here is my first list (remember that this applies even when you are wearing gloves!):

Hand hygiene should be applied:

- At the beginning of every shift
- Before all contact with individuals when undertaking personal care or medical procedures
- After all contact with individuals when undertaking personal care or medical procedures
- After exposure to body fluids
- After handling soiled linen, incontinence pads, sanitary products etc.
- After you cough, sneeze or blow your nose
- At the end of every shift
- If in any doubt

You must wash your hands thoroughly. Any cuts or abrasions should be covered with the appropriate plasters or dressings. Hospitals now have a hand gel available that all staff and visitors are asked to use. It is also recommended that staff should have short, clean nails, and that rings and other jewellery should be removed, as they harbour germs.

## **Gloves**

Wearing gloves is a crucial factor in minimising the risk of cross infection, but it must be remembered that the use of gloves does not reduce the need to wash your hands. Small puncture holes may not be noticed and the warm, moist atmosphere created by the gloves provides a perfect environment in which germs can grow and multiply. Gloves should be damage-free, seamless, single use and made from latex or vinyl, and importantly should be the correct size.

Gloves should always be worn whenever you have contact with any body fluid (faeces, urine, sperm, blood, mucus, sputum (spit) sweat or vomit); or when you are in contact with any area of the skin which has a rash or is broken or bleeding. When removing gloves, do not touch your wrists or hand with the dirty gloves. Using a gloved hand, pinch up the cuff of the other hand, and pull the glove off inside out. Keep hold of the glove on the remaining gloved hand. Using the ungloved hand, insert it behind the other cuff, and pull the glove off, turning it inside out. Both gloves should be folded together inside out and should be discarded immediately into the clinical waste bag. Remember to wash your hands. If there are no gloves in the dispenser, you must never carry out procedures without them. It only takes a few minutes to get a new box. More information can be found in Care Commission guidance (2006): Disposable gloves: use and management.

## Protective clothing

Protective clothing usually refers to aprons, but can also mean gowns and protective glasses or face masks. As a simple guide, aprons should be worn when you are wearing gloves as outlined above. Aprons should be made of plastic and should be disposed of after each procedure in the same way as gloves. They should never be used to carry out procedures with more than one individual. When removing an apron, pull the neck band and the side, thus breaking the ties and fold the apron in on itself to prevent the spread of germs. Discard it in a clinical waste bag. And again, wash your hands before going to assist another individual.

## Food preparation

Increasingly care workers find themselves assisting to prepare food. Following guidelines regarding food preparation and encouraging others to do the same are crucial in minimising the risk of food poisoning, caused for example by outbreaks of microbiological organisms such as *E. coli* (*Escherichia coli*). The Food Safety (General) Regulations (Department of Health, 1995) documents form the basis of good practice in any catering establishment, and this includes residential homes and hospitals. If you are involved in the preparation of food, you should receive appropriate training from your employer. This training should include topics such as food handling, preparation and storage.

General rules for all food preparation are as follows:

- Wash hands before and after touching or preparing food
- Cover cuts with brightly coloured waterproof plasters which can be easily identified if they fall into the food
- Do not touch your face and hair, smoke, spit, sneeze, eat or chew gum when handling food
- Keep equipment and utensils clean
- Keep food clean and covered, and handle it as little as possible
- Keep lids on waste sacks and dustbins

The Food Standards Agency (FSA) provides up-to-date guidance, including the 2005 guidance *Food Law in Scotland and the 2006 booklet Food Hygiene: A guide for Businesses*.

## Lone working / Independent working

Lone working and independent working have now become much more common ways of helping people to meet their needs. The rise in their number of individuals receiving care in their own homes has escalated in the past ten years. This has resulted in a vast army of workers both health and social care now working alone to visit individuals in their own homes. This includes night visits to provide medical care, meals and 'tuck in' services.

Some workers are employed by organisations whilst others are self-employed providing a service to people managing their own budgets for care. Organisations should have clear procedures to minimise the risks to lone workers. Usually this involves providing workers with a mobile phone or paying for work related calls, providing a 24 hour contact number and instructing workers to contact this number on a regular basis, e.g. when they have finished a visit or dropped someone off. Workers may also be issued with an alarm. You should always follow the procedures outlined by the organisation and report any issues or worries connected with your visits to your line manager. If you are self-employed you should ensure your safety by putting into effect measures to protect yourself: always carry a mobile phone; ensure that other people know where you are; carry an alarm; ensure that you comply with the same health and safety procedures that would apply if you were working for an employer.

## Water temperatures

Despite guidelines from the department of Health as long ago as 1998, which specified 'safe' hot water temperatures to be used in showers and baths, several cases of death and serious injury from scalding in care and nursing homes continue to be highlighted in the press. Some individuals have been fatally scalded after being lowered into a bath that had not been tested and was too hot. Appropriate thermostatic mixing valves (type 3) should be fitted to prevent water being hotter than 44 Centigrade in baths and showers. Workers should be trained to carry out the following procedures:

- Check the temperature with the thermometer before the individual gets into a bath or shower.
- Periodically check the temperature of the water flow (weekly).
- If more hot water is required, add slowly and check the temperature with a thermometer.
- Carry out risk assessments on individuals to ascertain the vulnerability and capabilities of individuals to determine the level of support they require while bathing or showering.

If you follow the guidelines given to you when carrying out potentially harmful procedures, you will act as a role model to your fellow workers. Remember, good practice can be copied, as well as bad. Explaining to others why you are carrying out the procedure in a particular way may also help them to change the way they do things. Persistent dangerous practice should be reported to prevent lives being put in danger.

## MINIMISING RISKS FROM INCIDENTS AND EMERGENCIES

Despite all our efforts to ensure that the environment surrounding the people for whom we care and ourselves is safe, there will always be occasions when emergencies and incidents happen.

An emergency means that there is an immediate and threatening danger to individuals and others, and comes in two main forms – health and environmental. An incident is an occurrence that requires immediate action to avoid possible danger and harm to people, goods and/or the environment, and again comes in two main forms –health and environmental. An accident is an unforeseen major or minor incident in which an individual is injured.

- Health emergencies occur when there is a threat to someone's life. This could be in the case of a heart attack, stroke or when the person has a life threatening accident, e.g. a road accident.
- Incidents relating to health can be categorised as minor or major accidents. While some accidents may cause only a slight cut or bruise, others may result in more serious injuries.

It is not possible here to detail all the required procedures for the whole range of health emergencies which you may encounter at work. Your employer should ensure that you have the appropriate training required for your role in the workplace. You should at least be trained in first aid measures to deal with the following:

- Cardiac/respiratory arrest
- Chest pains
- Loss of consciousness
- Choking/hanging
- Electrocutation
- Sever internal bleeding

- Haemorrhage
- Burns and scalds
- Epileptic seizures
- Shock
- Suspected fracture
- Poisoning

The extent of your training will depend on the type of job and level of responsibility which you have.

In the event of any emergency or incident, you should be fully aware of what you should do, what correct safety procedures you should follow and how you should support others to follow these procedures. All the workers should have the appropriate training to deal with emergencies and incidents that might happen. At all times it is crucial that you follow the procedures in which you have been instructed, as they are designed to save lives or prevent further injury and danger. You should deal with them within your own range of training and competence.

You might be very clear about some of the above situations because you have received clear training, but for others you might feel quite apprehensive. Take this list to your line manager and ask him/her to give clear instructions about organisational procedures that deal with these situations. You need to be clear about your own level of competence. For example, if you think someone has had a heart attack and you have had no first aid training, what should you do? Your employer should have instructed you about what to do in the case of a health emergency.

Depending on the location of the health emergency, you might be instructed to do different things. For example, in a hospital you would call for assistance of a medically qualified colleague; in a care home or hostel you would call for the member of staff trained in first aid. If you were in the individual's own home, you would call for an ambulance.

Of course, you will be able to assist at the situation once the qualified person has arrived by following closely any instructions given to you. You might be asked to phone for an ambulance, fetch some blankets, or remove any source of further danger such as spillages or obstacles such as broken furniture or broken glass. You could also be asked to remove any onlookers, not only for their own safety but also to protect the privacy of the individual who has had the accident. Others who have witnessed the accident may be in need of support. This may apply to both workers and others and you might find yourself undertaking this role. You should do so in a sensitive and professional manner and report to your line manager if you feel that anyone may need additional support such as medical or psychological care.

## **Reporting of incidents**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, often referred to as RIDDOR place a legal duty on:

- Employers
- Self-employed people
- People in control of premises

to report to HSE (the Health and Safety Executive):

- Work-related deaths
- Major injuries or over-three-day injuries
- Work-related diseases
- Dangerous occurrences (near miss accidents)

More detail about each of these categories is available on the HSE website.

The easiest way to report is by contacting the HSE Incident Contact Centre (ICC). You can do this:

- By phone on 0845 300 99 23 (local rate)
- Online: HSE RIDDOR - Report online[9]
- By email: riddor@connaught.plc.uk
- By Post: Incident Contact Centre, Caerphilly Business Park, Caerphilly CF83 3GG

You will be sent a copy of the information recorded and you will be able to correct any errors or omissions. This can be filed and kept as your record of incidents or you can keep a separate record in an Accident and Incident book, but records must be kept and retained for a period of 3 years.

| <b>Important legislation</b>   | <b>Year</b>  |
|--|--------------|
| Health and Safety at Work etc Act  | 1974         |
| The Manual Handling Operations Regulations (amended 2002)                          | 1992<br>2002 |
| The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) | 1995         |
| The Food Safety (General Food Hygiene) Regulations (Department of Health 1995)     | 1995         |
| The Control of Substances Hazardous to Health Regulations (COSHH)                  | 1999         |
| The Management of Health and Safety at Work Regulations                            | 1999         |

## **SUMMARY**

Health and Safety are a very important part of care at work. Organisations have the responsibility to provide a safe working environment. Workers also have the responsibility to co operate with their employers. Working together, employers and employees should monitor and maintain the safety in the working environment and minimise risks arising from emergencies.

## **FIVE KEY POINTS**

1. You and your employer have a duty to keep the working environment safe.
2. You have a duty to report any issues which threaten safety.
3. You should minimise risks.
4. You should follow health and safety guidelines.
5. You should know what to do in an emergency.

## RECOMMENDED READING

The literature on health and safety in the workplace is abundant. You should find a good source of information at your place of work, either from your line manager or union representative. I have suggested the following:

UKHCA (2006) *The Home Care Workers Handbook*. 2nd Edition. Sutton, Surrey: United Kingdom Home Care Association.

Health and Safety Executive (2001) *Health and Safety in Care Homes*. HSG220 A straightforward account of various areas of health and safety in care homes. This document is due to be up-dated in 2010.

KENWORTHY, N., SNOWLEY, G., GILLING, C. (eds) (2002) *Common Foundation Studies in Nursing*, 3rd edn. London: Churchill Livingstone. A more detailed insight into clinical practice for nurses.

Health and Safety Executive (2001) *Handling Home Care*.

## RECOMMENDED WEBSITES

[www.hse.gov.uk](http://www.hse.gov.uk) A comprehensive website which covers all aspects of health and safety, including legislation and lists of publications.

[www.bbc.co.uk](http://www.bbc.co.uk) An excellent site which provides links to a wide range of related sites, providing detailed information about all aspects of health and safety.

[www.unison.org.uk/safety/index.asp](http://www.unison.org.uk/safety/index.asp) A good site that provides a union perspective on health and safety.

[www.food.gov.uk](http://www.food.gov.uk) Food Standards Agency website with useful publications.

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