

Introduction
To
Health and Safety

Introduction into Health and Safety with Angy care

Health and Safety at Work Act 1974

Under the Health & Safety at Work Act 1974 and in accordance with the company Health and Safety Policy Angy care has a responsibility, so far as is reasonably practicable, for your health and safety whilst at work. If you are working in other employers premises, that employer also has a responsibility, so far as is reasonably practicable, for your health and safety as well. As an employee / agency worker you also have a duty under the same act to: Take reasonable care for your own health and safety and that of others who may be affected by what you do or do not do.

Safety Representatives and Committees

What you need to know:

- Who the Health and Safety Representatives are within your workplace.
- How and to whom you report any concerns you may have in respect of Health and Safety within the workplace:
- Reporting of unsafe practices.
- Reporting of hazards within the workplace

Fire Safety (refer also to person nominated as fire officer)

What you need to know - the Fire Procedure at your place of work:

- 1 Where the staff fire control point is.
- 2 Location of the fire break glass point.
- 3 What the alarm sounds like (bell, siren, and verbal).
- 4 How the escape routes are identified (green and white arrows – running man).
- 5 Where the exits are and how they are marked (green and white fire exit signs).
- 6 Where to assemble outside (on fire action notices in rooms and by call points).
- 7 If you discover a fire. Follow the procedure as laid out on the Fire Instruction Notice
- 8 If you hear the Fire Alarm. - Follow the procedure as laid out on the Fire Instruction Notice.

Accidents and Adverse Incidents If you have an accident or are involved in an incident the following procedure must be adhered to: At a client's home:

- Report accident to your Manager.
- An Accident/Adverse Incident form must be completed and sent to Angy care branch/office.

At Angy care office:

- Report accident to your Manager.
- An Accident/Adverse Incident form must be completed.

Other employer's premises:

- Report accident to your Manager.
- Premises employer accident book to be completed.
- Angy care Accident/Adverse Incident form must be completed and sent to the office

What you need to know:

- 1 Where the Accident/Adverse Incident book is located at the place of work.
- 2 How to complete a form in the book:
- You must ensure that the information recorded/stated within the Accident/Adverse Incident book/form is correct and all relevant details have been recorded

First Aid

What you need to know:

- 1 The First Aid arrangements/procedures at your place of work.
- 2 Who the First Aiders or Appointed Person(s) are within your workplace.
- 3 Where these persons are located within the workplace.
- 4 How they can be contacted.

Hazards within the Workplace

- 1 Be aware of your own surroundings/work area.
 - 2 Report any concerns/hazards to the person(s) in charge.
- Remember: Slips, trips and falls are the major cause of accidents.

Infection Control

Best practice:

1 Hand hygiene:

- Hands must be washed with liquid soap and dried both before and after assisting a Client/ patient or resident in any way. Disposable paper towels should be used.

2 Broken skins:

- Any employee with eczema or cuts on their hands should take all reasonable steps to minimise the risk of spread of infection.
- When coming into contact with an infected client/patient or resident, ensuring the 4 visible wounds and cuts are covered with a bio-occlusive dressing.

3 Personal protective equipment:

- Single use gloves to be used for handling contaminated dressings, linen etc.

Single use aprons to be used for close contact with infected clients/patients or residents or their immediate environment.

Clinical waste:

- Follow the Safe Working Procedures at the place you are working, and we are all responsible for the correct:
 - Segregation and storage of clinical waste.
 - Safe disposal of clinical waste.
- Procedure for dealing with spillages and accidents.
- Use of protective clothing - What type (i.e. gloves, aprons etc. as specified within the Safe Working Procedure).

Manual Handling and Moving

Under the Manual Handling Operations Regulations all hazardous manual handling activities should be avoided. Where such activities cannot be avoided they must be risk assessed and any identified risks reduced, as far as is reasonably practicable. An example of this being the hoisting of clients/patients or residents where required. Every new worker, prior to commencement of any manual handling activity should receive instruction on manual handling and moving techniques.

- Following instruction/training, you have a duty to ensure that safe practices are adhered to at all times.
- Instruction will be given in the safe use of all manual handling equipment prior to commencement of such activities.
- Any incidents of unsafe practice should be reported to the person in charge.
- Care plan must be consulted prior to the moving and handling of client/patient or Residents

Residents

What you need to know:

- 1 The Safe Working Procedures for manual handling activities (from risk assessment)

Make LITE of manual handling - the risk assessment must consider the following Things

ENVIRONMENT

LOAD

INDIVIDUAL CAPABILITY

TASK

2. The manual lifting of clients/patients/residents is eliminated on all but exceptional or life threatening situations. Residents/clients/patients care plans must be consulted to determine any special requirements prior to moving and handling.

3. Inanimate loads - The “Ten Nevers” of Moving and Handling)

Basic Moving and Handling Technique for Inanimate Loads

Control of Substances Hazardous to Health

Under the COSHH Regulations “The Employer” has a responsibility to ensure that any exposure to hazardous substances at work is prevented or, where this is not reasonable or practicable, adequately controlled.

What you need to know:

1 Training/safe working practices when dealing with hazardous substances in your place of work.

2 The “Nevers/Always” and best practice when working with hazardous substances.

3 Your Hazard symbols

Smoking

Angy care takes the view that smoking is a hazard to the health of all its agency workers and employees, either through the direct inhalation or passive smoking. The company also considers that smoking and the use of ignition material constitutes a fire hazard.

1 Therefore Angy care does not allow its employees/agency workers to smoke in any part of the work environment, other than a designated smoking area.

2 Any employee/agency worker concerned whilst supervising a client/patient or a resident smoking should discuss their concerns with the person in charge/branch manager.

Electricity

1 Prior to use, you must carry out a visual inspection of electrical equipment for any defects.

2 Do not use any electrical equipment which has a defect or is damaged in any way, report it to the person in charge.

3 Do not use any electrical equipment that requires specific training in the safe use of.

4 Do not attempt to repair any electrical equipment, report all faults to the person in charge or branch manager.

5 Remember: When using electrical equipment not only is there an electrical hazard, cables are also a tripping hazard.

Safe Working Procedures (SWP)

All agency workers and employees should receive appropriate information, instruction and training on safe systems and procedures relating to their area of work. When formulating safe working procedures such instructions will be based on the nature of the task and the results from any risk assessment or hazards identified. (I.e. the safe working procedures may identify specific training or the use of protective equipment - wearing gloves etc.).

Equipment

Use of any specialist equipment:

1 Training and supervision on the safe use of such equipment to be given prior to its use.

2 Do not use any piece of equipment until you feel adequately trained and competent to do so.

3 Carry out a visual inspection of any equipment for defects before use, if defects are noted the equipment must be taken out of service and you must report this to your Manager immediately

Risk Assessment

A risk assessment is a suitable and sufficient examination of what in the workplace could cause harm, assessing those risks to agency workers and employees and anyone who can

possibly be affected by the work of the employer/client. Assessment can then be made as to whether existing precautions are adequate to control the risks identified or more should be done.

- What is a hazard? HAZARD - The potential to cause harm (i.e. electricity, chemicals etc.).
- What is a risk? RISK - The likelihood of someone is being harmed by the hazard and the severity of its consequences.

Brief example

Hazard soiled laundry.

Risk Infection.

Control Measure Universal infection control precautions

(I.e. appropriate gloves, aprons etc.).

What you need to know:

1. What activities within your role require a risk assessment?
2. The findings from the assessment on how the significant hazards are to be controlled, this will be in the form of a Safe Working Procedure.

Bathing

What you need to know:

1 Prior to carrying out any bathing duties for a client or resident water temperature must be checked using a thermometer.

Note: Water temperatures must not exceed 40oC for a bath and 41oC for a shower.

Fire instruction notice – example

IF YOU DISCOVER A FIRE:

- Raise the alarm by sounding the nearest alarm call point.
- Ensure the Fire Brigade are contacted, Dial: (9)999.

DO NOT replace the receiver until the address has been correctly repeated by the Fire Brigade.

In the event of an external evacuation.

Report to Fire Assembly Point.....

Ensuring all Fire Doors are closed behind you.

NEVER USE THE LIFTS in the event of a fire.

DO NOT return to the building until authorised to do so.

IF SAFE TO DO SO - tackle the fire with a suitable appliance, unless the fire is beyond obvious control.

Suitably trained personnel should only undertake this task.

NEVER attempt to tackle a fire alone.

IF YOU HEAR THE FIRE ALARM:

- Personnel should leave building by the nearest available Fire Exit.
- Report to Fire Assembly Point: _____

_____ for further instruction.

- Ensuring all Fire Doors are closed behind you.
- NEVER USE THE LIFTS in the event of a fire.
- DO NOT re-enter the building for any reason until authorised to do so.

• DO NOT take risks.

Moving and Handling of Inanimate Loads

Safe - The Ten 'NEVERS'

1 NEVER lift unless you absolutely have to, always explore alternatives.

2 NEVER lift at arms length or with a twisted back.

3 NEVER lift if there is inadequate space for safety. Move obstacles to allow unhindered movement.

4 NEVER attempt to move something on your own unless you are absolutely confident that it is safe to do so. Wait for help.

5 NEVER lift with a colleague until the task has been planned and agreed.

6 NEVER lift an object without first testing its weight.

7 NEVER lift heavy equipment/materials beyond your capability.

8 NEVER stoop with feet together to pick things up; always bend your knees.

9 NEVER put your back, or the back of others, at risk.

10 NEVER accept inadequate or inappropriate resources; state your Concerns in writing to your manager/person in charge.

Basic Moving and Handling Technique for Inanimate Loads

Stop and think

- Plan the lift.
- Where is the load to be placed?
- Use appropriate handling aids if possible.
- Do you need help with the load?
- Remove obstructions such as discarded wrapped materials.
- For a long lift, such as floor to shoulder height, consider resting the load mid-way on a table or bench to change grip

Position the feet

- Feet apart, giving a balanced and stable base for lifting.
- Leaning leg as far forward as is comfortable and if possible, pointing in the direction you intend to go.

Adopt a good posture

- When lifting from a low level, bend the knees but do not kneel or over flex the knees.
- Keep the back straight, maintaining its natural curve (tucking in the chin helps).
- Keep the shoulders level, facing in the same direction as the hips.

Get a firm grip

- Try to keep arms within the boundary formed by the legs.
- The best type of grip depends on the circumstances and individual preference, but must be secure.
- A hook grip is less tiring than keeping the fingers straight.
- If you need to vary the grip as the lift proceeds, do it as smoothly as possible.

Keep close to the load

- Keep the load close to the trunk for as long as possible.
- Keep heaviest side of the load next to the trunk.
- If a close approach to the load is not possible, slide it towards you before trying to lift

Don't jerk

- Lift smoothly; raising the chin as the lift begins, keeping control of the load.

Move the feet

- Don't twist the trunk when turning to the side

Put down, and then adjust

- If precise positioning of the load is necessary, put it down first, and then slide it into the desired position.

COSHH

1. NEVER decant hazardous substances from their original container into a new unlabelled container.

- A vulnerable patient/client or resident may mistake such a liquid as being a drink.
- If a substance has no label, DO NOT USE IT, and such instances must be reported to the person in charge/branch manager.

2. NEVER use a hazardous substance if the label has insufficient information, or training/instruction is required to enable its safe use.

- A Data Sheet or Suppliers Advisory Leaflet should be obtained from the supplier or manufacturer
- COSHH risk assessment is to be carried out.

3. NEVER store excessive amounts. Try to store small quantities only and always ensure Safe storage in relation to the hazardous nature of the substance, refer COSHH Assessment.

4. NEVER mix substances:

Care must be exercised when considering substances which are relatively harmless in isolation but which may become extremely hazardous when mixed.

5. NEVER Leave hazardous substances unattended while in use in the working environment or at premises where vulnerable people can access

6 Always store hazardous substances safely in a locked cupboard or locked room - in a client's home, store appropriately as agreed with the client

7. Always store hazardous substances immediately within designated safe area (locked cupboard or locked room) on receipt of delivery into the working environment, in accordance with company/local policy.

8 Always follow the Safe Working Procedure when working with the hazardous substance i.e. ensure you wear any personal protective equipment that is required to control hazards that have been identified.

Generic Personal Safety Advice

Staying safe when you're out and about

- When walking in the dark, you might want to consider getting a personal attack alarm (ask your local crime prevention officer where you can buy one). Carry it in your hand so you can use it immediately to scare off an attacker. Make sure it is designed to continue sounding if it's dropped or falls to the ground. Before you leave; tell anyone you are planning to meet what time you think you will get there, and the route you are taking.
- Carry your bag close to you with the clasp facing inwards. Carry your house keys in your pocket. If someone grabs your bag, let it go. If you hang on, you could get hurt. Remember your safety is more important than your property.
- If you think someone is following you, check by crossing the street – more than once if necessary – to see if they follow. If you are still worried, get to the nearest place where there are other people – a pub or anywhere with a lot of lights on – and call the police. Avoid using an enclosed phone box in the street, as the attacker could trap you inside.
- When travelling to your place of work don't take short-cuts through dark alleys, parks or across waste ground and if you regularly visit the same client, vary your Route where possible. Walk facing the traffic so a car cannot pull up behind you unnoticed. Before you leave, tell someone your expected time of arrival, and the Route you are taking.
- If a car stops and you feel threatened, scream and shout, and set off your personal

attack alarm if you have one. Get away as quickly as you can. This will gain you vital seconds and make it more difficult for the car driver to follow.

- Don't hitch-hike or take lifts from strangers.
- Safety awareness classes may help you feel more secure. Ask your local police if they have classes.

Clients

If you feel threatened, or have been verbally / physically abused by a client you must inform the Branch Manager as soon as possible. If required you must contact the Police if you feel your safety is at risk.

When driving

- Before a long trip, make sure your vehicle is in good condition.
- Plan how to get to your destination before leaving, and stay on main roads if you can.
- Make sure you have enough money and fuel. Carry a spare fuel can.
- Keep change and a phone card in case you need to make a telephone call.

Carry a torch.

- Before you leave, tell anyone you are planning to meet what time you think you will get there, and the route you are taking.
- If someone tries to flag you down, drive on until you come to a service station, or somewhere busy, and call the police. Do not pick up hitch-hikers.
- Keep doors locked when driving and keep any bags, car phone or valuables out of sight. If you have the window open, only wind it down a little. Don't wind it down far enough to allow someone to reach in while you are stopped in traffic.
- If you think you are being followed, try to alert others by flashing your lights and sounding your horn. Make as much noise as possible. If you can, keep driving until 13 you come to a busy place.
- After dark, park in a well-lit, busy place. Look around before you get out. If you're parking in daylight, but coming back for your car at night, think about how things will look in the dark.
- Have your key ready when you go back to your car. Make sure there is no-one in the car.
- If your car develops problems, find a telephone. On motorways follow the marker arrows to the closest phone. They are never placed any more than a mile apart, on opposite sides of the motorway. Never cross the carriageway to use a phone.
- While on the hard shoulder or telephoning, keep a sharp look-out and don't accept lifts from strangers – wait for the police or breakdown service. Don't wait in the car there is a high risk of an accident. Wait on the embankment nearby with the front passenger door open. If someone approaches you or you feel threatened, lock yourself in the car and speak to them through a small gap in the window.
- If you frequently have to travel after dark, consider getting a mobile phone for personal safety.

What to do in an emergency

For Information Only

(This does not qualify you to administer First Aid, it is for information only.)

Priorities

- Assess the situation – do not put yourself in danger;
- Make the areas safe;
- Assess all casualties and attend first to any unconscious casualties;
- Send for help – do not delay.

- Follow the advice given below.

Check for consciousness

If there is no response to gentle shaking of the shoulders and shouting, the casualty maybe unconscious. The priority is then to check the Airway, Breathing and Circulation. This is the **ABC** of resuscitation

A Airway

To open the airway:

- Place one hand on the casualty's forehead and gently tilt the head back;
- Remove any obvious obstruction from the casualty's mouth;
- Lift the chin with two fingertips.

B Breathing

Look along the chest, listen and feel at the mouth, for signs of normal breathing, for no more than 10 seconds.

If the casualty is breathing:

- Place in the recovery position and ensure the airway remains open;
- Send for help and monitor the casualty until help arrives.

If the casualty is not breathing:

- Send for help;
- Keep the airway open by maintaining the head tilt and chin lift;
- Pinch the casualty's nose closed and allow the mouth to open

Take a full breath and place your mouth around the casualty's mouth, making a good seal;

- Blow slowly into the mouth until the chest rises;
- Remove your mouth from the casualty and let the chest fall fully;
- Give a second slow breath, then look for signs of a circulation;
- If signs of a circulation are present, continue breathing for the casualty and recheck for signs of a circulation about every 10 breaths;
- If the casualty starts to breathe but remains unconscious, put them in the recovery position, ensure the air way remains open and monitor until help arrives.

Circulation

Look, listen and feel for normal breathing, coughing or movement by the casualty, for no more than 10 seconds.

If there are no signs of a circulation, or you are at all unsure, immediately start chest compressions:

- Lean over the casualty and with straight arms, press vertically down 4-5 cm on the breastbone, then release the pressure;
- Give 15 rapid chest compressions (a rate of about 100 per minute) followed by two breaths;
- Continue alternating 15 chest compressions with two breaths until help arrives or the casualty shows signs of recovery.

Severe bleeding

- Apply direct pressure to the wound;
- Raise and support the injured part (unless broken);
- Apply the dressing and bandage firmly in place 15 broken bones and spinal injuries

If a broken bone or spinal injury is suspected, obtain expert help, DO NOT move casualties unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the part of the body affected with cold water until pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary.

Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. Do not attempt to remove anything that is embedded in the eye.

If chemicals are involved, flush eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to Hospital

Record keeping (Refer to Accidents and Adverse Incidents)

It is good practice to record on the Accident/Adverse Incident form any incidents involving injuries or illness which have been attended. Include the following information in your entry:

- Date, time and place of incident;
- Name and job of injured or ill person;
- Details of injury/illness and any first aid given;
- What happened to the casualty immediately afterwards (for example went back to Work, went home, went to Hospital);
- Name and signature of the person dealing with the incident;

This information can help identify incident trends and possible areas for improvement in the control of health and safety risks.

All accidents and incidents must be recorded on an Angy care limited book

Accident/Adverse Incident form or in the Accident/Adverse Incident