

# Potential hazards in health and social care



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A Guide for Staff By Gareth Barnes Introduction Health and Social Care in Northern Ireland is provided as an integrated service, this is a number of organisations who plan to deliver and monitor health care in NI. There are 6 Health and Social care (HSC) trusts in N. Ireland. 5 HSC trusts provide integrated health and social care services across N. Ireland; Belfast HSC Trust South Eastern HSC Trust Western HSC Trust Southern HSC Trust Northern HSC Trust

These HSC trusts manages and administers hospitals, residential homes, day centres and other HSC services facilities, they provide a wide range of HSC services to the community. The main settings for health and social care are managed by these trusts. However, some residential care homes are privately owned but are monitored by the HSC services. The 6th Trust is the Northern Ireland Ambulance service, which operates a single N. Ireland wide service to people in need, the trusts work with each organisation to deliver a quality service. To provide for all the qualities of service we expect for our families and ourselves” These organisations include; The Health and Social Care Board (HSCB), which is responsible for commissioning services, resources, performance and service management; identifying, and meeting needs of the N. Ireland population through local commissioning groups. NI Social Care Council (NISCC) is the regulatory body for the social care workforce in Northern Ireland; they help increase the protection of those who are using the social care services, their carers and the general public.

The Public Health Agency (PHA) looks at the key functions of improving the health and wellbeing, and health protection of the public. They work in partnership with the local government, key organisations, and other sectors

to improve health and wellbeing and help reduce health inequalities. Patient and Client Council (PCC), this group is the independent voice for patients, clients, carers, and communities on health and social care issues. So what are settings in Health and Social care you ask?

Settings in HSC are locations where an individual receives care services, this includes in their own home or in their own community. There are 7 types of settings: 1. Residential Homes 2. Nursing Homes 3. Hospitals (range of services) 4. Clinic Surgeries 5. Day Care (where the elderly receive services) 6. Primary schools, pre/infant schools and creches 7. And in public environments such as retail areas, swimming pools, public parks, sports grounds, beaches and transport. What are nursing and Residential care homes? These are services for people who can no longer stay in their own homes safely, even with the support of family and social services. Residential care homes will provide accommodation, meals and personal care; such as with washing, dressing, toileting, getting up out of bed and chairs.

Community nurses, such as district nurses, will carry out any of the nursing tasks that are needed. Nursing homes provide the same services as the residential care homes. But they have registered general nurses present at all times to supervise nursing tasks that are needed and to make sure they are carried out properly.

However, the residents within a nursing home are usually more dependent than those in a residential care home. Continuing care is for people whose health needs are more complex and unpredictable and who require regular supervision at all times. Accommodations, personal and health care are provided by the health services. What is a Hospital? A hospital is a health

care institution providing patients treatments by specialized staff and equipment, hospitals often, but not always, provide for inpatient care.

Hospitals provide a range of services e. g.

Royal Victoria Hospital Belfast (RVH) treats 80, 000 people as inpatients and treats 350, 000 as outpatients every year, the RHV provides services to the people of Belfast and regional specialist services to people from all over N. Ireland. These specialist services include Cardiac Surgery, Critical Care, and the Regional Trauma Centre. Adult Day Care is designed for adults over the age of 18 with physical or mental disabilities or people in need of social stimulation and interaction, to provide a pleasant day out, with a wide choice of activities.

Users should be able to socialize, participate in games and activities, entertainment and new experiences for as well as respite for his/her carer.

What are primary, pre/infant schools? The education sector in N. Ireland is divided into three main areas; 1. School Education 2. Further Education 3.

And Higher Education Children normally start primary school at the age of 4 or 5 years old, but many schools nowadays have a reception year for 4 year olds. Children normally leave at the age of 11 years old, moving onto secondary school.

Learning and playing with other children in a safe, structured environment will help a child's development, by giving them a head start when they begin school. All 3 and 4 year olds are entitled to nursery education until they reach compulsory school age, early education places are available at a range of early years settings including nursery schools and classes, children's

centres, day nurseries, playgroups and pre-school and childminders. What are Health Clinics or Surgeries? These are often in general practitioners; many GP surgeries offer a well woman clinic, where you may be seen by a female doctor or a female practice nurse.

The well woman clinic will often provide advice on gynaecological problems, family planning, cervical smears, breast disease and the menopause; they also provide the general healthcare checks such as urine, weight, cholesterol and blood pressure. Other specialist clinics include Well man clinics specialise in men's health care, they're centred on where men can have a general health check, this is sometimes known as a MOT (between 40-60 years old). What is Public Environment? This setting is where the care workers may bring the clients and patients for day out. They could be; The Local Park Retail outlet Leisure Centre Local Cinema Local Visitor attraction e. g. Belfast Zoo or Titanic Belfast Beach area/promenade. Users of health and social care services: These are patients and clients such as older people, people with learning disabilities, young people, children, babies, those who have physical disability or sensory impairment and people with mental health problems. Service users are more interested in services that can help them achieve better health and to increase their lifespan.

They are interested in the purposes and outcomes of such services for their own health and wellbeing, and also they are interested in how this service affects their lives and health. So who are people with physical disability or sensory impairment? This would be adults ages 18-65; who have permanent and substantial disabilities or who have a chronic illness, or people who need help with personal and home care following discharge from hospital. Who are <https://assignbuster.com/potential-hazards-in-health-and-social-care/>

people with mental health problems? Mental health is about how we think, feel and behave. In 4 people in the UK has a mental health problem, which can affect their daily life, relationships or physical health. Without support and treatment, mental health problems can have a serious effect on the individual and those who around them. In the UK, more than 250, 000 people are admitted to psychiatric hospitals and over 4, 000 people commit suicide. What about babies/children and the elderly? All babies, children and elderly are vulnerable patients. Vulnerable adults are people who are at a greater risk of abuse than normal.

Older people, especially those who are unwell, frail, confused and unable to stand up for themselves or keep track of their affairs, are vulnerable. A vulnerable adult is 18 years or older, receives or may need community care services because of a disability, age or illness, and who is or maybe unable to take care of themselves or protect themselves against significant harm or exploitation. What about babies? As it is indicated in the Declaration of the Rights of the Child, “ the child, by reason of his/her physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”.

The NHS constitution states that it is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we can't fully recover, to stay as well as we can to the end of our lives. It also states that it works at the limits of science, by bringing the highest levels of human knowledge and skill to save lives and improve health; it touches our lives at times of basic human needs, when care and compassion are what matter most. Who are the People in the NHS?

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They are those who are receiving care such as patients, clients and those who are the users of a service that is being delivered, giving care such as care staff, support staff e. g. caterers, cleaners and administrative workers, and visitors such as family, friends and volunteers. The National Health Service (NHS) is the UK's state health service which provides treatment for UK residents through a range of healthcare facilities. The NHS is founded on a common set of principles and values it serves, the HSC sector employs in excess of 177, 000 staff in N.

Ireland providing services at a range of sites as well as into people own homes. The extensive range of other staff providing expertise and support in maintaining buildings and equipment, catering, transporting people and goods, cleaning, and various other activities that underpin the delivery of care. The industry has to take in account of the health and safety of both its employees and also the large numbers of members of the public and service users who may be affected by the way work activities and undertakings are organised and the associated risks are managed. ??? The NHS employs approximately around 1. million people across 400 organisations, but if we include the whole social care sector as well, it would make the figure rise to 2. 6million workers. Sickness absence is thought to cost the NHS around ? 1 billion a year; it also causes implications for the effective delivery of HSC services. So, what are the main causes of employee absences? There are 8 main causes, which are; 1. Musculoskeletal Disorders 2. Workplace Stress 3. Workplace Violence 4. Slips and Trips 5. Hospital acquired infections 6. Needle-Stick Injuries 7. Latex Allergy 8. And Diathermy emissions

Musculoskeletal Disorders What is musculoskeletal disorder?

MSD (musculoskeletal disorder) covers any injury, damage or disorder of the joints or other tissues in the upper/lower limbs or the back. So MSD along with stress is the biggest cause of sickness absence within the NHS, reportedly accounting for 40% of all sickness absences are due to MSD. 1 in 4 nurses have at some point taken time off as a result of back injury sustained at work, the moving and handling of patients while caring for them is a major cause of these injuries, but it's not the only cause. There are over 5,000 manual handling injuries reported each year, which occurs within health services.

Approximately 70% of these happen during handling of patients. Some staff may have to adopt and hold awkward postures as part of their work; e.g. sonographers (who perform ultrasounds) and theatre staff. Stresses and strains arising from adopting awkward or static postures, when treating patients can cause problems. Risk activities involves repetitive and heavy lifting, bending and twisting, repeating actions too frequently, uncomfortable working position, exerting too much force, working too long without breaks and adverse working environment e.g. hot or cold. NOTE: Employees can be at risk of MSDs in virtually every workplace! \* Workplace Stress Stress is a major cause of work-related ill health and sickness absence among health care employees, stress is the adverse reaction people have to excessive pressures or other types of demands placed on them. Work-related stress is the adverse effects of the organisations in the terms of; ? Employee commitment to work ? Staff performance and productivity ? Accidents caused by human error ? Staff turnover and intention to leave ? Customer satisfaction ? Organisational image and reputation Potential litigation The



main factors that create a risk are; ? Impatience ? Frustration due to a lack of information or boredom ? Anxiety (lack of spare and choice) ? Resentment, due to having no right to appeal decisions ? Drinks, drugs or inherent aggression/mental instability. Workplace Violence NHS staff and other healthcare workers have a right to expect a safe and secure working environment. In recent reports, it indicates that these staff members can be as much as 4times likely to experience work-related violence and aggression than other workers.

The National Audit Office report in 2003, found that nurses and other NHS staff who have direct interaction with the public, (e. g. ambulance and accident and emergency staff, and staff who work in acute mental health units), have a higher risk of exposure to violence and aggression, than to those who work in the general hospital wards. Slips and Trips [pic] In 2006/07, 53% (841 out of 1561) of major injuries to employees in the health services were as a result of slips and trips. Slip and trip potential;

The floor in a workplace must be suitable for the type of work activity that will be taking place on it i. e. the floor MUST be maintained in good order. The process of cleaning can create slip and trip hazards How people act and behave in their workplace Environmental issues can increase the risk of, or prevent slip and trips. Hospital acquired infections In July 2006, the Healthcare Commission (HC) published a report into 2 outbreaks of Clostridium Difficile infection at Stoke Mandeville Hospital, part of the Buckinghamshire Hospitals NHS Trust.

The HC reported that 334 patients were infected and 33 had died of Clostridium Difficile infections acquired within the hospital. The HC concluded that the hospital's management had made serious mistakes in their handling of the outbreaks, HC made a number of recommendations to improve the infection control and patient care within the hospital. Staff members are at risk from hospital infections and should take care when preparing, serving or feeding patients or service users, and processing waste. Healthcare waste is defined as waste from natal (maternity) care, diagnosis, treatment or prevention of disease in humans/animals.

Infectious waste is waste that contains viable micro-organisms or their toxins, which are known, or reliably believed to cause disease in man or living organisms. Now, in this section of the guide I will help you understand how legislation, guidelines, policies and procedures promote health, safety and security within Health and Social Care. Legislation and Guidelines: Health and Safety at Work Act 1974 Food Safety (General Food Hygiene) Regulations 1995 Manual Handling Operations Regulations 1992 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 Data Protection Act 1998

Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations (COSHH) 2002 Policies and Procedure: Risk assessments Roles and Responsibilities of employers and employees Work Practices All care settings are governed by a number of different arrangements to ensure the health, safety and security of the staff and individuals in their care. These all fall into 3 main categories: 1. Legislation and Guidelines 2. Policies and Procedures 3. The way in which

HSC services are delivered. Now, we're going to look at Legislation and Guidelines:

The setting in which HSC is delivered are covered by specific pieces of legislation or laws that set out regulations that always must be followed. In addition, there are also guidelines, or codes of practice, which explain, extend or support the regulation. The main purposes of guidelines are to: ? Interpret legislation - helping people to understand what the law says ? Help people comply with the law ? Give technical advice All organisations must follow these legislations, however, following the guidelines isn't compulsory and employers are free to take other actions.

Approved codes of practices offer practical examples of good methods of working. They give advice on how to comply with the law by, for example, providing a guide as to what is "reasonably practicable". Approved codes of practice have a special legal status. If employers are accused of a breach of health and safety law, and it is proved that they have not followed the relevant provisions of the approval code of practice, a court can find them at fault, unless they can show that they have complied within the law in some other way. Health and Safety at Work Act 1974/ Health and Safety at Work Act (N. Ireland) Order 1978.

This Act is the main piece of legislation about safety within the workplace. It applies to all place of work, not just within Health and Care Settings. The Act sets out the general duties that employers have towards employees and members of the public. It also outlines the duties that employees have to themselves and to other employees; there are a number of different legal

regulations that stem from this Act. The main requirements of the law are as follows: Employers: Employees: Both the employer and employee are responsible together to safeguard the health and safety of anyone using the premises.

Every workplace that employs five or more people is required to have a written health and safety policy which includes:

- the name of the person responsible for ensuring the policy is acted upon
- a statement of intent to provide a safe workplace
- the names of individuals who are responsible for particular health and safety hazards
- a list of identified health and safety hazards and the procedures to be followed
- procedures for recording accidents at work
- Details of how to evacuate the premises.

The ones that are most likely to apply in a health and social care setting are;

Food Safety Act 1990  
Food Safety (General Food Hygiene) Regulations 1995  
Manual Handling Operations Regulations 1992  
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995  
Data Protection Act 1998  
Management of Health and Safety at Work Regulations 1999  
Control of Substances Hazardous to Health Regulations (COSHH) 2002  
Food Safety Act 1990

This is a wide ranging law that affects everyone who is involved with the production, processing, storage, distribution or sale of food. It is applicable to all food premises. The law aims to ensure that;

- ? Food is what it claims it is e. . if food is sold as beef it must not in fact be horse meat. Food must not contain any foreign objects or substances.
- ? Food is not falsely or misleadingly described e. g. making false claims about the food products ?
- Food is safe and fit to eat. Environmental officers have the power to make checks and to seize foods which are regarded as unfit; they can serve

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Improvement Notices on owners to businesses that fail to meet the standards, which have been set by the regulations. They also have the power to close down premises that cause an imminent risk to health.

The Food Safety (General Food Hygiene) Regulations 1995 These regulations are specifically concerned with food hygiene. There are 10 steps to this regulation; 1. All food premises must be easy to clean, free from rubbish, well lit, adequately ventilated and protected against all types of infestations. 2. All equipment must be kept clean and in good repair. Equipment made of wood must not be used, e. g. chopping boards. 3. Good personal hygiene practices should be observed at all times; cuts and boils should be covered with blue water proofing dressings.

Always wash your hands after using the toilet, before handling food and between handling raw and cooked food. Food handlers should wear clean, proactive clothing, including a suitable hair cover 4. All food rooms should have a sufficient supply of hot water, liquid soap, and disposable paper towel or a hot air dryer 5. Food handlers should avoid handling food in such a manner that allows cross-contamination from raw and cooked food. A separate hand basin must also be provided solely for the use of washing hands. 6. Raw and cooked food should always be kept apart so as to avoid cross-contamination 7.

Food must be kept piping hot or cold to prevent the growth of bacteria. All refrigerators should operate at 5°C or colder. All freezers should operate at -18°C or colder. 8. All illnesses should be reported to a supervisor 9. Smoking is not allowed in food rooms 10. A large fine may be imposed on any person

found guilty of an offence under these regulations, in extreme cases an inspecting officer may close down the premises immediately. Manual Handling Operations Regulations 1992 Lifting and handling people is the single highest cause of injuries at work in health care settings. In 4 workers take time off due to an injury to the back, which was sustained at work. The legislation aims to minimise risk by requiring that;

- Employers avoid all hazardous manual lifting activity where it is practical to do so
- If lifting can't be avoided, then the risk must be assessed
- Appropriate equipment must be available and used correctly
- Lifting operations must be planned and supervised by competent people
- Employees (YOU) must follow the procedures. This legislation applies to lifting objects as well as people.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 It is a legal requirement to report certain accidents and diseases at work. In the UK, the incident contact centre collects all of this information, so that accidents and injuries can be analysed and causes established. Employers must report;

- Deaths
- Major injuries
- Accidents resulting in more than 3 days off
- Diseases
- Dangerous occurrences

\*Note: all employees must also report these to their employers, so that the right procedures can be carried out!

\* Reportable major injuries are as follows;

- Fractures, other than to fingers, thumbs or toes
- Amputation
- Dislocation of a shoulder, hip, knee or spine
- Loss of sight (temporary/permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn that leads to unconsciousness, requires resuscitation or admittance to hospital for more than 24 hours
- Any other injury leading to hypothermia, heat-induced illness

or unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours ?

Unconsciousness caused by asphyxia, or exposure to a harmful substance or biological agent ? Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin ? Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins, or infected material. Reportable diseases include; ? Certain poisoning ? Some skin diseases such as occupational dermatitis, skin cancer, oil folliculitis/acne ?

Lung diseases including occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma ? Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus ? Other conditions such as occupational cancer, certain MSDs, decompression illnesses and hand-arm vibration syndrome. Reportable dangerous occurrences are anything, which doesn't result into a reportable injury, but might have done so. Data Protection Act 1998 The purpose of this Act is to protect the rights of any individual about whom data is obtained, stored, processed or supplied.

The Act applies to both computerised and paper records. Data collected must be; ? Used only for the specific reasons/purposes for which it was collected ? Relevant; accurate ? Kept securely; only for an appropriate length of time; passed on to others only with the consent of data owner.

Management of Health and Safety at Work Regulations 1998 This is often

referred to as Management Regulations, these generally make more explicit, what employers are required to do to manage health and safety under the Health and Safety at work act. Like the Act, they apply to every work activity.

The main requirement they place on employers is to carry out a risk assessment. Control of Substances Hazardous to Health Regulations (COSHH) 2002 These regulations apply to virtually all substances that can be hazardous to health, this including substances that are toxic, corrosive or irritants. Any substance that has a warning label on its container is covered by these regulations, including many cleaning materials, disinfectants and bleaches. EMPLOYERS ARE REQUIRED to take the following steps to protect their employees from hazardous substances;

- 1) Assess the risks – find out what hazardous substances are used in the workplace and the risks that they pose to the people's health
- 2) Decide what precautions are needed
- 3) Prevent or adequately control exposure
- 4) Ensure that control measures are used and maintained
- 5) If necessary, monitor the exposure of employees
- 6) Carry out appropriate health surveillance when employees are exposed
- 7) Prepare plans and procedures to deal with accidents, incidents and emergencies
- 8) Ensure that employees are properly informed, trained and supervised

Details of all the hazardous substances used on the premises must be kept in a COSHH file, it should detail; ? Where they are kept ? How they are labelled ? What the effects are ? The maximum time that an individual can be safely exposed to the substances ? How to deal with an emergency involving the substances. Now, I'm going to go over three policies, which can help you understand the importance of following guidelines. The 3 policies



we're going to look at are: 1) Safeguarding Children Policy 2) Infection Prevention & Control 3) Waste Management Policy

Now, the 1st policy we will be looking at is; Safeguarding Children Policy (This policy was supplied by NHS Gloucestershire Trust) The Children Act 2004 places the Primary Care Trust (PCTs) under a duty to make arrangements to ensure that, in discharging their functions, they have to regard to the need to safeguard and to promote the welfare of children. So, in order to do this the Gloucestershire Primary Care Trust (GPCT) agreed that the general principles they should apply (as stated in " Working Together to safeguard children" HM Government 2006) are: Aim to ensure that all affected children receive appropriate and timely therapeutic and preventative interventions ? Those professionals who work directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of care they offer ? Those professionals who came into contact with children, parents and carers in the course of their work also need to be aware of their safeguarding responsibilities. Ensure that all health professionals can recognise risk factors and contribute to reviews, enquiries and child protection plans, as well as planning support for children and providing ongoing promotional and preventative support through proactive work. So, basically the aim of this policy was to ensure that GPCT demonstrated how it met its corporate accountability for safeguarding children; to also demonstrate that it met its statutory safeguarding responsibilities, follows guidance and promotes best practice; and to show how the PCT works effectively with its partner agencies.

Safeguarding and promoting of the welfare of children is defined for the solid purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as;

- Protecting children from maltreatment
- Preventing impairment of the child's health or development
- Ensuring that children are growing up in circumstances consistent with provision of safe and effective care and undertaking that role, so as to enable those children to have optimum life chances and to enter into adulthood successful.

Under Section 17 of the Children Act 1989 Children in need are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the proper provision of services plus those who are disabled. However, section 47 of the Children Act 1989 gives the local authority Children and Young Peoples Directorate the right to make enquiries to decide on whether if they should take action to safeguard or to promote the welfare of a child/s that is suffering or is more likely to suffer significant harm in the future.

There are a number of different types of abuse;

- o Physical Abuse – hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child
- o Sexual Abuse – forcing or enticing a child or young person to take part in sexual activities including prostitution whether or not the child is fully aware on what is happening
- o Neglect – persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.
- o Emotional Abuse – persistent emotional maltreatment of a child such as to cause severe and persistent adverse

effect on the emotional development of the child. The definition of harm also includes 'impairment suffered from seeing or hearing the ill treatment of another', this includes children witnessing or hearing domestic abuse. Every child matters: change for Children The 5 outcomes that are key to children and young people's wellbeing are: 1. Stay safe 2. Be healthy 3. Enjoy and achieve 4. Make a positive contribution 5. Achieve economic wellbeing Roles and Structures Organisational responsibilities Safeguarding Children lead director responsibilities Management responsibilities Designated professional responsibilities (designated staff) (roles) Named professional responsibilities (named staff) Individual Responsibilities (This is YOU) All staff should consider the safeguarding and promotion of the welfare of children as a personal priority and responsibility.

In order to be sure themselves and to assure others that they are discharging this responsibility individual members of staff (YOU) should: Maintain safeguarding and child protection work generally as a priority, placing it above other work as necessary; Assemble information in child protection cases in a timely, organised, sensitive and reasonable way bearing in mind that these records can be disclosed and often are read by others outside the PCT including the parents at any time, in particular a chronology of interventions should be kept, available on the top of the case record, if possible but easily accessible to others who may need to see and use it when the individual member of staff is unavailable. Concerns that children are at risk of or are suffering child abuse or neglect will be shared in all cases with a senior member of staff at the appropriate times and ideally as soon as possible after they become apparent. The 2nd policy we will be

looking at is; Infection Prevention & Control policy This has been sourced from NHS East Riding of Yorkshire) “ The purpose of this policy is to ensure healthcare staff are provided with the correct information in relation to Aseptic Technique which is the method used to prevent the contamination of surgical wounds and other susceptible sites by potentially pathogenic organisms, it can also reduce the healthcare workers risk of exposure to potentially infectious blood and body tissues during clinical procedures. ” The director of infection prevention & control is responsible for ensuring that evidence based policies and procedures in relation to the control of infection are developed and their implementation is monitored.

The infection control specialist is responsible for producing evidence based on policies in relation to the control of infection, providing training and support to assist with their implementation and for monitoring and reporting on their implementation. The senior managers of clinical teams are responsible for implementation of infection control policies and ensuring staff are able to access specific infection control training sessions in line with the statutory & mandatory training policy. (This is you) Individual Practitioners are responsible for ensuring that they exercise standard Infection Control Precautions and implement the policy, seeking further advice from an infection control specialist or from a Microbiologist if required to do so.

Principles of Asepsis The principles of Asepsis have 6 components; 1. Hand hygiene/ decontamination 2. Personal Protective Equipment (PPE) 3.

Preparation of the patient for an invasive procedure 4. Creating and maintaining a sterile field 5. Use of safe invasive techniques 6. Creating the safe environment Hand Hygiene Effective hand hygiene is the most

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important component of good infection prevention and control as hands are a common route of transmission of infection. Personal Protective Equipment (PPE) PPE should always be worn to prevent contamination of the clinicians/users clothing from potential contamination, this allows for the prevention of the transfer of potential pathogenic organisms for patient to staff or staff to patient. Preparation of the patient for an invasive procedure

Good skin preparation assists in the reduction of infection by lowering the chances that the patient's own skin flora will not enter the wound. If the skin is to be prepared for surgical procedure it should be decontaminated with a single use application of Alcohol Chlorhexidine Glusonate Solution Povidine 10% alcoholic solution can be used for those patients with sensitivity to Chlorhexidine. Creating and maintaining a sterile field A sterile field is an area that is created by placing a sterile towel/s around the procedure site and on the surface that will hold sterile instruments and other items such as dressings. Only sterile items are free of potential harmful micro-organisms.

Use of safe invasive procedure

Good technique used during an aseptic procedure can minimise the risk of infection and cross-contamination e. g. maintaining a No-Touch technique.

Creating a safe environment Clinical rooms should be designated for the performance of invasive procedures;

- Activities in this area and through traffic and number of people in these areas should be limited
- Surfaces within the procedure rooms should be free of all extraneous items such as paper work
- Close doors and windows during procedures to minimise the dust and to eliminate insects
- The room and areas and surfaces that may

have been contaminated during a procedure should always be cleaned and disinfected between patients.

This includes examination couches, dressing trolleys and examination lamps.

**Clean Technique** This is a modified technique that can be used for wounds healing by secondary intentions, e. g. pressure sores, leg ulcers, and dehisced wounds, simple grazes, removing of drains or sutures and ends-tracheal suction. Clean non-sterile latex gloves (or if needed non-latex gloves) should be worn and a disposable plastic apron, if these wounds enter deeper sterile areas then an Aseptic technique must be used. The 3rd and final policy we will be looking at is; Waste Management Policy (This is from The Ulster, North Down and Ards Hospital Trusts) Waste Management

The key to the effective management of trust waste is the proper segregation of clinical waste from non-clinical waste. The trust is under legal obligation to ensure that all waste is correctly treated and disposed off. Incorrect disposal of clinical waste would leave the trust liable to prosecution and may also expose staff or the public to the risk of infection Eliminate -> Reduce -> Reuse -> Recycle-> Dispose The primary aim is to eliminate where possible or at least to reduce the volume of waste generated in the first place e. g. by reducing the levels of packaging coming in. The next step should be to re-use items wherever possible e. g. using old external envelopes and fully using internal ones.

**Clinical Waste** The definition of clinical waste as detailed in the 1992 controlled waste regulation is: " Any waste which consists wholly or partly of... " • Human or animal tissue • Blood or other body fluids • Excretions •

Drugs or other pharmaceutical products • Swabs or dressings • Syringes, needles or other sharp instruments, which unless rendered safe, may prove hazardous to any person coming into contact with it. Group A Pathological waste, including placentage, limbs and other human tissue which is not being sent for laboratory examination. Blood or body fluids Soiled surgical dressings and all other waste contaminated with blood or body fluids.

Waste materials from infectious disease cases. Group B Discarded syringes, needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items Group C Microbiological cultures and potentially infected waste from pathology departments, laboratory and post-mortem rooms and other clinical or research laboratories, other than waste included in Group A Group D Drugs or other pharmaceutical products Group E Items used to dispose of urine, faeces and other bodily secretions or excretions which don't fall within Group A; this includes disposable bedpans, urinals, emesis bowls, incontinence pads, disposable nappies, stoma bags etc.....

Waste produced in the patient's home environment; items which arise within the patient's own home can be defined as either clinical or domestic waste. • Domestic waste; e. g. which is non-clinical/non-infected, similar to normal "household type" refuse, examples would be paper towels, newspapers and non-medicinal aerosols. • Confidential waste; e. g. information of a confidential nature, whether relating to staff, patients or business/contractual matters, should be treated as confidential waste. • Hazardous waste; e. g. items with various hazardous properties, which require additional considerations when handling or disposing. • Clinical Hazardous waste; e. g. cytotoxic and cytostatic drugs are considered to be

hazardous due to the hazardous properties 'toxic' and 'teratogenic'. Non-clinical hazardous waste; e. g. mercury, batteries, TV's, fluorescent tubes, oil, fridges/freezers and certain redundant laboratory and pharmaceutical chemicals. Yellow clinical waste bags: Yellow bags should be held in a fire-retardant rigid bag stands with lids. A 'clinical waste' label must be attached to the lid of the stand. Yellow bags should be used for the following types of clinical waste; (GROUP A) • Soiled surgical dressings and all other non-sharp waste that's be contaminated with blood or body fluids Yellow Rigid Containers with Yellow Lids: Waste should be placed in a yellow rigid container with yellow lid, sealed, tagged and the front label completed.

It should be ensured that the central bung in the lid is also securely sealed. • Items such as disposable wound drainage, systems, disposable thoracic drainage bottles and disposable suction liners. Yellow Sharps Boxes: Sharps boxes (non-cytotoxic) may be stored with yellow bags and yellow-lid rigid containers to await collection. If a yellow clinical waste wheeled bin is available on site, any full all-yellow containers must be placed directly into the bin. Wheeled bin lids must be kept shut at all times and locked when unattended or if accessible to the public. Collection & Disposal: Clinical waste must be transported inside designated clinical waste wheeled bins.

Wheeled bins used for transport of clinical waste off site must be UN Type Approved whilst in transit and when awaiting collection from the designated storage areas, the lids of wheeled bins MUST be locked. Policies and Procedures For safeguarding, health and safety, reporting accidents, disposal of body wastes, storages and dispensing of medicines, fire evacuation, lone working, and security of premises, possessions and individuals, cleaning,

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food safety. Roles Employers, employees, care staff, users of services, local authority, National Health Service trust (NHS); other individuals such as visitors, relatives and volunteers. Responsibilities

According to legal and organisational requirements for making risk assessments minimising risks, dealing with incidents and emergencies, working with others to ensure health, safety and security, reporting of and maintaining records of incidents and emergencies, understanding limits of own responsibilities, keeping self safe. **\*IMPORTANT\***- The role and responsibilities for health, safety and security within HSC setting. Roles of employers and employees (you) The role of the employers with regard to health, safety and security, is to ensure that their premises, equipment and working methods are safe for everyone and that they meet the requirements of the law. Employers should make training available to their staff (you) with regards to health, safety and security. Employees (YOU) must vigilant and aware of all risks, and make sure others are aware of them as well, if you feel that you need training, just ask your line manager. Responsibilities

All HSC workers (you) must follow legal and organisational requirements, relating to your workplace and you should also know how to deal with hazards when they occur. Following organisation's safety and security procedures; Within any workplace, things can go wrong and an organisation needs to be ready to deal with unforeseen events. A lot of time and effort will have been spent preparing for possible emergencies in order to meet legal obligations. The Safety and Security procedures that an organisation has written should be followed exactly by you. Your actions at the time of an emergency maybe judged later, comparing their behaviour and actions to <https://assignbuster.com/potential-hazards-in-health-and-social-care/>

the written policies and procedures. Risk Assessment: The management of Health and Safety AT Work Regulation (N.

Ireland) 1992 requires employers to carry out a suitable and sufficient assessment of the risks arising out of work activities i. e. a risk assessment. This assessment should cover not only the risks to you, but also anyone else that may be affected by activities undertaken. A risk assessment is a formal examination of things in work that could cause harm and the precautions needed to keep people safe. Employers have a legal obligation to identify potential hazards and undertake risk assessments. There are 5 stages of risk assessments: 1. Identify the hazard 2. Decide who might be harmed and how 3. If there is a risk, are existing precautionary measures adequate? If not, precautionary measures should be put in place 4. Record the findings 5.

Review the assessment and change if necessary. Checking rights of entry and take appropriate actions; Employers should have procedures on how to do this, which you the employee should follow. You should be aware of these security measures within your workplace e. g. CCTV, entry procedures, swipe cards, identify cards. You should not allow people they don't know or who don't have the provided sufficient identification onto the premises. Staff should stop visitors on the premises on arrival, check who they are and if they are expected. Alert your manager if you are unsure about letting someone in or not. Staff must always follow the care setting procedures.

You should know what your employer expects, if the person is not permitted. A genuine visitor shouldn't mind the wait. Identifying and minimising Health, Safety and Security risks; You should be on the lookout for potential hazards

and, as soon as you find one, let your manager know. Your employers rely on you to be their eyes and ears within the workplace. It's not acceptable to think it's someone else's responsibility, even if a member of staff is there on a temporary basis, or as a volunteer or even as a student on placement.

Monitoring work practices; Working everyday in a familiar working environment can make staff feel over-secure, resulting in them not following procedures properly.

Supervisors and managers must monitor staff's practices to ensure that they are conforming to the organisations set procedures, which should be reviewed regularly, just because things have been done a certain way for some time, doesn't mean that new, better work practices should be ignored. An employer must monitor work practices and to keep the procedures up-to-date as new and improved ideas and legislations are introduced. Respecting the needs, wishes, preferences and choices of individuals; Gone are the days when patients and service users had no say in their care. Today, HSC workers take note of a person's individual needs and gives them choice in everything they do and the care they receive.

A patient or service user may wish to wear certain clothing, have their hair done their way and to have the choice at meal times. They will expect their preferences to be taken 'into account', from what activities they want to join in with, to accepting or refusing whatever treatment a doctor suggests they have. Respect for an individual's choice must be balanced out by considerations about their health and safety. The carer may offer guidance and make the individual aware of potential risk; individuals should be encouraged to make their own decisions. Taking appropriate action to

ensure that equipment and materials are used and stored correctly and safely; HSC workers have a responsibility to be aware of how to store and use equipment correctly and safely.

You should be confident enough to speak up and tell a supervisor if he/she is unsure about how to use something. They should advise staff or train as necessary. The potential for major health and safety incidents will be vastly reduced if they know how to use the equipment properly. Dealing with spillage of hazardous and non-hazardous materials safely; Every HSC setting will have procedures outlining the correct way to dispose of any materials that have been spilled. Some materials have specific cleaning needs due to their hazardous nature. Some materials may be harmless but if left could be a slip hazard. You should be familiar with each material and the recommended way to clean up spillages. Disposing of waste immediately and safely;

Different care settings may have slightly different procedures to deal with body waste or clinical waste. However, they all will have strict rules in place for disposal of such hazards. You should know which bag waste to be incinerated goes into, as opposed to general rubbish bags which often go into landfill sites with the rest of the area's household rubbish. Following correct safety procedures; It is the responsibility of everyone working in a HSC setting to follow safety procedures to the letter. Safety procedures exist to help protect everyone in the setting, and should not be ignored. Where necessary, you should support others in understanding and following correct safety procedures.

Following correct manual handling procedures and techniques; Every year, carers take risks and lift heavy loads in an unsafe way. Many of them receive back injuries that lead to them having to stop their chosen career as they become chronically disabled by their injury. Manual handling training should be offered to all employees and as new techniques emerge staff should be updated. Reporting health and safety issues to the appropriate people; Usually procedures outline who to inform in your place of work when you need to raise a health and safety concern. Completing health, safety and security records; Records are vital to outline the sequence of events when an incident occurs.

Clear records will help a carer explain what happen, it is always preferable to write things down as soon as you can, so facts are still fresh in your mind. Years later, written records could be used in a court so it is important that staff are objective, clear and neat when writting accident reports or in care plans. Never use liquid paper on mistakes and always cross out a mistake with a single line. If words are obliterated, it could lead to suspicion that the records have been doctored for some reason. Operating within limits of own role and responsibilities; In any workplace, there are clear boundaries between the ordinary worker, the supervisor and manager. It is important that you should know the limits of your knowledge, expertise and authority.

You should understand the right time to imform a line manager or when it is appropriate to go to a higher manager. It is important that you operate only within the limits of your role and that you don't undertake an activity that you don't feel confident in doing. You should follow procedures, take care not to misuse anything, to ensure health and safety, and to tell your employer

about anything that might impact upon health and safety. Procedures can help us with this, however, in some cases students on placement who may not have the experience to know when to speak with a manager about concerns, if unsure and it is not an emergency situation, students should and could discuss the issue with tutors at college.

Influences | Effects of these Influences | | Staff | Recruitment of suitable staff | | | Provide training regarding policies and procedures | | | Oversee health and safety regulations | | | Provide security in employment | | | Maintain appropriate staff ratios | | | Job descriptions allow staff to know their boundaries | Premises | Safe working environments | | | Safe environments for service users | | | Give relatives and friends confidence in appropriate care given | | | Appropriate locations | | | Adequate adaptations and access to meet all needs | | Practices | Policies and procedures regularly reviewed and updated | | | Regular evacuation and emergency procedures carried out | | | Safety equipment and protective clothing supplied | | | Concise, clear record-keeping | The HSE, employer and you have responsibilities to help maintain a healthy workforce. The HSE is responsible for enforcing health and safety laws.

HSE inspectors visit the workplace to make sure that the legislation is being followed. Although they do have a role in investigating accident and complaints, they generally help workplaces to interpret and put into action health and safety legislation. The HSE does have powers to enforce legislation not being followed. However, the employers have the responsibility to keep you informed about health and safety. This involves providing training and necessary equipment and informing you of your roles and responsibilities. You have the responsibilities of following procedures

and notifying your employer of any extra measures that need to be in place or if something is not working.

If you are aware of a problem, you have a responsibility to discuss it with your employer, or in the cases of some larger organisations, to discuss it with a health and safety representative.

**Responsibilities**

Employer Role	Employee Role
<b>Risk assessment</b>	To examine the workplace and identify what may cause harm to employees, to whom and how to minimise the risk. To inform employees of risk changes.
<b>Monitoring of working practices</b>	To put measures in place to monitor working practices and inform employers of any changes.
<b>Storing equipment</b>	To provide guidance on how to store equipment and materials and the means to carry this out.
<b>Dealing with hazardous and non-hazardous substances</b>	To provide risk assessments, policies and procedures on how to use these substances.
<b>Manual handling</b>	To assess the risks and reduce the need for manual handling. To train workers in manual handling.
<b>Reporting health and safety issues</b>	To report any faults with equipment.
<b>Health, Safety and Security</b>	To report major accidents to the HSE. To report any issues to the employer or representative.
	To keep all records, such as risk assessments.

records up to date and | | records | assessments, up to date. | confidential.

These may include accident | | | books. | [pic]