

# Working with ICS

Agency Handbook

Thank you for joining ICS  
A bright future awaits...

# About Independent Clinical Services (ICS) Group

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ICS consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

## Pulse Staffing Limited (Pulse)



Pulse recruits health and social care professionals for temporary and permanent jobs in the UK and abroad. Pulse is the UK's leading independent provider of staff bank management services and provides specialist care packages to individuals in their own home or community setting.

As an approved supplier to the NHS, Pulse holds contracts with NHS trusts, private organisations and local authorities nationwide. Pulse also works with hospitals globally, specifically within in Australia, New Zealand, North America, the Middle East and across Europe.

Pulse places candidates - medical, scientific and nursing staff, allied healthcare professionals, social workers, support workers and carers - in posts appropriate for their training and experience.

Pulse Staffing consists of a number of Pulse brands delivering staffing solutions and health and social care services globally, with a UK branch network and overseas offices, key brands include;

- **Pulse Community Healthcare** - Management of packages of care to support/enable individuals to live independently
- **Pulse Nursing & Care, Pulse Critical Care, Pulse Specialist Nursing, Pulse Theatres, Pulse@Home** - provision of all categories and grade of nursing & midwifery staff
- **Pulse Doctors** - Provision of all specialty and grade of doctor including Psychiatry, Acute and GP
- **Pulse Allied Health & Health Science Services** - Provision of all categories and grade of AHP & HSS staff (including Physiotherapy, Radiography, Speech and Language Therapy and Pharmacy)
- **Pulse Staffing Partners**, incorporating end-to-end management of complete staff banks
- **Pulse Social Care** - Provision of all categories of unqualified social care staff
- **Pulse Social Work** - provision of all specialty of qualified social work staff

## A&E Agency



A&E Agency is a provider of locum and permanent emergency medicine doctors to the NHS, CCG's, prison services, out-of-hours services and private sector clients. We have extensive opportunities across the UK through our exclusive supplier agreements with national and regional Trusts.

# Welcome

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With an unprecedented demand for health and social care staff, there has never been a better time to work for ICS.

ICS is a leading UK and international provider of health and social care staffing.

We support NHS Trusts and private sector organisations by placing nurses, midwives, doctors, allied health professionals, health scientists and social workers into temporary, permanent and contract roles.

We care passionately about the quality of our staff and services and recognise our responsibility to achieve the highest standards. Through attracting and nurturing the best people, we help clients deliver the best compassionate care.

We have unlimited work across the UK so you can choose the positions that best suit your lifestyle.

## Permanent Staffing

If you are looking to build your career, talk to our permanent teams. ICS has dedicated permanent recruitment consultants that will find the perfect job for you.

Our committed team of experienced recruiters will be able to assist you with the following:

- Sourcing job opportunities
- Assistance with CV preparation
- Interview preparation
- Arranging of informal and formal interviews
- Debriefing after interview

## Recommendations

**On top of the great pay and benefits offered by ICS, you can enjoy extra cash rewards simply by recommending a friend or colleague.**

It is testimony to the service we offer that our most successful source of new registrations is recommendation. We like to reward such loyalty by paying you a cash bonus.\*

*\*Terms apply please contact your ICS Consultant for details*

# Confirmation of receipt of Agency Workers Handbook

Once you have read the contents of this handbook, please sign and date the confirmation below, detach this page and return it to your ICS consultant.

I have received, read and understood, and agree to abide by the contents of the ICS Handbook. The content of this handbook has been discussed in full with me on Induction.

**Signed:** .....

**Date:** .....

**Print Name:** .....

**Signed (ICS):** .....

**Date:** .....

THIS DECLARATION IS TO BE DETACHED FROM THE HANDBOOK AND STORED IN THE ASSOCIATE'S FILE.

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# Introduction

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Thank you for choosing to work with ICS.

The purpose of this Handbook is to help you understand the way in which ICS operates and your role within it. It should be read in conjunction with your Terms & Conditions.

We are committed to providing a quality service to our clients and to you, therefore it is essential you familiarise yourself with the contents of this Handbook. Please keep this booklet as you may find the information useful as a source of reference now and whilst you are working for ICS.

If any of the sections are unclear, or if you have any questions please speak to your ICS Consultant.

When you join us, we will also provide you with all the information you need about your pay and other benefits.



## **The ICS Commitment**

ICS aims to provide you with quality placements in your chosen specialty, offering a variety of work in NHS and private hospitals and community areas covering a wide geographical area to suit your needs. Whether you wish to work an occasional shift or full time we are able to offer you work to fit in with your professional and social life. Visit us at [ukics.com](http://ukics.com) for the latest news, or contact us (details on page 4 of this handbook).

We hope that you enjoy working with ICS.

# Contact ICS

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## Central London

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**222 Grays Inn Road  
WC1X 8HB**

Consultants:

**0207 456 1450**

Non Consultants:

**0207 456 1456**

Fax: **0203 745 5151**

Office Opening Hours:

**08:00 - 18:00 Monday - Friday**

## Manchester

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**57 Spring Garden  
Manchester  
M2 2BY**

Tel: **0161 245 4470**

Fax: **0161 245 4471**

Office Opening Hours:

**08:00 - 18:00 Monday - Friday**

# Before you start work

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## Payroll department

ICS Payroll  
222 Gray's Inn Road  
London, WC1X 8HB

Tel: **0203 727 4825**

Fax: **0203 137 9992**

**[finance@accident-emergency.co.uk](mailto:finance@accident-emergency.co.uk)**

## On-call service opening hours and contact details

If you need to contact us after hours, simply call your branch telephone number and you will come through to the out of hours service.

Please note, ICS Oncall is an emergency out of hours service that can only assist with urgent queries related to placements due to commence outside of normal business hours.

Where possible, please try and call during office hours if you have any other queries you would like us to help you with.

# Before you start work...

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## Induction

We are committed to ensuring that you are appropriately inducted prior to starting work. This full day induction is mandatory prior to your commencement of work with ICS. The day includes comprehensive induction information as well as mandatory training in Manual Handling, Basic Life Support and Health & Safety.

Each location that you may work in will have their own local procedures and policies and it is very important that you make yourself aware of these when you first visit. At the back of the booklet is a clinical induction checklist to guide you in how to find out this information. Please use a fresh form for each clinical setting and retain the completed form for future reference.

## Code of Conduct

Please conduct yourself in a professional manner at all times when working. In particular, we ask you to pay special attention to:

- Punctuality
- Standards of dress and courtesy
- Quality of care
- Consideration and respect for those around you
- Confidentiality, honesty and integrity

All Doctors are required to be registered with the GMC and must hold a licence to practice.

# Before you start work...

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We ask all agency workers to behave in a way that upholds the reputation of their profession and of ICS.

- You must comply with the client's procedures for the safe handling of money and property belonging to patients and service users
- Under no circumstance will you accept any gifts, loans or gratuities from patients, service users, relatives or other interested parties
- You are not permitted to act as a witness to the Will of any service user for whom you are providing or have provided care
- You must not give any gifts or lend money to your patients, service users or clients
- Do not agree to look after or safeguard any part of a patient/client's property
- You must ensure that your registration status is not used in the promotion of commercial products or services; declare any financial or other interests in relevant organisations providing such goods and services and ensure your professional judgement is not influenced by any commercial considerations
- When providing advice regarding any product or service relating to your professional role or area of practice, you must be aware of the risk that, on account of your professional title or qualification, you could be perceived by the client as endorsing the product
- Most importantly know your own limits and always ask if you are unsure of anything

You must also comply with all ICS policies and procedures, which you will find later in this handbook.

## Our expectations of you

- To act in a manner that promotes and safeguards the interests and well being of patients, service users, clients and ICS
- To acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless you are able to perform them in a safe and skilled manner
- To arrive for your shift at least 10 minutes before it is due to start in order to get changed and be ready for handover at the start of the shift
- To familiarise yourself with any client specific policies and procedures (e.g. Health & Safety Procedure, Security & Fire Procedure, Evacuation Procedure, Safe Systems of Work Procedures, IV and Administration of Medicines Policies, Documentation Guidelines, etc.) If induction, fire escapes and risks are not identified to you, you must ask your line manager. If they are still not identified to you, you must inform your ICS Consultant immediately
- To wear the correct ICS uniform & photo ID badge
- To report any accidents, incidents or near misses to your line manager and to ICS
- To let us know if you find a particular assignment is not to your liking so we can find you alternative work

# Before you start work...

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- To maintain and improve your professional knowledge and competence

## Professional Boundaries

You must maintain clear professional boundaries:

- You must refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment
- You must not ask for or accept loans from anyone in your care or anyone close to them
- You must act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including the people in your care
- You must never use your professional status to promote causes that are not related to health

## Availability

Let us know when you want to work, by calling the office and giving us your availability. Try to give us as much notice of your availability as possible. Alternatively, please call us to find out what work has become available. ICS has many different positions from short-term placements to ongoing placements in all grades and specialties. Please remember to call us if your availability changes.

## Placements

- The ICS office is open Monday to Friday and contactable by telephone seven days a week
- Placements are received from our clients (a combination of hospitals, clinics and private individuals) throughout the day
- When Placements are received from clients, we will call you with the details of the shift. We take into consideration the requirement of the client and match it against your skills, qualifications and work preferences
- If you haven't heard from us call

## What you should expect when given a placement

- The name of the client
- Details of the role
- The grade, specialty & pay rate
- Details of on-call hours if applicable
- The location and directions
- Start and finish times of the shift
- The expected length of the placement and hours of work
- The dress code
- Any special timesheet requirements and any placement reference number applicable

Remember to take a note of ALL the details of the shift, including any placement reference number and timesheet requirements.

## Letting ICS know when you are unable to attend work

Please call us as soon as possible if you are unable to attend work.

# Before you start work...

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## Disclosure Barring Service (DBS)

We are required by law to obtain a criminal record Enhanced Disclosure for all Agency Workers which includes the barring service check, prior to your first placement with ICS and again usually on an annual basis. Your ICS Consultant will contact you when an update is required.

If you have entered the UK within the last 6 months, you must also provide us with a clear Police Check from the country of residence, dated within the last 3 months. If you did not obtain this prior to entering the UK, please contact your ICS Consultant for more information.

Please note that due to the changes that came into force in June 2013, ICS will no longer receive a copy of your DBS, therefore you may be contacted to provide a copy of your DBS to ICS.

You will also have the opportunity to join the Update Service this means:

- One DBS Certificate is all you may ever need
- You can take your DBS Certificate from role to role within the same workforce
- You are in control of your DBS Certificate
- You get ahead of the rest and apply for jobs DBS pre-checked

There is a cost of £13 per year and some conditions will apply. Speak to your ICS Consultant for more

information or log onto the DBS website [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service).

## Disclosure Scotland

For those that are working in Scotland you will be required, by law, to undergo a disclosure check prior to you starting with ICS and on an annual basis.

## Training Requirements

In order to ensure your safety and the safety of patients and service users, you are required to provide ICS with evidence of training in Health & Safety (including COSHH and RIDDOR) Manual Handling, Basic Life Support, Child Protection and Safeguarding Vulnerable Adults, within the last 12 months. Some clients also require additional training to be undertaken such as paediatric/neonatal life support or physical restraint skills. Your ICS Consultant will discuss any training requirements with you prior to your first placement and again on an annual basis.

## Occupational Health

When you received your application pack to join ICS, you will have been asked to complete a health questionnaire to ensure that you are fit to carry out the duties required. In line with current Department of Health Guidelines, ICS is required to conduct Occupational Health screening prior to your first placement. This must also be

# Working for ICS...

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updated on an annual basis. Your ICS Consultant will contact you when an update is required.

Please be aware that if you have been signed off sick from your current employment you cannot undertake any additional work during this time, this includes agency work. If it is discovered that you are working during this period, you may be subject to an NHS fraud investigation which could result in removal from your professional register and potential prosecution.

## Fitness to Practice

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

Because of the potential risks to an unborn child, you MUST let us know if you become pregnant. If you are concerned that your placement involves unnecessary risks to your health or fitness or that of your unborn child, please do not hesitate to contact us. This is important, as we are required to perform a health and safety risk assessment for all expectant mothers.

The client may request that you undergo a medical examination prior to commencing work.

## Aids/HIV

If you think you have been exposed to any blood borne virus (Hepatitis B, Hepatitis C or HIV) whilst on a shift we have placed you in, you must:

- comply with the hospital's needle stick/ contamination policy
- immediately carry out first aid
- report the incident to the person in charge
- inform/attend Occupational Health or A&E
- record the incident via the accident/ incident reporting system where you are working
- inform ICS so that the incident may be recorded

## Rates of Pay

ICS offers competitive hourly pay rates, which vary according to grade and specialty. You will be advised of the applicable rate of pay for each placement, when you are offered that placement.

## Attendance/Punctuality

If you accept a placement you must ensure that you arrive on time. If you are unable to work it is essential that you let us know as soon as possible. Remember that you can contact us 24 hours a day.

## Cancellations

Due to the nature of temporary work, the requirements of our clients may change resulting in the cancellation of your placement. In some cases this can occur at very short notice. In the event of a



# Working for ICS...

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cancellation we will try to contact you as soon as possible.

If you are cancelled from a placement, ICS will always endeavour to find you alternative work.

If the placement is cancelled when you arrive at the client's site, it is important that you call the office immediately and get a timesheet signed by the client that you have been cancelled from. Wherever possible, ICS will try to relocate you to another area of the same client.

## Direct placement with clients

In some circumstances, the client may approach you directly with work. It is essential that if you are booked in this way you inform ICS immediately.

Many clients have clear placements procedures in place and will not pay for work that has been booked outside of these arrangements.

## Eligibility to work in the UK

You must have current eligibility to work in the UK. Please inform us immediately if your right to work status changes, whilst you are working for ICS.

## Uniforms & Identification

- You will be issued with an ID badge before your first placement that you must wear at all times whilst working for ICS
- If you are required to wear scrubs – due to infection control please do not wear these on your commute to and from work

- Please do not wear trainers otherwise you will be sent home
- Please ensure your clothes and shoes are clean
- Please make sure your hair is off your shoulders
- Nails must be kept short and no nail varnish is to be worn. Acrylic or gel nails are not permitted
- You are permitted to wear a wedding band but all other jewellery should be removed whilst working for ICS
- No other forms of visible body jewellery (including tongue, eyebrow, nose and labrets) are to be worn

## Timesheets

- You will be sent a personal timesheet prior to you starting work with us, which will be pre-populated with your name and payroll number. You can print, photocopy and use this timesheet as often as required, you do not need to request further timesheets from us
- Please always use your own timesheet and do not let anyone else use yours
- Timesheets must be submitted on a weekly basis
- Timesheets must be faxed to the number quoted on the timesheet. Limited Companies need to send invoices with timesheets
- The ICS working week runs from Monday to Sunday and this is reflected on the timesheet
- Please fully complete your timesheet including your name, the client name and hours worked (less any breaks taken)

# Working for ICS...

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- You should complete a new timesheet each week
- If you are given a reference number for the booking, please write it on your timesheet
- At the end of each shift make sure your timesheet is signed by your line manager.
- You must also sign your timesheet yourself
- Please use a separate timesheet for each separate booking (do not put the details of different clients, wards, grades or weeks on one timesheet) If you are in any doubt, contact the ICS office
- Some clients require you to fill in their own timesheet (eg on-line timesheets) as well as an ICS timesheet. If this is the case your ICS Consultant will advise you at the time of placement
- If you do not get the correct timesheets filled in, we will contact you to let you know what we need in order to pay you. If you have any queries please call the office for clarification
- If either a client timesheet or a client reference number are missing when you submit your timesheet, payment may be delayed until ICS can obtain these
- Please deduct breaks from the total hours, as these are unpaid
- Always remember to leave a copy of your signed timesheet with your line manager, and keep a copy for yourself. If a client specific timesheet is also required, follow the same principles as above

ICS will treat any attempt to falsify any of the information on your timesheet very seriously.

## Pay

ICS runs a payroll processing cycle every business day. Timesheets will be processed and paid on the same business day, if:

- Timesheets are faxed directly to the number on the timesheet, and received before 09:30am
- There are no issues with the timesheet; it must have been completed correctly including your signature and the client's signature, correct dates, client name and all other relevant information needed
- The timesheet is for work up to the previous Sunday

Payments take 2 business days to reach your nominated bank account; payment for timesheets processed on Monday will reach your nominated bank account on Wednesday.

**ICS is not responsible for delays in salary payments due to factors beyond its control.**

You will be advised of any changes to timesheet deadlines for Bank Holidays.

If you are paid through an umbrella company, please check with them when payment will be made to you.

Please note you must not, under any circumstances, discuss your rates of pay with other workers.

## The Working Time Directive

ICS is required to take reasonable steps to ensure that you do not work more than an average of 48 hours a week over a 17-week period. However, you are entitled to choose to work more than the 48-hour limit by opting out of the Working Time Directive. It is unacceptable to work back-to-back shifts, ICS considers this to be unsafe for you and our Clients. ICS takes this matter very seriously. If an incident occurs disciplinary action may be taken.

## Paid Annual Leave

- You are entitled to 5.6 weeks annual leave, per annum, pro rata
- The leave year commences on 6th April and lasts until the 5th April
- Paid annual leave is calculated in accordance with and in proportion to the number of hours that you have worked on assignment and is based on reference pay
- When you join ICS, you will be informed of the different rates of pay available. You will be advised of the applicable rate of pay for each placement/shift, when you are offered that placement/shift. Your rate of pay will also include an element of holiday pay. This means that you will receive a payment in respect of your accrued holiday entitlement each time you are paid, irrespective of when you actually take the time off work. You will be informed of the amount of pay, and the amount of holiday pay you will also receive
- We are committed to staff wellbeing. We actively encourage

and support staff to take their annual leave entitlement as this is key for your Health and Safety and wellbeing. Although you will receive your holiday pay on a regular basis throughout the year, you must still, in accordance with employment legislation, ensure that you take time off work to reflect your accrued annual leave entitlement. You will be asked to sign an annual declaration that you understand your holiday entitlement and that you have taken/will take appropriate periods of holiday

- All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next leave year (unless you are prevented from taking holiday on account of sickness or maternity leave which must be communicated in writing with the appropriate certificates)
- It is important that you communicate regularly with us when you wish to take your holiday, you need to let your consultant know your intention to take leave and the dates so that we can record when you are not available for work, and so that we can be sure you have taken sufficient time off work
- You must give notice of at least twice the length of the period for which you wish to take leave. Unless we inform you that it is not possible for you to take leave on the requested dates, you shall be entitled to take up your leave entitlement as notified

# Working for ICS...

- Please ask your consultant if you are in any doubt about your holiday entitlements.

## Tax & National Insurance

If this is your only or main job and you are working as PAYE, please provide ICS with your P45 from your last employer. If you do not have a P45 or if this is not your main job, please complete a P46 available from the ICS office, or you can download from the HMRC website: <http://www.hmrc.gov.uk/forms/p46.pdf>

If a P45 or P46 is not supplied then ICS will need to apply tax at Basic Rate.

The details for the HMRC are as follows: The Pay Reference Number you need to quote is **321/HA43261** which corresponds to ICS Healthcare Temp.

**Address: HM Revenue & Customs  
Pay As You Earn  
PO Box 1970  
Liverpool  
L75 1WX**

**Telephone: 0845 300 0627**

## IR35

All workers that are engaged through a Personal Services Company must comply with current IR35 Legislation and Income Tax (Earnings and Pensions) Act 2003. As a Director of a Limited Company it is your responsibility to ensure that the appropriate tax and national insurance has been paid in accordance with HMRC Guidelines.

## Personal Accident Insurance

ICS does not provide personal accident insurance cover. We advise that you consider taking out your own cover.

## Professional Indemnity Insurance

You are professionally accountable for all of your practice. ICS requires you to have your own Professional Indemnity Insurance that is suitable for agency work. If you do not already hold this, please contact a suitable organisation to arrange the relevant cover.

## Training and Development requirements and Opportunities

ICS is committed to supporting you in your professional development.

ICS will provide mandatory training for all agency workers prior to placement including annual updates. This includes:-

- Moving & Handling
- Basic Life Support (in line with Resuscitation Council (UK) guidelines)
- Health & Safety
- Complaints Handling
- Protecting and using patient information including the Caldicott Principles.
- Infection Control
- Fire Prevention
- Lone Worker Guidelines
- Management of Violence and Aggression
- Safeguarding Vulnerable Adults
- Child protection level 2 or 3 as required
- Counter Fraud
- Preventing Radicalisation

# Working for ICS...

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Your training certificate will be kept on file. Should you wish to purchase your training certificate, contact your ICS Consultant for more information.

Your ICS Consultant will contact you when an update is required.

## Appraisals

ICS will require you to be appraised at least annually by a medical practitioner who is entered onto Specialist Register on the GMC List Of Registered Practitioners.

The appraisal must be completed in line with the approved NHS Appraisal System.

## Revalidation

From the December 2012 all Doctors are required to demonstrate that their knowledge is up to date and they are fit to practice. Doctors are required to revalidate every five years, in order to maintain GMC registration.

## Designated Body

In order to revalidate you will be required you have a Designated Body. This will be your substantive employment or the employer where you complete the majority of your work. If you require ICS to be your Designated Body please speak to your ICS consultant.

## Continued Professional Development

In order to maintain their registration with the GMC, you are required to maintain and improve your standards by undertaking continuous professional development.

As defined in "Good Medical Practice" You must keep your knowledge and skills up to date throughout your working life. In particular you should take part in regular educational activities which maintain and further develop your competencies.

## Caring for People in their Own Homes

ICS may offer you assignments that involve working in a patient or a service user's own home.

Service User Care Plans - Each patient or service user will have a Care Plan. You must ensure you read this information as it will give you guidelines on what care your patient or service user requires, instructions on how to move your patient or service user (if appropriate), any medication required and any hazards that you need to be aware of within the patient or service user's home.

At the end of each visit ensure that the log sheet in the service user's care plan is completed including: -

- Time you arrived and left with your initials
- The tasks that you performed at that visit

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- Any medication given
- Any changes in the service user's condition
- Information important to colleagues or others involved in the care package regarding any accidents that have occurred to your service user or yourself\*

*\*If any accidents have occurred to your service user or yourself fill in the accident report and the log sheet. Accidents or incidents must be reported to ICS immediately.*

These records should be written objectively and state what you have actually done.

Never assume or write what you think about your patient or service user. These are official documents, which could be used in a court of law. Ensure they are filled in accurately with a black pen. You should only ever record what you would wish a service user to read - patients and service users have a right to access their care records.

## Conduct

- Patients, service users and their families should at all times be treated with dignity and respect and due consideration should be taken of their religion, culture and any other preferences that they may have
- Patients and service users should be addressed using their preferred form of address

- Care and support should be offered in the least intrusive manner possible
- The independence of patients and service users should be supported and encouraged where possible through appropriate communication about involvement in their own care. This independence should only be curbed where it is in the patient or service user's best interests

## Attending a Patient or Service User's Home

- You should announce your identity clearly on arrival and not enter a patient or service user's home without invitation
- Where possible, the patient or service user should be allowed to answer the door themselves
- Always ensure your ID badge is worn visibly and encourage your patient or service user to check it on each visit
- Upon arrival you should check whether your patient or service user has any specific needs for this visit
- Remember you are a guest in the patient or service user's home, you should treat their property and possessions with respect

## Leaving a Patient or Service User's Home

- If another nurse or carer is due to be attending the patient/service user's home, do not leave until they have arrived. If they are late, contact your ICS Consultant immediately
- Ensure the patient or service user is aware you are leaving
- Check that they are comfortable and have everything they need within easy reach

# Working for ICS...

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- Check that potential sources of danger are not accessible
- Make sure that they know which windows, if any have been left open
- Ensure appliances that are no longer in use are switched off
- Please take full care in securing the home when leaving including, where appropriate, doors and windows and the safeguarding of keys
- You should report any accident or emergency situations as soon as possible to the relevant authorities and to the ICS office
- All visits, incidents, observations, care and, where relevant, financial transactions should be logged on records kept securely in the patient or service user's home
- If you are unable to attend any specific appointment please let us know as soon as possible

## Carrying out Assignments

- Medication should be stored in a safe place, known and accessible to the patient or service user, or to relatives and other carers where appropriate
- You should not make use of a patient or service user's property (including, for example, their telephone) without their express permission

# Our Policies and Procedures for Agency Workers

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## Our Policies & Procedures

Many of our clients have their own specific policies and procedures.

When you start work at any client it is important that you make yourself familiar with ALL policies and procedures relating to the work you are undertaking e.g. clinical procedures, infection control, fire safety, confidentiality and child protection.

## Absenteeism

If you are absent from work on any day not pre-arranged you must ring your ICS Consultant no later than one hour before your assignment is due to start.

You must state the reason for your absence, what action you are intending to take to ensure you return to work as soon as reasonably practicable and when you hope to return to work. Thereafter you must continue to notify your ICS Consultant of your absence on a daily basis unless you have submitted a doctor's medical certificate.

The Company reserves the right to arrange for a medical examination by an independent medical practitioner, or to request a report from your own doctor/ specialist, in order to ensure that you are fit to continue or undertake your job, or to determine your current state of health. Full consultation will take place with you in this event.

## Rehabilitation of Offenders Act (1974)

The Rehabilitation of Offenders Act (ROA) 1974 (amendment 2013) is aimed at helping people who have been convicted of a criminal offence and who have not re-offended since.

This act makes it unlawful to take into account any offences of a person who is considered to have undergone a satisfactory period of rehabilitation. However, there are some exceptions. Anyone applying for a position that involves working with children or working with the elderly or sick people are required to reveal all serious or multiple convictions and those that resulted in a custodial sentence. For minor convictions you must disclose any that have taken place in the last 11 years and all cautions that have been issued in the last 5 years. Please note multiple minor convictions must be reported regardless of when they took place.

## ICS Ex-offender Recruitment Policy

- We will consider which posts require Disclosure and at what level
- We will not request an Enhanced DBS unless the job is exempt under the terms of the Rehabilitation of Offenders Act 1974 (amended 2013)
- We will inform prospective agency workers of the requirement, where applicable, to carry out a Disclosure for the position



# Our Policies and Procedures for Agency Workers

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- We will where possible, consider the nature of any conviction and its relevance to the job in question
- We will take a balanced view during the recruitment process whilst at the same time maintaining awareness of our obligations to protect our clients, service users and general public
- We will comply with the Data Protection Act when accessing criminal records information.

You must inform ICS if you receive any warnings, cautions or convictions at any time.

## Information Governance, Confidentiality and Data Protection

Any information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation.

All ICS agency workers are expected to observe the highest standard of confidentiality, protecting all confidential information concerning patients, service users and clients obtained in the course of their work.

For example, talking to one patient about another patient on the ward is a serious breach of confidentiality. Please take care with service user and client records when on assignment to ensure that they

are not in undue danger of being accessed by unauthorised individuals.

It is of vital importance that you understand the principles concerning confidentiality and the use of patient information. Information Governance is the way the NHS handles information, in particular the personal and sensitive information about patients and employees. It provides a framework to bring together all the requirements, standards and best practice that apply to the handling of personal information.

The Department of Health has developed a model for managing information using the acronym HORUS. Information should be:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully

## What standards make up information governance?

- Data Protection
- Freedom of Information
- Information Quality Assurance
- Information Security
- Records Management
- Confidentiality Code of Practice

# Our Policies and Procedures for Agency Workers

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## What legislation is in place?

- The Data Protection Act 1998
- The Freedom of Information Act 2000 and Freedom of Information (Scotland) Act 2002
- The Human Fertilisation and Embryology Act 1990
- The National Health Service Venereal Disease Regulation (SI 1974 No.29)
- The Mental Capacity Act (2005)
- The Computer Misuse Act 1990
- Guidance on Health Act (S31 Partnership Arrangements) 1999

## The Data Protection Act – What is it?

- The Data Protection Act 1998 reinforces common sense rules of information handling and is there to ensure that any information is managed and held in a sensible way
- The Data Protection Act applies to anyone who handles or who has access to information about individuals

## Two Main types of Data

Personal Data - Anything that relates to a living, identifiable individual

- Factual Information
- Expression of Opinion
- Indication of Intent

Sensitive Personnel Data

- Ethnic Origin
- Political opinions
- Religious or other beliefs
- Trade Union Membership
- Physical or mental health
- Sexual Life
- Offences
- Criminal proceedings or sentencing

## Data Protection

You should adhere to the requirements of the Data Protection Act 1998. In brief, anyone processing personal data must comply with the enforceable principles of good practice - data must be:

- Fairly and lawfully processed
- Processed for lawful purposes
- Adequate, relevant and not excessive
- Accurate
- Not kept for longer than necessary
- Processed in accordance with the data subject's rights
- Secure

# Our Policies and Procedures for Agency Workers

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## Freedom of Information – What is it?

- The Freedom of Information Act (2000) is a law giving people the general right to see recorded information held by public authorities
- The Act gives people a better understanding of how public authorities carry out their duties, make decisions and spend public money

## Information Quality Assurance - What is it?

- It relates to the quality information on our systems
- Data is regarded as being of high quality if it is accurate and up to date, complete and comprehensive
- Poor quality information impacts directly upon every use made of that information

## Password Management

Keep passwords secure and change periodically. Avoid using passwords that are easy to work out. The most common words used on passwords are either a person's pet name or their child's name. Consider the strength of your password.

## Information Security – Do not be the weak link

Information security is the protection of information from a wide range of threats in order to ensure continuity and minimise risk. Requirements & risks include:

- IT security dictates: Rapid detection, isolation and removal of a threat
- Malicious software: DO NOT download information unless certified by IT dept
- Password management: keep it secure and change periodically with advised upper lower case
- Secure transfer of information: DO NOT transfer or remove (stick/disc) with unencrypted data/permission

## Caldicott

The Caldicott report published in 1997 reviewed how the NHS patient information is shared and kept confidential. From this report the position of a “Caldicott Guardian” was born. The Caldicott Guardian is a senior member of staff with responsibilities to oversee access to patient data and ensure appropriate data governance being compliant with the Caldicott principles.

The Caldicott Protocol identified the following principles:

- Justify the purpose of the use of patient identifiable information
- Don't use patient-identifiable information unless it is absolutely necessary
- Use the minimum necessary patient identifiable information
- Access to patient-identifiable information should be on a strict need- to-know basis
- Everyone with access to patient identifiable information should be aware of his or her responsibilities
- Understand and comply with the law

# Our Policies and Procedures for Agency Workers

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## Disclosure – What is it?

- Disclosure means the giving of information
- It is only lawful and ethical if the individual has given consent to the information being passed on
- Content must be freely and fully given  
Consent to disclosure of confidential information may be;
  - Explicit
  - Implied
  - Required by law or
  - Capable of justification by reason of the public interest

## When would you disclose information without consent?

- Information is required by statute or court order
- Where disclosure is essential to protect the patient, or someone else from risk of death or serious harm
- For the prevention, detection or prosecution of serious crime
- If a patient is not competent to give consent, in public interest
- In the public interest where the benefits of disclosure to an individual or society outweigh the patient's and public interest in keeping the information confidential

The decision to release information in these circumstances should be made by a nominated senior professional and it may be necessary to take legal or other specialist advice.

## What if you think there is a risk or breach of Confidentiality?

- Inform your manager
- Inform a Caldicott Guardian

You are not authorised to make any statement to representatives of the press, radio or television or other body. Any such request for information should be referred to the ICS manager.

## Use of Data

ICS holds a personnel file and computer records within the UK, which contain data relating to you and concerning a wide variety of matters. These include matters such as your contact details, application, references, bank details, and other personal details. It may include some sensitive data concerning your health and ethnic origin. It is held for the following purposes:

- Staff administration
- Administration of payroll and agency workers benefits
- Internal accounts and records, marketing and business transactions
- The provision of management information for business purposes such as marketing activities and corporate and staff planning
- To ensure fair treatment and permit ICS to comply with its legal responsibilities

We may collect from you certain details relating to another individual, for example, details of a person to

# Our Policies and Procedures for Agency Workers

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contact in case of emergency. In such cases, it is your responsibility to ensure that you have informed any such individual of the use of his/her data by ICS for the applicable purpose.

It may, in certain circumstances be necessary to disclose your personal data to:

- Customers, suppliers or clients of ICS
- Third parties who provide services to ICS
- Business partners or third parties involved in the management of ICS business, as a result of, for example, a joint venture, merger or outsourcing contract
- ICS advisers, the relevant regulatory authorities
- Other third parties where required by law

In all cases, third parties to whom your personal data is disclosed for processing on behalf of ICS will be contractually obliged to use the data only for the relevant purpose specified above and not to forward the data to other parties without your consent.

## Ownership of Rights & Intellectual Property

You are not permitted at any time whilst working with ICS or at any time after you have ceased working with ICS to disclose to any person, company or third party any confidential information obtained during the course of any client assignment.

For the purposes of this agreement, Confidential Information means information relating to ICS or its clients including patents, trade marks, rights subsisting in domain names, registered designs, unregistered designs, copyrights, database rights; and all similar or equivalent rights protecting software programs, databases, data, methodologies, technical information, know-how, inventions, technological improvements or discoveries together with all applications and rights to apply for registration of any such rights and the right to enforce past infringements of the same.

To the extent permitted under any applicable laws, you now assign to ICS or its nominee with full title guarantee all Intellectual Property arising in the course of your work with ICS ("Company IP") capable of being assigned in advance of its creation in accordance with the laws of the applicable jurisdiction (whether by way of future assignment or automatic assignment upon creation); agree to assign to ICS or its nominee with full title guarantee any Company IP that is not so capable of being assigned in advance of its creation; and unconditionally waive all moral rights that you may have in respect of any Company IP and shall promptly at ICS's request and expense execute all such documents and carry out such acts as may be reasonably necessary or desirable in order to effect the provisions of this.

## Information Technology

During the course of your assignment, you may be required to use client IT systems. Please make yourself

# Our Policies and Procedures for Agency Workers

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aware of and adhere to, any client specific guidelines related to Information Technology and the use of computer hardware and software. You must not use any computer equipment unless directed to by an authorised member of staff and it should only be used for work related purposes.

## Duty of Candour

The Duty of Candour places a requirement on ICS and other providers of health and social care to be open with patients/clients when things go wrong. Medical treatment and care is not risk free. Errors will happen and nearly all of these will be due to failures in organisational systems or genuine human errors. The obligations that challenges candour reminds us that for all its continued technological advances, healthcare is a deeply human business. A Statutory Duty of Candour being introduced relates to implementing a key recommendation from the Mid Staffordshire NHS Foundation Trust Public Enquiry (The Francis Enquiry) In responding to the Francis Report, the government supported the proposal to implement a duty of candour with criminal sanctions on providers.

The Statutory Duty of Candour is enforceable by law. It is a criminal offence to fail to provide notification of a notifiable safety incident and/or comply with the specific requirements of notification. If ICS are non-compliant to this legislation they could be liable to a potential fine of £2500 per incident. All healthcare professionals have a duty of candour

a professional responsibility to be honest with patients/clients when things go wrong.

As an agency worker you must first discuss the need to inform the patient and with the trust to identify who will inform the patient therefore any concerns/incidents that come under the duty of candour are reported immediately to ICS who will inform the trust, the trust will then manage the incident through their process and procedures. If there is an immediate patient safety issue then inform the trust and ICS immediately.

## Social Networking

Social Networking has the potential to put yourself, the patient and the company at risk. Key points to remember about social media:

- Social media can blur the boundary between a healthcare workers public and professional life
- The ethical and legal duty to protect service user/client's confidentiality applies equally on the internet
- It is highly inappropriate to post informal, personal or derogatory comments about service user/clients on social media
- ICS recommends that workers should not accept friend requests from current or former service users/patients
- Healthcare workers should be conscious of their 'online image' and how it may impact on their professional standing

# Our Policies and Procedures for Agency Workers

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- Social networking sites should not be used for raising and escalating concerns (commonly referred to as whistleblowing). ICS's policy on Whistleblowing sets out your professional duty to report any concerns which put the safety of people in your care or the public at risk, and the steps you should take
- If you are concerned about the online behaviour of someone who is registered with ICS, you should take steps to raise your concerns with ICS. In the most serious circumstances, for example if someone's use of a social networking site is unlawful, you should also report the incident to the police

If you are found to be:

- Sharing confidential information online
- Posting inappropriate comments about colleagues or patients
- Using social networking sites to bully or intimidate others
- Pursuing personal relationships with patients or service users
- Distributing sexually explicit material
- Using social networking sites in any way which is unlawful

This may lead to disciplinary action taken against you by ICS and possible referral to your registered body and/or the police.

## Sleeping on Duty

Unless working a 'sleeping night', sleeping on duty, at night or day, is prohibited by ICS. Any Agency worker reported to be asleep on duty will be investigated and appropriate action will be taken.

## Smoking

You are not permitted to smoke except in places where it is expressly permitted. Smoking on duty is forbidden (including E-Cigarettes). Please remember that if you smoke the smell remains on your clothing which many people find offensive.

## Mobile Phones

There are a number of complex issues that can arise out of the use of mobile phones. In order to protect the interests of clients, ICS and other Agency workers you MUST NOT:

- Give your contact telephone number (mobile or other) to the client
- Disclose the telephone numbers of other Agency workers to clients/patients/service users
- Use your mobile phone to photograph clients
- Create or send mobile phone messages which make comments or statements which could in anyway be contrived to be defamatory
- Create or send mobile phone messages containing photographs/images of patients/service users

# Our Policies and Procedures for Agency Workers

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- Create or send mobile phone messages containing information confidential or otherwise, regarding clients
- Initiate or forward mobile phone messages that could be considered to constitute an act of harassment or discrimination on any grounds
- Use your mobile phone whilst on shift, except in an emergency
- If you require to have your mobile phone on for personal reasons please inform your ICS Consultant

## Health and Safety

All workers have a duty under section 7 of the Health and Safety at Work Act 1974 to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. Therefore all workers must use all work items provided for them correctly; in accordance with their training and the instructions they received to use them safely.

Regulation 14 of the Management of Health and Safety at Work Regulations 1999, states that:

- Every worker shall use any machinery, equipment, dangerous substance, transport equipment, means of production or safety devices provided in accordance both with any training in the use of the equipment concerned which they have received, and the instructions respecting that use which have been provided in compliance with the requirements and prohibitions imposed under the relevant statutory provisions

We will let you know about any specific hazards relating to your place of work that we have been notified about.

If during the course of your work you identify a risk to the health, safety and welfare of your own personal safety, and/ or that of your colleagues, patients or service users, you have a duty to report this to your ICS consultant.

## Fire & Other Emergencies

All clients have evacuation procedures in order to prevent injury to persons and avoid impeding emergency services. For your own safety and that of other people you must familiarise yourself with, and adhere to, fire regulations and procedures. It is the smoke from the fire that kills. If you see, or suspect a fire, act immediately.

Never try to tackle a fire yourself - call the emergency services immediately.

## Waste Disposal

All workers have a responsibility to comply with local waste disposal procedures. These include the requirement to dispose of waste materials safely and correctly.

## COSHH (Control of Substances Hazardous to Health)

Control of Substances Hazardous to Health Regulations 2002: COSHH requires employers to control exposures to hazardous substances to protect both employees and



# Our Policies and Procedures for Agency Workers

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others who may be exposed from work activities. All Agency workers must adhere to the client's COSHH requirements, at their workplace.

Please refer to your Health & Safety training guidelines for more information about COSHH and the role you play.

## **RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences)**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013(RIDDOR) places a legal requirement on employers, self-employed people and people in control of premises to report work-related deaths, major injuries, injuries that result in more than seven days off work, work related diseases and dangerous occurrences (near miss accidents) to the HSE.

All accidents involving staff or patients and service users must be reported to your line manager.

If during the course of your work you identify a risk to the health, safety and welfare of your own personal safety, and/ or that of your colleagues, patients or service users, you have a duty to report this to your ICS consultant.

Please refer to your Health & Safety training guidelines for more information about RIDDOR and the role you play.

## **Safe handling of money & other valuables**

Please familiarise yourself with any client specific policies on the safekeeping of patient & service user valuables and money.

If you are asked to handle money or other valuables, please seek guidance from your line manager.

## **Equal Opportunities**

ICS seeks to offer equality of opportunity to all workers and will treat all allegations of discrimination with the utmost seriousness. In accordance with these principles, workers may not discriminate on the grounds of race, ethnic origin, nationality, colour, religion or belief, age, gender, sexual orientation, marital status or disability.

## **Complaint Handling**

During the course of your work with ICS you may encounter complaints from patients, service users and their relatives or interested parties, colleagues, co-workers, referring hospitals/care environments, the media or HR. Please advise your line manager of any complaints in order for the client to invoke their own complaints policy.

Depending on the nature and severity of the complaint you may be requested to put details of the complaint in writing on a complaint record form and/or attend an interview to investigate details further.

# Our Policies and Procedures for Agency Workers

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To ensure that you deal with complaints effectively, it is important that you understand who may complain. Common reasons for complaints and the process for dealing with complaints.

The main causes of complaints are:

- A lack of information
- Withholding information
- “Not my patient”
- Constantly being referred to someone else for advice/ resolution
- Lack of explanations of procedures
- Lack of fundamental care
- Questioning judgement/ability/ decisions of staff

## Dealing with a Complaint

An effective and efficient initial response to a complaint will often be all that is required for a local resolution.

You should immediately acknowledge the complaint verbally. Give the complainant privacy and show that you have the time to listen. Identify the cause of concern and what the complainant wants. You should attempt to resolve issues local to the event.

Not all complaints will be resolved locally and it may need to be escalated upwards if local resolution is not achieved. This will depend on your role in the organisation. You must also inform the ICS manager at the earliest opportunity, even if the complaint has been resolved locally.

## DO

Remain calm and actively listen  
Isolate the situation  
Enforce limits  
Be aware of the non-verbal  
Be consistent  
Report any level of complaint to your manager

## DO NOT

Over react  
Get into a power struggle  
Make false promises  
Fake attention  
Be threatening  
Use jargon as it can confuse or frustrate

# Our Policies and Procedures for Agency Workers

## Complaints Procedure

You should be aware of the local policy and also ICS's policy for complaints handling:



A typical example would be:

- Acknowledged within 3 working days
- If the complaint can be fully answered to our satisfaction this should be within 5 days
- Wherever possible a documented full response is provided to the complainant within 15 working days
- Where a resolution cannot be agreed and the investigation is still in progress then more time should be negotiated with the complainant

## Making a Complaint

If you have a complaint about the way you have been treated on assignment or by our staff, please direct this in the first instance to your ICS consultant.

If for any reason you are still unsatisfied with the case in point, please contact ICS who will refer you to a senior member of staff.

If you have serious concerns about our service, which have not been resolved, the representative body for the recruitment and staffing industry is the Recruitment and Employment Confederation (REC). Their helpline is available from 8am to 6pm, Monday through Friday on **020 7009 2144**. Their headquarters are at the address below:

**Recruitment and Employment Confederation**  
15 Welbeck Street  
London, W1G 9XT  
Email: [info@rec.uk.com](mailto:info@rec.uk.com)  
[www.rec.uk.com](http://www.rec.uk.com)

# Our Policies and Procedures for Agency Workers

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The full ICS Complaints Procedure is available upon request.

## ICS Child Protection Policy

'The child's welfare is paramount and should be safeguarded and promoted by all staff'.

It is the policy of ICS;

- To ensure all children are treated as individuals and protect their right to be treated as individuals
- To ensure each child encountered in the course of providing services is protected from all types of abuse and neglect
- To ensure that ICS does everything possible to prevent, report and tackle abuse wherever it is encountered
- To comply with the Department of Health Guidance on multi-agency policies

## Incidents

During your work with ICS you may come across or be involved in an incident. An incident includes the terms untoward incident, near miss, adverse incident or accident. These are where an act, omission or undesired circumstance or event results, or had the potential to result in an unintended or undesirable outcome, harm, loss or damage. This may involve service users, agency workers, members of the service user's family, property or equipment. The term 'incident' includes issues related to but not exclusively related to:

- Working practices
- Client safety

- Health and safety
- Fire
- Theft
- Emergency situations
- Loss of information or data or data security breaches
- Violence/aggression from service user or their family against
- Any Agency Worker and vice versa

## Reporting an incident

If you are required to report an incident that has occurred, please complete an incident form and telephone your ICS Consultant. The incident will be logged onto ICS risk management software and will be investigated by the complaints and incidents team. You may be asked for a statement and/or be required to attend an investigation meeting.

## Safeguarding Children and Young People: Roles and Competencies for Health Care Staff

Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (the intercollegiate document) has been published in March 2014 by the Royal College of Paediatrics and Child Health on behalf of a number of contributing organisations to clarify the competencies required by all health staff to safeguard children and supersedes the 2012 version. To protect children and young people from harm, all health staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role.

# Our Policies and Procedures for Agency Workers

They must also clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties.

Following every serious case of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information sharing between professionals and agencies, inadequate training and support for staff and a failure to listen to children.

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have any concerns about child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer's health or behaviour. To fulfill these responsibilities, all health staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

Five levels of staffing have been identified;

Level	Staff Type
<b>Level 1</b>	All staff working in health care settings
<b>Level 2</b>	All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers
<b>Level 3 Core</b>	All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns
<b>Level 3 Specialist</b>	RN Child, Child and Adolescent RMN's, children LD, midwives, school nurses, health visitors.
<b>Level 4</b>	Specialist roles – named professionals
<b>Level 5</b>	Specialist roles – designated professionals

As a result, you should, as a minimum:

- Understand what constitutes child abuse
- Know about the range of physical, emotional, neglect and sexual abuse
- Be able to recognise the signs of child abuse
- Know what to do when you are concerned that a child is being abused
- Be able to seek advice and report concerns, ensuring that they are listened to
- Know about local policies/procedures
- Understand the importance of sharing information, how it can help and the dangers of not sharing information
- Know what to do if they experience barriers to referring a child/family

# Our Policies and Procedures for Agency Workers

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As part of your induction to ICS, your mandatory training will include a Safeguarding Children Level 2 module which will cover these areas and subsequent refresher training will also be provided. If you feel unsure of any of the above, please speak to your ICS Consultant who can provide some additional training for you. In addition, if your role is identified as requiring Level 3, your ICS Consultant will contact you to arrange this.

## ICS Protection of Vulnerable Adults Policy

ICS is committed to safeguarding vulnerable adults. At all times the safety of vulnerable adults is paramount.

Agency workers are expected to report any concern about the abuse of a vulnerable adult immediately to their line manager. The agency workers must objectively record the nature of their concern and the date, time and name of the person to whom it was reported. Agency workers must also:-

- Co-operate fully with any official investigation
- Maintain strict confidentiality and share information on a need to know basis initially only with the assignment manager and then with the authorised investigators
- Comply fully with the policies and procedures of the customer organisation

Any action or behaviour by an agency workers which is believed to be a criminal offence will be reported to the police.

## Recognising the Signs of Abuse or Neglect

You must always be alert to the signs of abuse, which can take many forms.

- Verbal/psychological abuse - such as using demeaning language or name calling, provoking or frightening the service user or subjecting them to witness unpleasant acts. The person may appear frightened, nervous, irritable or withdrawn
- Physical abuse - such as rough handling, slapping, punching or burning. Look for marks and bruises that cannot be adequately explained. The person may wince or withdraw from you when you approach them
- Sexual abuse - people who have been sexually or indecently assaulted may have soreness or bleeding in the genital area
- Financial abuse - such as using someone's credit card or chequebook to steal money without them knowing, or stealing valuable or sentimental items. The person may appear worried or withdrawn
- Neglect / deprivation - such as the withholding of basic rights or comforts such as food, light, heating, medication or personal hygiene. The person may appear dirty, or be inappropriately dressed for the time of year
- Radicalisation - Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. It is your responsibility to inform ICS with any concerns

# Our Policies and Procedures PAYE Agency Workers

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- Female Genital Mutilation (FGM)  
- FMG involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is your responsibility to inform ICS with any concerns
- Cyber bullying - The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature

At each new client, please familiarise yourself with the any policies and procedures related to abuse and be aware of the signs that may indicate abuse or neglect.

If you suspect any form of abuse or neglect is taking place, report it to ICS immediately.

## Allegations of Abuse or Neglect

ICS will take seriously any allegations of abuse by or neglect against agency workers working through us.

If we receive complaints of this sort against you, we may not be able to offer you work whilst the allegation is being investigated. Ultimately, if allegations are well founded, we may not be able to offer you work in future and it may result in a referral being made to the Disclosure Barring Service (DBS).

## Whistle Blowing

Whistle blowing is the disclosure of confidential information that relates to danger, fraud\* or other illegal or unethical conduct connected with work including abuse or neglect of patients or service users.

The disclosure may relate to concerns regarding:

- The location in which you currently work or have worked
- ICS
- A fellow ICS agency workers
- A member of the ICS team
- Any other party e.g. a patient or service user's relative

*\*Common type of fraud within the NHS include professionals claiming money for shifts not worked (commonly known as 'timesheet fraud'), patients falsely claiming exemption from optical, dental or pharmaceutical charges ('patient fraud') and staff working in unauthorised jobs while on sick leave. Please visit <http://www.nhscounterfraud.nhs.uk> for more information.*

Under the Public Interest Disclosure Act 1998, agency workers who speak out, in good faith, against corruption and malpractice at work have statutory protection against victimisation and dismissal.

ICS encourages an open culture, which recognises the potential of our agency workers to make a valuable contribution to protecting public interest. If you would like to see a full version of the ICS Whistle

# Our Policies and Procedures for Agency Workers

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Blowing Process please ask your ICS consultant.

- To provide avenues for agency workers to raise concerns
- To receive feedback on any action taken
- To inform agency workers how to take matters further if they are dissatisfied with the response to such action
- To reassure agency workers that they will be protected from reprisals or victimisation for whistle blowing in good faith

## **What to do if you suspect or have evidence of some form of danger, fraud illegal or unethical conduct including the abuse or neglect of patients or service users at your workplace**

- In the first instance you should contact your ICS manager at your local office. If for some reason you do not wish to report your concerns to the manager you may approach the ICS divisional director or the ICS clinical director at Head Office
- You will be asked to meet with an appropriate ICS manager in order to put together a statement detailing your concerns
- A summary report of your concerns and your statement will be forwarded to the ICS divisional director and/or clinical director who will decide what action is appropriate e.g. carrying out an internal investigation (where the concerns relate to ICS) or passing on the concerns to the appropriate external organisation

e.g. the Care Quality Commission or Social Services

- The divisional director/clinical director will liaise regularly with the organisation and will keep you informed of any investigation or action that is taken
- If, following an investigation, it is concluded that there is no case to answer and that the allegation is unfounded, the divisional director will ensure that you are protected provided the disclosure was made in good faith
- If you are not satisfied with the outcome of the investigation, you have a right to make an external disclosure to a prescribed person, such as the Care Quality Commission

## **Guidelines on reporting Notifiable Diseases:**

If you have a notifiable disease you must report this to your ICS Consultant. You must not carry out your duties for ICS during the period you have a notifiable disease as you will put your service user's at risk.

You may be required to stop working if you have or have had contact with a person with a notifiable disease. These include:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery
- Leptospirosis
- Haemophilus influenza
- Malaria
- Meningitis (meningococcal, pneumococcal)



# Our Policies and Procedures for Agency Workers

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- Meningococcal septicaemia
  - Mumps
  - Ophthalmia neonatarum
  - Paratyphoid fever
  - Plague
  - Rabies
  - Relapsing fever
  - Rubella
  - Salmonella
  - Scarlet fever
  - Smallpox
  - Tetanus
  - Tuberculosis
  - Typhoid fever
  - Typhus fever
  - Viral haemorrhagic fever
  - Viral hepatitis (A, B and C)
  - Whooping cough
  - Yellow fever
- Check that the prescription or the label on the medication is clear and relates to the service user or patient
  - Check the expiry date
  - Check that the patient is not allergic to the medication
  - Keep clear, accurate and signed records of all medication administered, withheld or refused in the patient or service user's Care Plan, medication chart or patient record
  - Any mistake or error in administering drugs must be reported to your line manager immediately
  - Agency workers should never in any circumstances administer medication which has not been prescribed, give medication against the wishes of the service user or patient or alter the timing or dosage of medication

## Assistance with Medication

When administering medication, agency workers should:

- Check that the medication is recorded in the Care Plan, medication chart or patient record
- Understand the therapeutic use of the medication administration, its normal dose, side effects, precautions and contra-indications of its use
- Be certain of the identity of the patient to whom the medication is being given

Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initials and date written next to it.

## Disposal of Unwanted Medication

Please refer to the client's policy on the disposal of unwanted or surplus medication.

# Our Policies and Procedures for Agency Workers

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## Reporting Drug Errors

If you make an error, identify an error or have concerns over a patient or service user or their medication, you must report it immediately to your line manager at your place of work and, where appropriate to the medical practitioner or prescriber.

If you make a drug error or if you have any concerns regarding any aspect of drug administration you should also inform the ICS manager.

## Record Keeping

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

- Clear, legible and indelible
- Factual and accurate
- Written as soon after the event as possible
- Written in black ink
- Signed, timed and dated

Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initials and date written next to it.

Records should not include abbreviations, jargon, meaningless phrases, irrelevant speculations and offensive subjective statements.

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

## Alcohol and Substance Misuse

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

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

## Agency Workers Regulations What are the Agency Workers Regulations?

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

## What does this mean for you?

From Day 1 of every assignment you undertake from October 1st 2011, you are entitled to information on relevant vacancies at the client where you are working so ask your ICS consultant how to access this.

# Our Policies and Procedures for Agency Workers

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Also if the client organisation where you work offers employees collective amenities and facilities (such as canteen, childcare facilities, etc) you get the same access to some of these (unless there is a good reason why you should not). Again, your ICS consultant will let you know how to find out about what is available.

When you start working at a client, this will count towards your 12 week Qualifying Period. The 12 week Qualifying Period is not necessarily a continuous period of 12 weeks. There are certain breaks that pause continuity; you will still be able to count the weeks you have accrued before that absence towards the Qualifying Period e.g. a break of not more than 6 calendar weeks and you return to the same role with the same hirer. Once you attain the Qualifying Period, you will be entitled to the same basic pay and certain working conditions as if you had been directly recruited by the client to do that same role. Your ICS consultant will be able to advise you on this with more detail based specifically around your job role(s) and conditions.

We will need to ask you some questions when you are being booked into a job about any recent assignments or shifts you have worked at the same client. This is because we need to keep a track of your 12 week Qualifying Period so it's really important that you answer the questions accurately. Thirdly, the Regulations state that if you change into a different role we must notify you of your new duties, so you may

receive additional communication from us via text or email.

Lastly, if your pay or entitlements as an agency worker are lower than if you were recruited directly, then you may be entitled to enhanced pay rate or entitlements. As a result your payslip may look slightly different. Again, your ICS consultant will be able to advise you if this applies to you.

## **Pregnant and “New Mother” Agency Workers**

There are some additional provisions in the Regulations around pregnancy and childbirth. Please let your ICS Consultant know if you are pregnant or have recently given birth so we can make ensure you have the information relevant to you.

## **Capability, Performance & Conduct**

In situations where it is alleged that a worker has fallen below the minimum standards of capability, performance, conduct and behaviour, appropriate action will be taken.

In most cases of minor misdemeanours, or shortcomings, the matter can and should be dealt with informally by the ICS Consultant.

There will be instances however where informal counselling does not change the workers behaviour or improve their performance or a more serious breach of conduct, capability, performance or behaviour standards may be alleged. It is in these circumstances where formal action needs to be taken which could include termination.

# Useful information

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## Needlestick & Sharps Injuries Definitions

A sharps injury is defined as an injury where a needle or other sharp object contaminated with blood or other body fluid penetrates the skin. This also includes human bites and scratches that break the skin.

Needlestick injuries occur when healthcare workers jab themselves or a colleague with a needle, or other sharp medical device, which is contaminated with potentially infected blood or bodily fluid.

## Facts

Needlestick and sharps injuries account for 17% of accidents to the NHS staff second only to moving and handling at 18%. Contaminated needles can transmit more than 20 dangerous blood-borne pathogens. Needle stick and sharps injuries can have devastating effects on the members of staff concerned. Over 40,000 incidents are reported each year and at least as many go unreported. It is therefore really important that you protect yourself and your colleagues as much as possible.

## Key Ways of Preventing Sharps & Needlestick Injuries

Before Use:

- Identify how exposure could be eliminated
- Allow consideration of possible alternative systems

- Eliminate the unnecessary use of sharps
- Wear the correct gloves for all activities that have been assessed as carrying a risk, including sharp or contaminated instruments
- Always seek assistance when dealing with any patient whose condition or mental state may increase the risk of a sharps injury occurring

During use:

- Sharps must not be passed directly from hand to hand
- All sharps handling should be kept to a minimum
- Do not recap, bend, break or disassemble needles before use or disposal
- Staff must take responsibility for the safe disposal of all items
- If you are unsure of safe disposal, ask someone who knows, no sharps items should be disposed of with normal domestic waste

## Reporting of an Incident

You must inform your ICS consultant as soon as possible if you are injured.

## **MRSA Information** **What is MRSA?**

MRSA (sometimes referred to as the superbug) stands for methicillin-resistant Staphylococcus Aureus. It is a bacterium from the Staphylococcus Aureus family.

Staphylococcus Aureus (SA) is a type of bacteria. About 1 in 3 of us carries it on the surface of our skin or in our nose without developing an infection - this is known as being colonised by the bacteria. However, if SA bacteria get into the body through a break in the skin they can cause infections such as boils, abscesses, or impetigo. If they get into the bloodstream they can cause more serious infections.

Most SA infections can be treated with antibiotics such as methicillin (a type of penicillin). However, SA is becoming increasingly resistant to most commonly used antibiotics. MRSA bacteria are those types of SA bacteria that are resistant to methicillin (and usually to some of the other antibiotics that are normally used to treat SA infections).

MRSA is no more infectious than other types of SA bacteria. However, MRSA infections are more difficult to treat due to the antibiotic-resistance of the bacteria. Antibiotics can still be used to treat MRSA - the infection may simply require a much higher dose over a much longer period, or the use of an antibiotic to which the bacteria is not resistant.

## **What are the symptoms of MRSA?**

Staphylococcus Aureus (SA) bacteria are common, and about one in three people are colonised by the bacteria. Most of those who are colonised with SA do not develop an infection and so do not have any symptoms.

However, if SA bacteria are able to enter the body they can cause infection. The symptoms will depend on the type of infection they cause.

Most SA infections are skin infections, including:

- Boils (pus-filled infections of hair follicles)
- Abscesses (collections of pus in pockets under the skin)
- Styes (infection of glands in the eyelid)
- Carbuncles (infections larger than an abscess, usually with several openings to the skin)
- Cellulitis (infection of the skin and the fat and tissues that lie immediately beneath it)
- Impetigo (a skin infection that produces pus-filled blisters)

However, if SA bacteria are able to enter the body they can cause infection. The symptoms will depend on the type of infection they cause. Most SA infections are skin infections

You should keep an eye on minor skin problems like spots, cuts or burns. If you have a wound that becomes infected you should see your doctor.

# Useful information

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Although most SA infections are skin infections, if SA bacteria are able to enter the bloodstream (bacteraemia) they can affect almost any part of the body. They can cause:

- Septicaemia (blood poisoning)
- Septic shock (widespread infection of the blood that leads to a fall in blood pressure and organ failure)
- Severe joint problems (septic arthritis)
- Bone marrow infection (osteomyelitis)
- Internal abscesses anywhere within the body
- Inflammation of the tissues that surround the brain and spinal cord (meningitis)
- Lung infection (pneumonia)
- Infection of the heart lining (endocarditis)

SA bacteria can also cause scalded skin syndrome and, very occasionally, toxic shock syndrome.

## What are the causes of MRSA?

When bacteria encounter an antibiotic, such as methicillin, some of the bacteria may survive. Bacteria are able to mutate (change), so those bacteria that survive may develop a resistance to the antibiotic. The surviving antibiotic-resistant bacteria can then multiply, ready to infect someone new. In this way, some types of Staphylococcal Aureus bacteria have become resistant to many antibiotics, forming MRSA.

MRSA bacteria is usually spread through person-to-person contact with someone who has an MRSA infection, or who is colonised by the bacteria.

It can also spread through contact with towels, sheets, clothes, dressings or other objects that have been used by someone with MRSA. MRSA can also survive on objects or surfaces such as door handles, sinks, floors and cleaning equipment.

MRSA will not normally cause an infection in a healthy person. Although it is possible for those outside hospital to become infected, MRSA infections are most common in people who are already in hospital. Those in hospital are more likely to develop MRSA infections because they often have an entry point for the bacteria to get into their body, such as a surgical wound, a catheter or an intravenous tube.

Those who are most at risk of MRSA include those who have:

- A weakened immune system, such as the elderly, newborn babies, or those with a long-term health condition such as diabetes, cancer or HIV/AIDS
- An open wound
- A catheter (a plastic tube inserted into the body to drain fluid) or an intravenous drip
- A burn or cut on their skin
- A severe skin condition such as leg ulcer or psoriasis
- Recently had surgery
- Have to take frequent courses of antibiotics

Although MRSA infections usually develop in those being treated in hospital, particularly patients in intensive care units and on surgical wards, it is possible for hospital staff or visitors to become infected if they are in one of these higher risk groups.

# Useful information

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## How is MRSA diagnosed?

MRSA infections are diagnosed by testing blood, urine or a sample of tissue from the infected area for the presence of MRSA bacteria. If MRSA bacteria are found, further tests will be done to see which antibiotics the bacteria do not have resistance to, and so which can be used to treat them.

## What is the treatment for MRSA?

Treatment of MRSA depends on whether the person is infected with the bacteria or only colonised.

A patient with MRSA infection will be given antibiotics that are still effective (i.e. that the bacteria have not yet become resistant to). Most MRSA infections can be treated with the antibiotics vancomycin or linezolid, which are normally given through injection or intravenously. Most MRSA infections will require treatment in hospital and antibiotic treatment may need to continue for several weeks.

If the patient is colonised with MRSA bacteria they do not need any treatment for the illness, but as they can infect themselves or others it is important to remove the bacteria. A special antibiotic cream will be applied to the skin or the inside of the nose to remove the bacteria. The patient may also need to wash skin and hair with an antiseptic shampoo and lotion.

## What can I do to control the spread of MRSA?

Hospital staff who come into contact with patients should maintain very high standards of hygiene and take extra care when treating patients with MRSA. Before and after caring for any patient, make sure you have thoroughly washed and dried your hands. Many hospitals now use fastacting, special antiseptic solutions, like alcohol rubs or gels - you may find dispensers placed by patients beds and at the entrance to clinical areas for use by staff and visitors. You should wear disposable gloves when you have physical contact with open wounds, for example when changing dressings, handling needles or inserting an intravenous drip.

## What is C. Diff?

Clostridium Difficile (C. Diff) is a bacterium that is present naturally in the gut of around 3% of adults and 66% of children.

C. Diff doesn't cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of good bacteria in the gut. When this happens, C. Diff bacteria can multiply and cause symptoms such as diarrhoea and fever.

# Useful information

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Because C. Diff infections are usually caused by antibiotics, most cases usually happen in a healthcare environment such as a hospital or care home. Older people are most at risk from infection, with the majority of cases (80%) occurring in people over the age of 65.

Most people with a C. Diff infection make a full recovery. However, in very rare cases the infection can be fatal.

C. Diff infections can be prevented by good hygiene practices in healthcare environments. However, it is extremely contagious and is spread very easily.

## What are the symptoms of C. Diff?

The symptoms of C. Difficile (C. Diff) infection can include:

- Mild to severe diarrhoea
- Blood stained stools
- Fever and abdominal cramps

These symptoms are usually caused by colitis (inflammation of the lining of the small intestine). In rare cases, C. Diff can cause an infection of the lining in the abdomen (peritonitis) and blood poisoning (septicaemia). In very rare cases, a C. Diff infection can be fatal. The risk of this is higher in elderly people and people who have other very serious health conditions.

Most people who get a C. Diff infection will get symptoms while they are taking antibiotics. However, symptoms can appear up to 10 weeks after they have finished taking antibiotics.

## What are the causes of C. Diff?

C. Difficile (C. Diff) is an anaerobic bacterium. This means that it doesn't need oxygen to survive and multiply (reproduce).

Therefore it usually survives well in the large intestine where there is very little oxygen available.

C. Diff doesn't usually affect healthy children and adults, because the healthy good bacteria in the intestine keep it in check. However, some antibiotics can interfere with this healthy balance of bacteria. When this happens, C. Diff can begin to multiply and produce toxins (poisons). At this point, a person is said to be infected with C. Diff.

Once C. Diff bacteria start to produce toxins, the bacteria can then spread easily. This is because it can produce spores even when exposed to unfavourable conditions, such as being outside of the body. Spores are what bacteria produce so they can multiply.

C. Diff spores leave the body in an infected persons diarrhoea. The spores can then contaminate their surroundings, such as toilets, bedclothes, skin and clothing. The spores can also be spread through the air (during bed-making for example). The spores are able to survive for a long time outside of the body unless they are destroyed through very thorough cleaning.



# Useful information

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This means anyone who comes into contact with contaminated surfaces can easily spread the infection. The spores can then infect other people by entering the body through the mouth.

People most vulnerable to a C. Diff infection are those who:

- Have been treated with broad spectrum antibiotics (antibiotics that can treat different types of bacteria)
- Have had to stay for a long time in a healthcare setting, such as a hospital
- Are over 65 years old
- Have a serious underlying illness or condition
- Have a weakened immune system
- Have had numerous enemas or gut surgery

Most infections occur in places where many people are taking antibiotics, and in close contact with each other, such as hospitals and nursing homes. However, a number of precautions can be put in place to help reduce the spread of the infection (see the prevention section).

People who have C. Diff naturally in their gut cannot spread the bacteria unless the bacteria start producing toxins. This is why many people have the bacteria in their body but do not have any symptoms.

## How is C. Diff diagnosed?

C. Difficile is diagnosed by carrying out laboratory tests on a sample of the infected persons faeces.

## How is C. Diff treated?

C. Difficile can be treated with certain antibiotics, and in some cases, probiotic (good bacteria) treatments may be prescribed.

## Prevention

Unfortunately, C. Difficile bacteria can spread easily, particularly in healthcare environments. However, a number of precautions can be taken to reduce the risk of infection.

Healthcare workers should wear disposable aprons when caring for anyone who has a C. Difficile infection. Whenever possible, people who are infected with C. Difficile will have their own room and own toilet facilities to avoid passing the infection to others.

Staff, patients and visitors should be encouraged to wash their hands regularly and thoroughly. Thorough cleaning using water and detergent is an effective way of killing any spores that have transferred onto a person's skin or clothes.

Alcohol hand gel should also be used. However, it does not kill the spores so the additional use of water and detergent is essential.

Surfaces that may have come into contact with the bacteria or spores, such as toilets, the floor around toilets, bedpans and beds, should also be cleaned thoroughly with water and disinfectant.

# Placement Checklist

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**Name of Client:**.....

**Date:** .....

For each placement it is essential that you familiarise yourself with the following essential information. Use this checklist to record your answers to the following queries:

**Fire Safety Precautions:**

Where are the fire exits located?.....

What number do you ring to report a fire?.....

Where is fire-fighting equipment located? .....

Is there a fire safety policy/procedure?.....

Have you read it? .....

**Cardiac Arrest Precautions:**

What number do you ring to report a cardiac arrest?.....

Where is the cardiac resuscitation trolley situated? .....

**Equipment:**

Do you know where the sluice is located? .....

Do you know where to dispose of sharps safely? .....

Do you know where to dispose of clinical waste safely? .....

Is there a clinical waste disposal policy/procedure? .....

Have you read it? .....

**C.O.S.H.H**

Are you aware of any hazardous substance at your place of work? .....

Have you read the product information that accompanies the substance? .....

Do you know what protective equipment is available to handle or to manage these substances? .....

# Placement Checklist

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Is there a C.O.S.H.H policy/procedure? .....

## **Safe handling of money/valuables:**

Is there a handling of money/valuables policy/procedure? .....

Have you read it? .....

Is there a safe in which to store valuable items? .....

## **Drug Administration:**

Is there a drug administration policy/procedure? .....

Have you read it? .....

Are you aware of the policy for Controlled Drug Administration? .....

## **Clinical Procedures:**

Is there a clinical protocols manual? .....

Have you read it? .....

Do you know how to find procedures for tasks that you may be required to perform?

## **Health and Safety:**

If an accident/incident happens, do you know how to report it? .....

Is there a panic button/alarm system in place? .....

If you do not know some of the answers to the above questions, it is your responsibility to ask a senior member of staff in the area for guidance and advice. For each new placement please complete a fresh form.

## Department of Health website for details on Management of Aids for:

- Health and Safety at Work Act 1974 – particularly section 7
- C.O.S.H.H – Control of Substances Hazardous to Health regulations 1999
- Public Interest Disclosure Act 1998
- Guidance on Aids-HIV infected Health Care Workers (April 1993) [www.info.doh.gov.uk](http://www.info.doh.gov.uk)
- Department of Health General Infection Control Policy [www.doh.gov.uk](http://www.doh.gov.uk)
- Department of Health Child Protection Policy [www.dog.gov.uk](http://www.dog.gov.uk)

**Occupational health information related to ICS** – in the first instance contact the ICS office where you will then be put in touch with the Occupational Health Department if required.

## Care Quality Commission (CQC)

Citygate,  
Gallowgate,  
Newcastle upon Tyne,  
NE1 4PA

Tel: **03000 616161**

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

For details of how to contact your local Child or Adult Abuse Team contact:

**Association of London Government**  
**59 Southwark Street**  
**London**  
**SE1 OAL**

Tel: **0207 934 9999**  
[www.alg.gov.uk](http://www.alg.gov.uk)

# Notes

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