

*Health and Safety by Gaël Romanet*

# ***HSC 037 - Promote and implement health and safety in health and social care***



## ***Unit purpose and aim***

*This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote and implement health and safety in their work setting.*

## ***Author note***

*Although I finished the HSC027 unit, I decided to answer to all the HSC037 questions, according to my senior care assistant position.*

Promote and implement health and safety in health and social care by Gaël Romanet.

Task 1 - Understand own responsibilities, and the responsibilities of others, relating to health and safety



1.1 Identify legislation relating to health and safety in a health or social care **work setting**



1.2 Explain the main points of the health and safety **policies and procedures** agreed with the employer



1.3 Analyse the main health and safety responsibilities of; self; the employer or manager; **others** in the work setting



1.4 Identify specific **tasks** in the work setting that should not be carried out without special training

Task 2 - Be able to carry out own responsibilities for health and safety



2.1 Use policies and procedures or other agreed ways of working that relate to health and safety



2.2 Support others to understand and follow safe practices



2.3 Monitor and report potential health and safety risks



2.4 Use risk assessment in relation to health and safety



2.5 Demonstrate ways to minimise potential risks and hazards



2.6 Access additional support or information relating to health and safety

Task 3 - Understand procedures for responding to accidents and sudden illness



3.1 Describe different types of accidents and sudden illness that may occur in own work setting



3.2 Explain procedures to be followed if an accident or sudden illness should occur

Task 4 – Be able to reduce the spread of infection



4.1 Explain own role in supporting others to follow practices that reduce to spread of infection



4.2 Demonstrate the recommended method for hand washing



4.3 Demonstrate ways to ensure own health and hygiene do not pose a risk to individual or others at work

Task 5 – Be able to move and handle equipment and other objects safely



5.1 Explain the main points of legislation that relates to moving and handling



5.2 Explain principles for safe moving and handling



5.3 Move and handle equipment and other objects safely

Task 6 – Be able to handle hazardous substances and materials



6.1 Describe types of hazardous substances that may be found in the work setting



6.2 Demonstrate safe practices for; storing hazardous substances; using hazardous substances; disposing of hazardous substances and materials

Task 7 – Be able to promote fire safety in the work setting



7.1 Describe practices that prevent fires from; starting; spreading



7.2 Demonstrate measures that prevent fires from starting



7.3 Explain emergency procedures to be followed in the event of a fire in the work setting



7.4 Ensure that clear evacuation routes are maintained at all time

Task 8 – Be able to implement security measures in the work setting



8.1 Demonstrate use of agreed procedures for checking the identity of anyone requesting access to; premises; information



8.2 Demonstrate use of measures to protect own security and the security of others in the work setting



8.3 Explain the importance of ensuring that others are aware of own whereabouts

Task 9 – Know how to manage **stress**



9.1 Describe common signs and indicators of stress



9.2 Describe signs that indicate own stress



9.3 Analyse factors that tend to trigger own stress



9.4 Compare strategies for managing stress

## **Exemplification – HSC 037**

**Work setting** may include one specific location or a range of locations, depending on the context of a particular work role.

**Policies and procedures** may include other agreed ways of working as well as formal policies and procedures.

**Others** may include; team members; others colleagues; those who use or commission their own health or social care services; families, carers and advocates.

**Tasks** for which special training is required may include; use of equipment; first aid; medication; assisting and moving; emergency procedures; health care procedures; food handling and preparation.

**Stress** can have positive as well as negative effects, but in this unit the word is used to refer to negative stress.

## Assignment task – HSC37 Answers

Task 1 – Understand own responsibilities, and the responsibilities of others, relating to health and safety

### What is meant by health and safety?



Health and Safety mean regulations and procedures intended to prevent accident or injury in workplaces or public environments.



1.1 Identify legislation relating to health and safety in a health or social care **work setting** (13 pages to answer the question – Page 6 to 19)



I am working as a senior care assistant. Within my health and social care work setting for individuals living with early dementia in a residential care home, legislation relating to health and safety are relevant, up to date legislation from the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE), including local, national and European requirements for health and safety in a health and social care work setting e.g. The Health and Safety at Work Act 1974 (See page 15), Manual Handling Operations Regulations 1992 (2002) (See page 8), Control of Substances Hazardous to Health Regulations 2002 (COSHH) (See page 8), Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR) (See page 9), Health and Safety (First Aid) Regulations 1981 (See page 9), Management of Health and Safety at Work Regulations 1999 (See page 9).



## **What are the regulations contained within an act of parliament?**

→ The regulations contained within an act of parliament are the following: Manual Handling Operations Regulations 1992 (2002); Control of Substances Hazardous to Health Regulations 2002 (COSHH); Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR); Health and Safety (First Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999.

An Act of Parliament contains Regulations. Each act has the provision to add new regulations as determined by the secretary of state. Regulations provide the legal regulatory framework for practice. Regulations inform a services policy which detail the agreed ways of working and are enforceable in law under the terms of the act. In the health and social care sectors, do not follow poor ways of working by others, to follow the guidelines that are in place.



Manual Handling Operations Regulations 1992 (2002) (See page 8)



Control of Substances Hazardous to Health Regulations 2002 (COSHH) (See page 8)



Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR) (See page 9)



Health and Safety (First Aid) Regulations 1981 (See page 9)



Management of Health and Safety at Work Regulations 1999 (See page 9)



 Manual Handling Operations Regulations 1992 (2002)

The government recognised that too many working days were lost because of musculoskeletal injuries and for people working in the health and social care sectors, the risks are very high, this led to the amended regulations. The regulations provide a systematic approach to manual handling. Manual handling should be avoided, so far as it reasonably practicable, by redesigning the task or by automating the process. Suitable and sufficient assessment of any task should be carried out; this will reduce the risk of injury from any tasks that cannot be avoided. The employer must provide equipment to avoid the hazardous manual handling of loads. The regulations apply whatever objects or people are moved by hand or bodily force.

**Employer's duties are to:**

**Avoid** – as far as is reasonably practicable, the need for hazardous manual handling.

**Assess** – the risk of injury from any hazardous manual handling that cannot be avoided.

**Reduce** – as far as is reasonably practical, the risk of injury from hazardous manual handling.

**Employee's duties are to:**

**Follow** – the systems of work that have been devised to protect safety.

**Make** use of the equipment provided, to minimise the risk of injury.

**Support** employer to achieve their obligations by using prompts listed in the employers' duties when carrying out manual handling tasks. So wherever possible:

**Avoid, Assess, Reduce** the amount of manual handling necessary.

**Cooperate** with your employer on all health and safety matters.

**Ensure** that your activities do not put others at risk.

 Control of Substances Hazardous to Health Regulations 2002 (COSHH)



Every workplace must have a COSHH file. This file lists all the hazardous substances used in the workplace. It should detail: where they are kept; how they are labelled; their effects; the maximum amount of time it is safe to be exposed to them; how to deal with an emergency involving one of them. (Below – COSHH symbols).





### Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR)

Reporting accidents and ill health at work is a legal requirement. Your employer needs to report: Deaths, Major Injuries, Accidents resulting in more than three days off work, Diseases, Dangerous Occurrences.

The following injuries need to be reported: Fracture other than to fingers, thumbs and toes, Amputation, Dislocation of the shoulder, hip, knee or spine, Loss of sight (temporary or permanent), Chemical or hot metal burn to the eye or any penetrating injury to the eye, Injury resulting from an electric shock or electrical burn leading to unconsciousness; requires resuscitation or admittance to hospital for more than 24 hours, Unconsciousness caused by asphyxia (suffocation) or exposure to a harmful substance or biological agent, Acute illness requiring medical treatment where there is reason to believe that this has resulted from exposure to a biological agent or its toxins or infected material.

Reportable illnesses include: Certain poisonings, Some skin disease such as occupational dermatitis; skin cancer, Lung diseases including occupational asthma, Infections such as hepatitis; tuberculosis; anthrax; legionellosis and tetanus, Others conditions such as occupational cancer; certain musculoskeletal disorders; hand-arm vibration syndrome.

If something happens which does not result in a reportable illness, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately. If accidents or injuries occur at work then the details must be recorded. Your employer should have procedures in place for making a record of accidents. This is not only required by RIDDOR regulations, but also by the Care Standards Inspections in Wales.



### Health and Safety (First Aid) Regulations 1981

These regulations require employers to provide adequate equipment, facilities and personnel to enable first aid to be given to employees if they become ill or injured at work. The employer needs to carry out a risk assessment to decide how many first aiders are required on site at any one time. Staffs that are named as first aiders for this purpose should hold a current First Aid Certificate (usually a four day course run by a training provider approved by the Health and Safety Executive). (Page 10 – Poster of the Health and Safety Executive. Page 11 – Poster of Workplace First Aid Guide).



### Management of Health and Safety at Work Regulations 1999

These regulations state that employers have to assess any risks which are associated with the workplace and work activities. Having carried out a risk assessment, the employer must then apply risk control measures. (Page 12 – Example of Risk Assessment. Page 14 – Hierarchy of Hazard Controls related to risk control measures).



# Health & Safety Executive



## Health and Safety Law

All workers have a right to work in places where risks to their health and safety are properly controlled.

Health and safety is about stopping you getting hurt at work or ill through work. Your employer is responsible for health and safety, but you must help.



### What employers must do for you

- 1 Decide what could harm you in your job and the precautions to stop it. This is part of risk assessment.
- 2 In a way you can understand, explain how risks will be controlled and tell you who is responsible for this.
- 3 Consult and work with you and your health and safety representatives in protecting everyone from harm in the workplace.
- 4 Free of charge, give you the health and safety training you need to do your job.
- 5 Free of charge, provide you with any equipment and protective clothing you need, and ensure it is properly looked after.
- 6 Provide toilets, washing facilities and drinking water.
- 7 Provide adequate first-aid facilities.
- 8 Report major injuries and fatalities at work to our Incident Contact Centre: **0845 300 9923**. Report other injuries, diseases and dangerous incidents online at **[www.hse.gov.uk](http://www.hse.gov.uk)**
- 9 Have insurance that covers you in case you get hurt at work or ill through work. Display a hard copy or electronic copy of the current insurance certificate where you can easily read it.
- 10 Work with any other employers or contractors sharing the workplace or providing employees (such as agency workers), so that everyone's health and safety is protected.

### What you must do

- 1 Follow the training you have received when using any work items your employer has given you.
- 2 Take reasonable care of your own and other people's health and safety.
- 3 Co-operate with your employer on health and safety.
- 4 Tell someone (your employer, supervisor or health and safety representative) if you think the work or inadequate precautions are putting anyone's health and safety at serious risk.

### If there's a problem

- 1 If you are worried about health and safety in your workplace, talk to your employer, supervisor, or health and safety representative.
- 2 You can also look at our website for general information about health and safety at work.
- 3 If, after talking with your employer, you are still worried, you can find the address of your local enforcing authority for health and safety and the Employment Medical Advisory Service via HSE's website: **[www.hse.gov.uk](http://www.hse.gov.uk)**

### Fire safety

You can get advice on fire safety from the Fire and Rescue Services or your workplace fire officer.

### Employment rights

Find out more about your employment rights at: **[www.direct.gov.uk](http://www.direct.gov.uk)**

# Workplace First Aid Guide

### 1. READ ME FIRST

This guide is designed to help you and your colleagues to administer life saving first aid until trained help is at hand. Do not wait until you are faced with an emergency, read the guide now and often.

Find out who is the nominated first aider or appointed person within your workplace. If there is a procedure in force for calling out an ambulance find out what it is now!

Occupational Health: ..... Pager: .....

First Aider / Appointed Person's extension: .....

The nearest First Aid Box is located at: .....

The nearest Eyewash Station is located at: .....

Useful numbers: .....

### 2. DANGER

- ⚡ ELECTRICITY
- ☝ FUMES/GASES
- 🚗 TRAFFIC
- 🏭 MOVING MACHINERY
- 🗑️ FALLING DEBRIS
- 🔥 FIRE

Whenever you approach an incident always ensure that the environment is safe for you to administer First Aid, and secondly that the casualty is safe.

If the situation is not safe you must neutralise or control any hazards. You must only move your casualty as a last resort.

**EXAMPLE: BUILDING ON FIRE**

**ACTION**

01. Ensure that you are aware of the number of casualties involved.
02. Find out if anyone has any FIRST AID knowledge.
03. Utilise bystanders to: call THE EMS, comfort the casualty(ies).
04. Above all, stay calm.

### 3. RESPONSE

To give the casualty the optimum chances of survival you must quickly assess the levels of response. A rapid assessment will allow effective treatment to be administered and will also allow for accurate information to be passed on to the ambulance service.

**CHECK WHETHER THE CASUALTY IS CONSCIOUS**

01. Ask "Open your eyes if you can hear me" and call their name if known.
02. Ask in both the casualty's ears to open their eyes.
03. Offer a mild stimulus by shaking casualty's shoulders.
04. **DO NOT** move the casualty unless the environment or situation is dangerous.

**"Open your eyes if you can hear me?"**

### 4. GETTING HELP

Lift the receiver and wait for a dialling tone. Dial 999 / 112. The Operator will ask you which service you require. Once you have stated "Ambulance" you will be connected to ambulance control. The operator will ask you a set list of questions.

**NB If no-one responds, DO NOT leave the casualty but go on to assess the airway and breathing.**

**BE PREPARED TO:**

01. Confirm your telephone number.
02. Give an accurate description of the incident and casualty's condition. Inform them if casualty is breathing or not.
03. Give their exact location and inform of any hazards.
04. Assist the ambulance crew by arranging for a colleague to meet them outside your place of work.

**DO NOT Hang up at any stage of the conversation.**  
The operator will terminate the call when appropriate.

**CALL FOR HELP**

If alone, call for help. If someone responds to your call ask them to stay with you whilst you assess the Airway and Breathing. One of you should wait with the casualty whilst the other calls the Emergency Medical Services (EMS).

### 5. AIRWAY

**FOR AN UNRESPONSIVE CASUALTY**

**OPEN THE AIRWAY**

01. Look in the mouth to ensure there are no obvious obstructions.
02. Open the airway by lifting the chin and tilting the head back. This will free the tongue from the back of the throat.
03. If neckspinal injury is suspected, put one hand on the stomach to feel if it rises and falls. This indicates normal breathing.

### 6. BREATHING

**ASSESS FOR BREATHING**

01. LOOK for the rise and fall of the chest.
02. LISTEN for sounds of breathing near to the face.
03. FEEL for breath on your cheek.
04. Carry this out for up to 10 seconds.

**BREATHING NORMALLY**

If breathing is present go straight to the Unconscious section.

**NOT BREATHING**

If the casualty is not breathing normally, call for the Emergency Medical Services (EMS) or ask people nearby to call. Commence full Cardio Pulmonary Resuscitation (CPR). Plus ask for a DEFIB.

### 7. CIRCULATION

**TO COMMENCE CPR:**

**FOR AN UNRESPONSIVE CASUALTY**

01. Ensure the casualty is on a firm, flat surface.
02. Give 2 rescue breaths.
03. Place the heel of one hand on top of the other in the centre of the casualty's chest. (Fig 1)
04. Approximate the chest (maximum depth of approximately 5-6cm) 30 times at a rate of 100-120 compressions per minute. The compressions and releases should take an equal amount of time.
05. After 30 compressions, open the airway again using head tilt/chin lift.
06. Blow steadily into the mouth until you see the chest rise, 2 rescue breaths, blow in for 1 second, 2 breaths within 5 seconds. (Fig 2)
07. Remove your mouth to the side and let chest fall. Inhale some fresh air, when breathing for the casualty.
08. Repeat so you have given 2 effective rescue breaths in total within 5 seconds.
09. If chest does not rise after the second breath, go back to 30 compressions then try again with 2 breaths.
10. Return your hands to the correct position on the chest and give a further 30 chest compressions.

**CONTINUE WITH CPR UNTIL:**

- + Emergency services arrive.
- + You become exhausted and unable to continue.
- + The situation changes and you are now in immediate danger.
- + An person pronounces life extinct.

### 8. DEFIBRILLATION

Use an AED (Automated External Defibrillator) if available and follow prompts.

### 9. UNCONSCIOUS

**IF THE CASUALTY IS BREATHING NORMALLY, TURN INTO THE RECOVERY POSITION**

01. Check for any other obvious injuries.
02. Remove sharp objects from pockets.
03. Turn the casualty into the recovery position.
04. Place the nearest arm at a right angle to the body. (Fig 1)
05. Draw the furthest arm across the chest and place the back of the hand across the cheek. (Fig 2)
06. Keep this here whilst you raise the furthest leg by grasping the top of the knee. (Fig 3)
07. Gently pull on the knee so that the casualty pivots over onto their side facing you. (Fig 3)
08. The casualty should be fully over and stable.
09. Re-check the airway, breathing and circulation. (Fig 4)
10. Draw up the leg at a 90 degree angle. (Fig 4)
11. Send someone to ring 999 / 112 or if you are alone, leave the casualty and call 999 / 112.

### 10. BLEEDING

01. Put on gloves.
02. Sit them down.
03. Expose the wound and elevate the area if possible.
04. Examine the injury - if any foreign objects are present leave them in place and dress around.
05. Apply direct pressure over the wound to stop the bleeding.
06. Open a dressing (Fig 1) and place it firmly over the injury.
07. Apply firm pressure.
08. Secure the dressing.
09. Apply 1 dressing at a time up to a maximum of 2. If blood seeps through both dressings, remove them and apply a new dressing.
10. If dealing with a limb, keep the affected part elevated. (Fig 2)
11. If your casualty has lost a considerable amount of blood they may start to exhibit signs of shock.
12. Lay your conscious casualty down, conserve body heat and raise the legs. (Fig 3)
13. Reassure.

### 11. FRACTURES

01. Instruct the casualty to remain still, support the area and keep it still.
02. Do not attempt to move the affected part.
03. Examine the injury for any blood loss - treat this first.
04. If any bone protrudes from the injury do not touch it, if blood loss is evident bind your dressings up around it rather than over it.
05. The casualty will find the most comfortable position and will not be keen to have the injury touched.
06. If the casualty cannot maintain a stable condition for themselves you may provide assistance or stabilise the injury with your hands.
07. Call the 999 / 112.

*Steady the injured part*

### 12. BURNS

01. Ensure the situation presents no hazard, if it does, contain or neutralise the hazard.
02. If dealing with a chemical burn wash the affected area with plenty of water consult COSHH, ensuring you do not wash the chemical onto unaffected parts - seek medical aid.
03. Non-chemical burns should be immersed in cold running water for a minimum of 10 minutes (any constricting items such as watches should be removed).
04. Once cooled the burn should be covered with a sterile dressing (non-fluffy).
05. Refer to medical aid.

**DO NOT:**

- + Apply tight 'fluffy' dressings.
- + Apply lotions, ointments or creams.
- + Remove damaged skin or burst blisters.
- + Apply butter, margarine or fats.



## What are risk control measures?



Risk control measures include actions that can be taken to reduce the potential of exposure to the hazard, or the risk control measure could be to remove the hazard or to reduce the likelihood of the risk of the exposure to that hazard being realised. A simple risk control measure would be the secure guarding of moving parts of machinery eliminating the potential for contact. When we look at risk control measures we often refer to the Hierarchy of Hazard Controls. (Page 14 – Hierarchy of Hazard Controls related to risk control measures).

### **Risk control measures obey to a hierarchy known as the Hierarchy of Hazard Controls.**

Hierarchy of Hazard Controls is composed of 6 steps: Eliminate the hazard; Substitute the hazard with a lesser risk; Isolate the hazard; Use engineering controls; Use administrative controls; Use of personal protective equipment.

**Eliminate the hazard:** Elimination of the hazard is not always achievable though it does totally remove the hazard and thereby eliminates the risk of exposure. For example, petrol station attendants in Ireland are no longer exposed to the risk of chronic lead poisoning following the removal of lead from petrol products sold at forecourts.

**Substitute the hazard with a lesser risk:** Substituting the hazard may not remove all of the hazards associated with the process or activity and may introduce different hazards but the overall harm or health effects will be lessened. In laboratory research, toluene is now often used as a substitute for benzene. The solvent-properties of the two are similar but toluene is less toxic and is not categorised as a carcinogen but toluene can cause severe neurological harm.

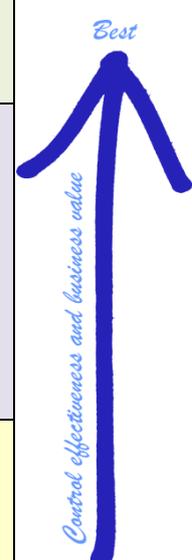
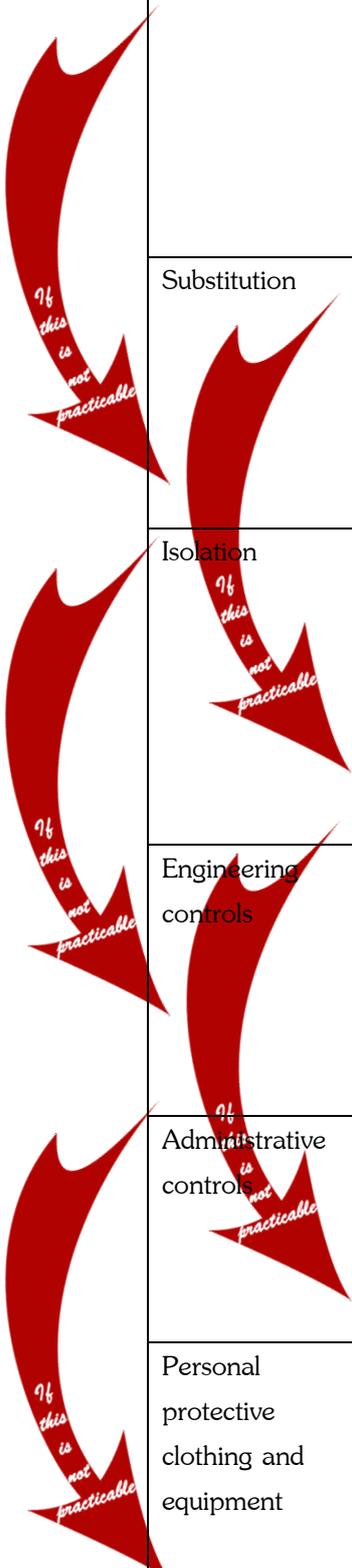
**Isolate the hazard:** Isolating the hazard is achieved by restricting access to plant and equipment or in the case of substances locking them away under strict controls. When using certain chemicals, a fume cupboard can isolate the hazard from the person, similarly placing noisy equipment in a non-accessible enclosure or room isolates the hazard.

**Use engineering controls:** Engineering Controls involve redesigning a process to place a barrier between the person and the hazard or remove the hazard from the person, such as machinery guarding, proximity guarding, extraction systems or removing the operator to a remote location away from the hazard.

**Use administrative controls:** Administrative controls include adopting standard operating procedures or safe work practices or providing appropriate training, instruction or information to reduce the potential for harm and/or adverse health effects to person(s). Isolation and permit to work procedures are examples of administrative controls.

**Use of personal protective equipment:** Personal protective equipment (PPE) include gloves, glasses, earmuffs, aprons, safety footwear, dust masks which are designed to reduce exposure to the hazard. PPE is usually seen as the last line of defence and is usually used in conjunction with one or more of the other control measures. An example of the weakness of this control measure is that it is widely recognised that single-use dust masks cannot consistently achieve and maintain an effective face piece-to-face seal, and cannot be adequately fit tested and do not offer much, if any real protection against small particulates and may lead to a false sense of security and increase risk. In such instances an extraction system with fitted respirators may be preferable where the hazard may have significant health effects from low levels of exposure such as using isocyanate containing chemicals.

	Effectiveness	Description	Example	Effort
Elimination	100% Hazard removed	Remove, redesign the process or plant so the hazard does not exist	Repair damaged equipment, dispose of unwanted chemicals. Do mists or fumes drift into other areas due to the design of the extraction system?	Good housekeeping practices remove hazards from the workplace. Consider the layout of the workplace
Substitution	75% You are reducing the hazard	Hazard substituted with something of a lesser risk	Lift smaller package, use a less toxic chemical, use red rattring chemical with amber rattring chemical	Replace a manual process with an automatic process
Isolation	50% You are reducing and you are controlling the hazard	Hazard controlled through isolation using an engineering measure	Place barriers around a spill until cleaned up, locate the photocopier in a separate, well ventilated room	Install guards on machines where there is risk of a person being trapped in machine. Enclose machinery with machine guarding
Engineering controls	50% You are reducing and you are controlling the hazard	Hazard controlled through isolation using an engineering measure	Provide a trolley to move heavy loads, place guards on moving machinery parts	Redesign the task
Administrative controls	25% You are now putting soft controls which rely on people	Hazard controlled by influencing people	Introduce job rotation and signage, ensure equipment is regularly maintained, use safety procedures	Implement policies, procedures and training for people to follow when working with a hazard
Personal protective clothing and equipment	5% You are now limiting the damage	Hazard controlled by the use of personal protective equipment	Provide hearing and eye protection, hard hat, gloves, masks and respirators, protection from exposure	Provide people with safety glasses, gloves or footwear when working with a hazard and provide training in the use of these



# Hierarchy of Hazard Controls

## *The Health and Safety at Work Act 1974*

→ The Health and Safety at Work Act 1974 (also referred to as HSWA, the HSW Act, the 1974 Act or HASAWA) is the primary piece of legislation covering occupational health and safety in Great Britain. The Health and Safety Executive, with local authorities (and other enforcing authorities) is responsible for enforcing the Act and a number of other Acts and Statutory Instruments relevant to the working environment.

The Act is a piece of criminal law. People who fail to comply with the Act can be prosecuted and fined or jailed if found guilty.

**Employer's responsibilities are the following:** Those who employ more than five people must prepare, review and revise a written health and safety policy. – This should acknowledge and comply with legislation. – The policy must include a statement of intention to provide a safe workplace, the name of the person responsible for implementing the policy, the names of any other individuals responsible for particular health and safety hazards, a list of identified health and safety hazards and the procedures to be followed in relation to them, procedures for reporting accidents at work, details for the evacuation of the premises; Employers must ensure the health and safety of employees at work and other people on the premises; Employers must display a certificate of employers liability insurance; Employers must display the poster “Health and Safety Law – what you should know”; Employers must ensure that employees receive adequate and appropriate information, instruction and training to carry out their work safely; Employers must undertake risk assessment for all hazards.

**Employees' responsibilities are the following:** They must comply with legislation and ensure that their actions do not adversely affect others; Employees must take reasonable care for their own safety and that of others; Employees must co-operate with their employers in respect of health and safety matters; Employees must not intentionally damage any health and safety equipment or materials provided by the employer.



## **Summary of laws, other legislations and subsequent amendments relating to health and safety in a health or social care work setting**

The Health and Safety at Work Act 1974	Ensures the health and safety of everyone who may be affected by work activities
Manual Handling Operations Regulations 1992 (2002)	Minimise the risks to health and safety associated with moving and handling work
Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Minimise the risks to health and safety from the use of hazardous substances
Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR)	Require that certain work-related injuries, diseases and dangerous occurrences are reported to the HSE or local authority
Health and Safety (First Aid) Regulations 1981	Ensure that everyone can receive immediate attention if they are injured or taken ill in the workplace
Management of Health and Safety at Work Regulations 1999	Require employers and managers to make risk assessments to eliminate risks to health and safety
Mental Health Act 1983 (amended 2007)	Protects people at risk to themselves or others
Electricity at Work Regulations 1989	Minimise the risks to health and safety associated with electricity
Personal Protective Equipment at Work Regulations (PPE) 1992	Minimise the risks to health and safety associated with cross infection
Workplace, (Health, Safety and Welfare) Regulations 1992	Minimise the risks to health and safety associated with working conditions
Disability Discrimination Act (DDA) 1995	Ensures that people with a disability have safe access to the workplace and a safe way out in the event of needing to evacuate the premises
Data Protection Act 1998	Ensures everyone's right to privacy of their personal information
Human Rights Act 1998	Protects individuals rights
Lifting Operations and Lifting Equipment Regulations (LOLER) 1998	Minimise the risk of injury from lifting equipment used at work
Provision and Use of Work Equipment Regulations (PUWER) 1998	Minimise the risks to health and safety associated with the use of equipment
The Food Standards Act 1999	Protects public health in relation to food
Mental Capacity Act 2005	Provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions
Regulatory Reform (Fire Safety) Order 2005	Minimise the risks to health and safety of fire
Food Safety Act 1990 and the Food Hygiene Regulations 2006	Minimise the risks to health and safety associated with food handling
Corporate Manslaughter and Homicide Act 2007	Allows an organisation to be convicted when the death occurs of someone to whom it owes a duty of care
The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance	Helps to ensure good infection protection prevention within health and social care settings
The Equality Act 2010	Protects people from discrimination in the workplace and in wider society.
The Care Act 2014	Helps to ensure centred person approaches are applied within health and social care settings

## ***The Data Protection Act 1998***



The Data Protection Act 1998 controls how your personal information is used by organisations, businesses or the government. Personal information is often collected when an individual completes the purchase of a good or service from a company. It can consist of contact, bank or any other necessary details needed to facilitate an exchange. Personal data held on computer, is safeguarded by the Data Protection Act. This act lays out rules for the storage and retrieval of personal data stored electronically.

The Act has 2 main provisions:

(1) It requires that companies who store personal data on computer to register with the Data Registrar. They must disclose to the Data Registrar how they hold the data, how they use it, obtain it and disclose it.

(2) It allows anyone who has their details stored on computer to find out which organisation holds data on them and to obtain a copy of that data.

The main requirements of the Act are:

- Any electronically stored information must have been come by legally.
- The information must be up-to-date and accurate. It should also be relevant.
- Personal data must be held and used only for the specified purposes.
- Data should be stored in a secure system, where measures have been taken to ensure no unauthorised access, alteration or destruction of the data.
- Information should not be kept on file for longer than is necessary.
- Individuals must have open access to any information held on them and must have the opportunity to correct or erase any information which is not correct.



## *The Equality Act 2010*

→ The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone. Before The Equality Act 2010 came into force there were several pieces of legislation to cover discrimination, including: Sex Discrimination Act 1975; Race Relations Act 1976; Disability Discrimination Act 1995.

The Equality Act 2010 includes provisions that ban age discrimination against adults in the provision of services and public functions. The ban came into force on 1 October 2012 and it is now unlawful to discriminate on the basis of age unless the practice is covered by an exception from the ban or good reason can be shown for the differential treatment (objective justification). The ban on age discrimination is designed to ensure that the new law prohibits only harmful treatment that results in genuinely unfair discrimination because of age. It does not outlaw the many instances of different treatment that are justifiable or beneficial.

## *The Care Act 2014*

→ The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people first and their care workers in control of their care and support. For the first time, the Care Act will limit the amount anyone will have to pay towards the cost of their care. The Care Act 2014 has created a single, modern law that makes it clear what kind of care people should expect through a set of criteria that states when local authorities will have to provide support to people. Central to the Care Act is the concept of wellbeing; council's duty to consider the physical, mental and emotional, wellbeing of the individual needing care. A Person Centred Approach sets the structure of the Care Act; care workers must involve the individuals in deciding what they need, how they can best be cared for and what they want to achieve. By providing and legislating for Personal Budgets in the Care Act, power is given to the people to spend money on adapted care that fits their individual needs as part of their support plan. The individuals will pay up to £72,000; once that amount on care is reached the state will pay the costs. The Care Act stress the need of equality by entitling through assessment all care workers that are eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.





1.2 Explain the main points of the health and safety **policies and procedures** agreed with the employer

## **What is a policy?**



A policy is the official statement and prescribed plan of how an organisation will comply with the legal requirements of an Act of Parliament and associated regulations. In the health and social care sectors, a policy is the organisation guideline statements.

## **What is a procedure and what do procedures provide you?**



The procedures contained within a policy provide the guiding principles or framework for practice. This guides staff on how to meet both the organisational policy and legal requirements. In the health and social care sectors, a procedure is a step by step guide, written as a friendly document.



Within the health and social care sector, the main points of the health and safety policies and procedures agreed with the employer mean all employees have an obligation to co-operate with Health and Safety matters. As an employee you have a duty to take reasonable care of yourself and others involved with you in the workplace. Health and safety policies set out the arrangements that a workplace has for complying with legislation. For example, in order to comply with the Health and Safety (First Aid) Regulations, every workplace should have a policy that describes how it manages first aid (Page 11, poster of Workplace First Aid Guide). Health and safety procedures describe the activities that need to be carried out for policies to be implemented. They record who does what, when and how in order to maintain health and safety at all times. For example, first aid procedures will describe the roles of first aiders and the people responsible for maintaining first aid equipment and facilities. They will also describe when and how to call the emergency services and when and how to complete a record of an accident. Health and safety policies and procedures agreed with the employer regarding ways of working and approved codes of practice in health and social care setting; mean how to deal with accidents, injuries and emergency situations e.g. specific action to take, reporting procedures and completing relevant documentation; mean how to deal with first aid situations e.g. understanding specific hygiene procedures, dealing with blood and other body fluids, administering basic first aid if trained to do so, reporting procedures and completing relevant documentation; mean policies relating to specific working conditions and the working environment e.g. understanding moving and handling procedures; mean policies relating to the use of equipment e.g. understanding how to use mechanical or electrical equipment, such as mechanical hoists and electric profiling nursing beds; mean understanding healthcare procedures e.g. key aspects of administering personal care, procedures for individuals with specialised needs; mean policies relating to food handling and preparation e.g. understanding food hygiene regulations; mean policies relating to infection control and dealing with hazardous substances e.g. situations requiring strict infection control, the use of protective clothing like gowns or aprons, masks and gloves, understanding procedures for disposing of clinical waste; mean policies relating to security and personal safety e.g. procedures for personal security and policies relating to the safeguarding of vulnerable individuals; it means staff must follow workplace health and safety procedures to the letter as this is a legal requirement – failure to do so could mean the end of your career within the health and social care sector.



1.3 Analyse the main health and safety responsibilities of; self; the employer or manager; **others** in the work setting (6 pages to answer the question – Page 20 to 25)



I am working as a senior care assistant. Within my health and social care work setting for individuals living with early dementia in a residential care home, my main health and safety responsibilities in relating to The Health and Safety at Work Act 1974; states that it is my duty while at work to take reasonable care for myself and others including team members, others colleagues, those who use or commission their own health or social care services – individuals that lack cognitive impairment – families, carers and advocates; states this is my duty of care to report to employer potential and actual hazards and risks in relation to health and safety issues, and to not interfere with or misuse anything provided in the interest of health and safety, for example first aid and firefighting equipment, health and safety notices; states that I have a responsibility to understand and comply with health and safety policies, instructions and procedures to the letter, to participate by taking part in health and safety training, and not carry out any task in which I have not been trained for.

The Health and Safety at Work Act 1974 stresses the point by stating that, employees have responsibilities for their own health and safety at work. An employee can refuse to do something that isn't safe without being threatened with disciplinary action. If you think your employer isn't meeting their responsibilities, talk to them first. Your safety representative or a trade union official may be able to help you with this. As a last resort, you may need to report your employer to the Health and Safety Executive or to the environmental health department of your local authority. If you are dismissed for refusing to undertake an unsafe working practice, you may have a right to claim unfair dismissal at an Employment Tribunal.

My main health and safety responsibilities within the health and social care work setting are to maintain health and safety in the workplace. This is my responsibilities to monitor the workplace practices such as care activities, care procedures, the use of care materials and specialist equipment. I am also responsible for minimising any risk such as the possibility of danger, damage and destruction to the environment and goods, or the possibility of injury and harm to people. For example, I am responsible for dealing with accidents caused by falls, illness, disability, weaknesses, sensory impairment, or frailty. I am also responsible for dealing with untoward incidents such as intruders, chemical spillages, missing valuables, aggressive or dangerous encounters, and fire.

To resume, other responsibilities within the health and social care work setting regarding health and safety mean I am accountable for; analysing the responsibility to take care of own health and safety; understanding and applying relevant legislation and agreed ways of working; responsibility to undertake relevant training and updating as required; the importance of cooperating with others on health and safety; importance of the correct use of anything provided for individual health, safety or welfare e.g. protective clothing, specialised equipment; understanding the advantages and disadvantages of undertaking own responsibility in health and safety issues.



Main health and safety responsibilities of the employer or manager in the work setting are; to provide a safe working place – what is done to protect health and safety; to prevent risks to health by assessing risks and taking action to reduce them; to provide information e.g. about risks to health and safety from working practices and changes that may harm or affect health and safety; to provide instruction, training and supervision – to do the job safely; to provide safety signs – the right warning signs are provided and looked after; to provide adequate welfare and first aid facilities – how to get first aid treatment and what to do in an emergency; to provide PPE free of charge e.g. special clothing, gloves or masks; to ensure that safe working practices are set up and followed; to ensure that all materials are handled, stored and used safely; to set up emergency plans; to ensure that ventilation, temperature, lighting, toilet, washing and rest facilities all meet health, safety and welfare requirements; to check that the right work equipment is provided and is properly used and regularly maintained; to prevent or control exposure to substances that may damage health; to take precautions against the risks caused by flammable or explosive hazards, electrical equipment, noise and radiation; to avoid potentially dangerous work involving manual handling and if it can't be avoided, take precautions to reduce the risk of injury; to provide health supervision as needed – health checks e.g. vision testing; to report certain accidents, injuries, diseases and dangerous occurrences to either the Health and Safety Executive (HSE) or the local authority; to provide somewhere for employees to get changed and to store their own clothes; to set aside areas for rest breaks and to eat meals, including suitable facilities for pregnant women and nursing mothers; to let employees take appropriate rest breaks and their correct holiday entitlement.

## ***Employers' health and safety responsibilities***



The Health and Safety at Work Act 1974 is the primary piece of legislation covering work-related health and safety in the United Kingdom. It sets out a lot of your employer's responsibilities for your health and safety at work. Employers have responsibilities for the health and safety of their employees. They are also responsible for any visitors to their premises such as customers, suppliers and the general public.

## ***Risk assessments***

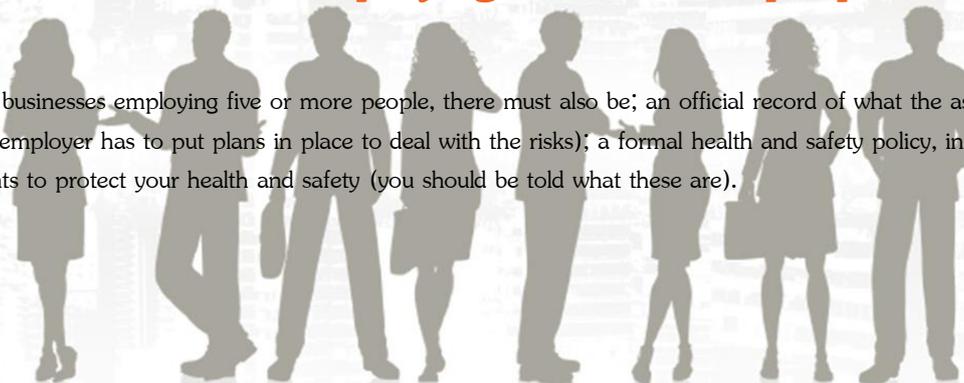


Your employer has a duty of care to look after, as far as possible, your health, safety and welfare while you are at work. They should start with a risk assessment to spot possible health and safety hazards. They have to appoint a competent person with health and safety responsibilities. This is usually one of the owners in smaller firms, or a member of staff trained in health and safety in larger businesses.

## ***Businesses employing five or more people***



For businesses employing five or more people, there must also be; an official record of what the assessment finds (your employer has to put plans in place to deal with the risks); a formal health and safety policy, including arrangements to protect your health and safety (you should be told what these are).



## **Summary of the main health and safety responsibilities of the employer or manager in relation to the laws**

→ The Health and Safety at Work Act 1974 (HASAWA) – The responsibilities of your employer or manager are; to write health and safety policies and procedures and make you aware of them; to ensure everyone's health, safety and welfare, including visitors and the people using the service, as far as is reasonably practicable.

→ Health and Safety (First Aid) Regulations 1981 – The responsibilities of your employer or manager are; to provide adequate and appropriate first-aid equipment and facilities; to provide an adequate number of qualified first aiders and appointed persons to take charge of first-aid arrangements.

→ Electricity at Work Regulations 1989 – The responsibilities of your employer or manager are; to carry out risk assessments on all activities that involve electricity; to ensure safe systems of working and that all electrical equipment is well maintained.

→ Personal Protective Equipment at Work Regulations (PPE) 1992 – The responsibilities of your employer or manager are; to provide you with appropriate protective clothing and equipment that are free of charge.

→ Workplace, (Health, Safety and Welfare) Regulations 1992 – The responsibilities of your employer or manager are; to meet minimum standards with regard to buildings and equipment, lighting, temperature, and the provision of first aid, drinking water and rest and toilet facilities.

→ Disability Discrimination Act (DDA) 1995 – The responsibilities of your employer or manager are; to ensure that people with a disability have safe access to your workplace and a safe way out in the event of needing to evacuate the building.

→ Reporting of Injury, Disease and Dangerous Occurrences Regulations 1995 (RIDDOR) – The responsibilities of your employer or manager are; to train you in how to report injuries, diseases and dangerous occurrences.

→ Data Protection Act 1998 – The responsibilities of your employer or manager are; to train you in maintaining the security of personal information.

↳ Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 – The responsibilities of your employer or manager are; to train you the safe practice with lifting equipment you use at work; to ensure that the lifting equipment is safe, well maintained and appropriate for the job.

↳ Provision and Use of Work Equipment Regulations (PUWER) 1998 – The responsibilities of your employer or manager are; to train you in the use of equipment and supervise you to make sure you use it safely and correctly; to ensure that the equipment you use is safe, well maintained and appropriate for the job.

↳ The Management of Health and Safety at Work Regulations (MHSWR) 1999 – The responsibilities of your employer or manager are; to carry out risk assessments to eliminate or reduce risks to health and safety; to set up emergency procedures and inform everyone about them; to provide you with clear information, supervision and training to ensure that you are competent to carry out your work.

↳ Control of Substances Hazardous to Health Regulations (COSHH) 2002 – The responsibilities of your employer or manager are; to carry out risk assessments on all activities that involve using hazardous substances and write procedures for their correct and safe use.

↳ Manual Handling Operations Regulations 1992 (amended 2002) – The responsibilities of your employer or manager are; to train you in safe moving and handling; to eliminate or reduce all risks associated with moving and handling activities.

↳ Regulatory Reform (Fire Safety) Order 2005 – The responsibilities of your employer or manager are; to assess the risk of fire, paying particular attention to the needs of vulnerable people; to equip the workplace with fire detection and firefighting equipment; to train you in fire prevention and what to do in the event of a fire.

↳ Food Safety Act 1990 and the Food Hygiene Regulations 2006 – The responsibilities of your employer or manager are; to ensure that you have good personal hygiene and that the workplace meets hygiene standards; to ensure that food safety hazards are identified and controlled.

↳ Corporate Manslaughter and Homicide Act 2007 – The responsibilities of your employer or manager are; to have in place adequate risk management systems.



Main health and safety responsibilities of team members, others colleagues, those who use or commission their own health or social care services, families, carers and advocates, in the work setting are; to have a responsibility to understand and comply with health and safety instructions and procedures and to take reasonable care for own and others' health and safety. Visiting family, carers and advocates also have a responsibility to consider health and safety, especially with respect to helping maintain security, hand washing, conforming to no smoking rules, and their general conduct. The health and safety of the people you work with depends to a large extent on your ability to work together, in partnership. For example, the risks associated with moving and handling activities are greatly reduced when they fulfil their responsibility to assist with a move as much as they can. Other responsibilities they have include helping to maintain their personal hygiene, in order to reduce the spread of infection; remaining aware of what to do in the event of a fire; and using any equipment assigned to them, such as glasses and mobility aids, appropriately and safely; to be mindful of health and safety issues in relation to observation, practice, reporting and recording procedures; to understand the advantages and disadvantages of taking responsibility for health and safety issues.



## ***The Health and Safety Executive***



The Health and Safety Executive (HSE) is responsible for regulating health and safety at work. The Health and Safety Executive does this via a code of practice for employers which aim to prevent illness and accidents at work through the provision of guidance and up to date information. The Health and Safety Executive has the power to prosecute employers who fail to safeguard the health and safety of people who access and use their premises. The Health and Safety at Work Act 1974 lays down the duties of employers and employees. Under this Act the employer has to protect the health, safety and security of staff, service users and visitors. In order to do this, the employer is required to draw up safety policy and procedures, and to make arrangements for these policy and procedures to be carried out, and then regularly reviewed. Health and safety, is therefore a shared responsibility between employers and employees. Each is responsible for the health, safety and welfare of service users and their visitors to ensure that hazards in the workplace are minimised.

## Health and Safety – Good to Know

↳ Each workplace must therefore have a written health and safety policy, which must include:

- A statement of intent to provide a safe working environment
- The named person responsible for implementing the policy
- The names of individuals responsible for any particular health and safety hazards
- A list of potential health and safety hazards and the procedures to be followed when working with these
- A procedure for recording accidents and illnesses at work

↳ Hazards in the work place might include:

- **Environmental hazards such are:** wet or slippery floors and stairs; untidy corridors or passageways; worn carpets or rugs; loose or bare electrical flexes.
- **Hazards associated with equipment such are:** faulty brakes on beds and wheelchairs; incorrectly labelled substances; worn or damaged hoists and slings; incorrect or faulty waste disposal.
- **Hazards associated with people such are:** moving and handling procedures; incorrect hand washing; incorrect food handling; violence and/or aggressive behaviour.

To resume, duty of care regarding responsibility to identify, and then deal with any potential hazards so that any potential risk to staff, service users or visitors can be minimised. Working as a senior care assistant means I am particularly responsible for this type of activity while supervising other staff. If appropriate, staff should deal with any potential hazard e.g. cluttered corridors can be tidied, or wet floors can be mopped dry. This will avoid any falls or injuries to the individuals requiring care and support. However, there may be occasions when I will have to seek further help and advice, or report a potential hazard to my line manager e.g. or faulty equipment in need of repair, or suspicious persons on the premises regarding identity needs to be checked.





1.4 Identify specific **tasks** in the work setting that should not be carried out without special training (11 pages to answer the question – Page 26 to 36)



Specific tasks in the work setting that should not be carried out without special training are the following: use of equipment, first aid, administering medication, assisting personal care and hygiene, moving and handling, emergency procedures, healthcare procedures, food handling and preparation.

The reasons are to comply with legislation (Page 7 – Regulations contained within an act of parliament), to preserve life, to minimise the consequences of injury and illness, to treat injuries and illnesses effectively, and to practice safely and correctly. It is very important to know that employers have legal duties to give health and safety information and training to all employees. Training should include all the risks that employees are exposed and the precautions they need to take. Also training should make clear about the risk assessment in using personal protective equipment if required to protect staff from hazards. Personal protective equipment should be provided and maintained at no cost to all employees.



Induction and Training Programmes before to start a care job must also include health and safety training and should cover:

- Manual handling
- Infection control
- Fire procedures
- First aid
- Basic hygiene
- Food preparation, storage and hygiene
- Dealing with emergency situations
- The use of protective clothing and/or equipment



In addition to the induction programmes, training should be given to employees when:

- There is a transfer of job
- New equipment is used
- There are changes in work methods

Employers must also provide information for employees. Information for employees who have difficulty in understanding or reading English should also be considered. The purpose of Induction and Training Programmes, are to minimise potential risks and hazards in the workplace setting.

↳ Inappropriate or misuse of equipment can result in alleged abuse, spread of infection, injury or death, as can using equipment that hasn't been maintained or is in a state of disrepair. Only use equipment that you have been trained to use, and use it according to written procedures. If you have any concerns about equipment, report and record your worries and don't use it again until your concerns have been resolved.

Whilst an untrained person who gives first aid in an emergency in good faith won't be running the risk of being sued, they could be charged with negligence or incompetence, especially if they make an incorrect diagnosis and give the wrong treatment. First aid training improves competence and can make the difference between a life lost and a life saved.

Medication should only be given by staff that are trained and can demonstrate competence. The effects of a missed administration, an incorrect dose, a dose given at the wrong time or given incorrectly, such as by mouth instead of anally, or as a tablet instead of a fluid, can be devastating, even fatal for the person concerned. Training in the handling of medicines prevents accidents happening and demonstrates duty of care.

Health care procedures are specialist activities and should never be carried out without training. In addition, they carry a high risk of cross infection and therefore should never be carried out without training in infection control. Food safety legislation requires that everyone who handles food, including storing, preparing, cooking and serving, supporting people to eat and drink, and disposing of waste, should be trained in food hygiene. Training helps reduce the risk of cross infection and the debilitating, sometimes fatal, effects of food poisoning.

### *My BUPA career*

↳ I started working for Bupa Care Homes as a care assistant since the 5th October 2011 with individuals living with late dementia and individuals at the end of life within a nursing care home. Before to start, I had two weeks of intensive induction training regarding Health and Safety and Dementia.

I am now working for Bupa Care Homes as a senior care assistant since the 1st January 2015 with individuals living with early dementia within a residential care home.

My personal development is set to allow me to achieve my goal. In the next two years, I want to be a unit manager in the south of France working with individual living with dementia by providing very high quality of care that include the individual in the centre of the care planning process.



→ Two weeks of intensive induction training regarding Health and Safety and Dementia – including the following Core Essentials Training such are:

Basic Health and Safety – The programme covers: Health and Safety legislation; Accidents and ill health; Risk assessments; Basic first aid at work; PPE; Electricity and fire; Basics of COSHH; Manual handling; Noise; Working at heights; Infection control.

Safe Moving and Handling of Residents – The Safe Moving and Handling of Residents cover the following: The theory of anatomy and physiology; Common causes of back injuries and basic principles of moving and handling; Safe use of hoists including slings and equipment; How to deal with falling residents and unsafe lifting practices.

Medication Awareness Level 1 – The programme covers: How medicine is administered and what is the current legislation; Different types and categories of medication including the benefits and risks; Different roles and responsibilities in the home for medication and the practical Health and Safety issues in relation to medication.

Basic Infection Control – On completing on the course, this programme covers: An understanding of the causes of infection and awareness of the importance of personal hygiene; Knowledge of how controls work and why they are needed; Appreciation of the importance of high standards of cleaning and disinfection.

An Introduction to Food Hygiene – On completing on the workbook, this programme covers: Be aware of the importance of high standards of food hygiene and understand the basic rules and best practice of food hygiene; Ensure that new employees do not put residents at risk due to their lack of knowledge.

An Introduction to Fire Safety – On completing on the workbook, this programme covers: Fire precautions in the workplace and tackling a small fire; Fire safety and the law; Common causes of fire, good housekeeping and evaluation procedures.

Dementia Awareness – On completing on the workbook, this programme covers: How Dementia affects the brain; Person First, Dementia second.



## What is Dementia?

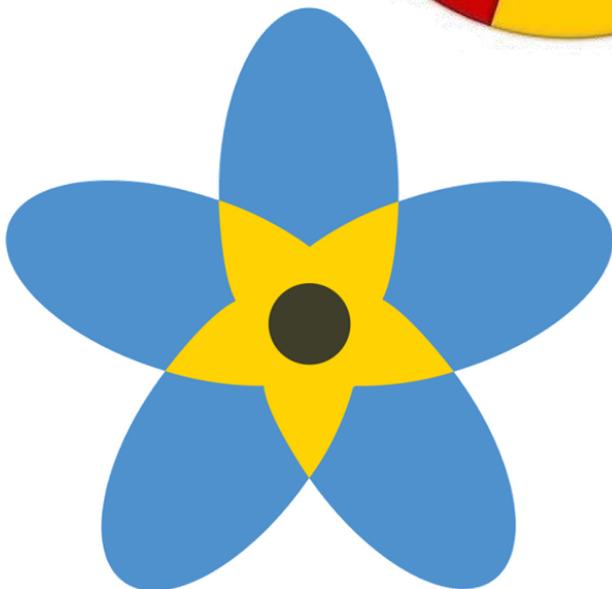
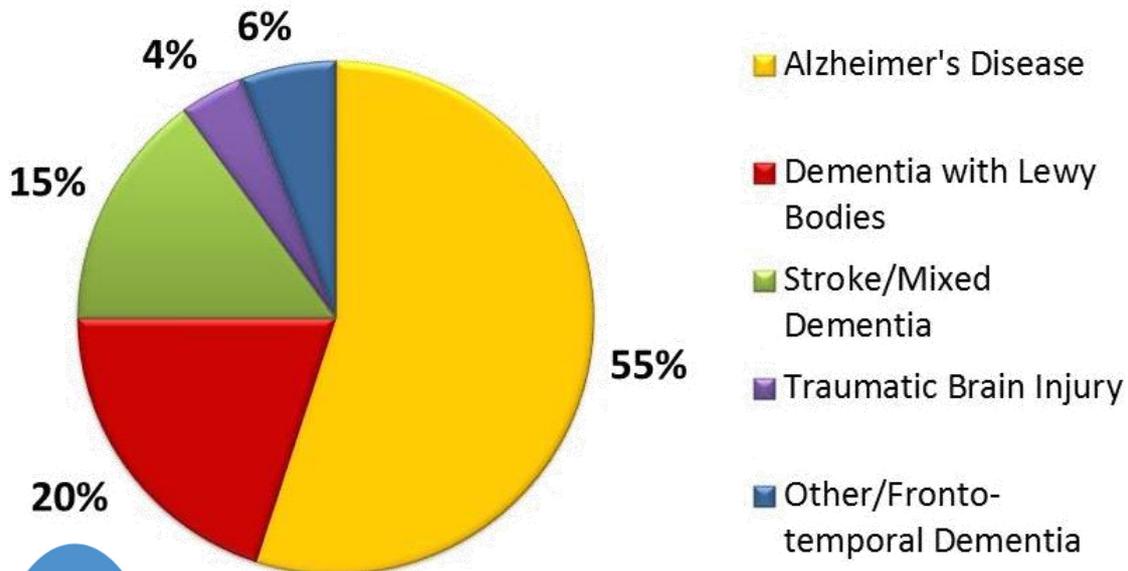
→ After 4 years working with individuals living with dementia, I can say with my own words, Dementia is the loss of everything you know. This is the "YOU" who is disappearing day after day.

Dementia is a term used to describe the deterioration of brain function that results in loss of memory, reduced language skills, impaired reasoning and loss of daily living skills. This is the dementia syndrome; however, as a person tries to live with their dementia they may display behavioural and emotional problems. There are over 100 different types of dementia. The most common types are Alzheimer's disease, vascular dementia and dementia with Lewy bodies. An individual may have a combination of different causes of dementia; in particular Alzheimer's disease and vascular dementia. Each of these diseases tends to affect particular areas of the brain and will cause different changes in a person's behaviour. Dementia is not a part of normal ageing. Dementia is progressive; this means it will get worse over time. You cannot catch dementia from other people.

Worse over time.

will get

→ There are many different types of dementia. Some are more common than others.



# Dementia Friends

→ The most common type of dementia is Alzheimer's disease. Sometimes people may be diagnosed as having a mixed pathology, this means they have more than one type of dementia; usually Alzheimer's disease with vascular dementia.

There is also what is called secondary dementia; that are treatable and often reversible. These are caused by health problems that affect how the brain works, such as hypothyroidism, vitamin B12 deficiency and diabetes.

The main areas of the brain that are affected by dementia (see graphic on page 32) in terms of causing difficulties with their functions are:

- 1) Frontal Lobe - this is the part of the brain that controls behaviour, movement, personality and the interpretation of what is around us.
- 2) Parietal Lobe - this is the part of the brain that controls the language we use, special awareness and recognition of places, objects and people.
- 3) Occipital Lobe - this is the part of the brain that controls eyesight and our ability to see.
- 4) Temporal Lobe - this is the part of the brain that controls our speech, hearing and memory.

Each part of our brain is responsible for different things that we do. Dementia causes the brain to not work properly.

This affects a person's ability to do things which most of us take for granted. In the beginning of individuals living with dementia, they may have self-awareness and so know that they need support, but that is when they need us least. As dementia progressively worsens, individuals living with dementia usually lose insight and so they no longer know they have dementia and hence do not know they have become dependent on others. As a result when individuals living with dementia need us most they may not be aware that they need us at all. Consequently, they can easily misunderstand the actions of others especially during times of intimate care. An individual living with dementia is always a human being, with his/her own fears and questions. Human rights do not stop when Dementia comes.



## ***What is it like to live with Dementia?***



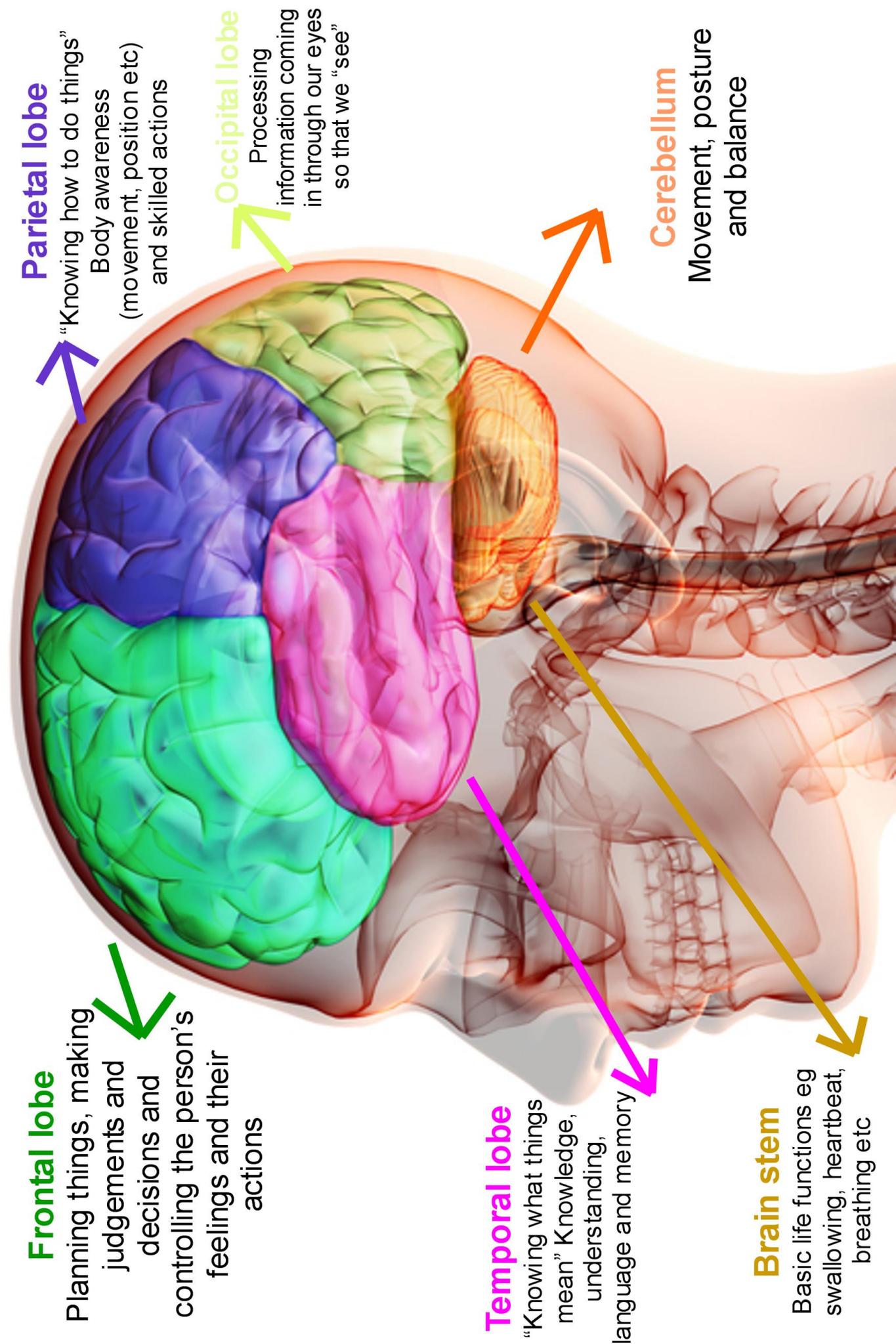
Having Dementia means that... you are on the constant edge of remembering your past. You are trying to explain a world you are living in but who doesn't makes any sense anymore, just imagine... you are meeting people that you don't know but they know your name, how disturbing. Imagine being on the constant state of trying to find the exact word at the desired moment, this is a frustrating experience isn't it? Who has not experienced this frustrating feeling of not being able to find the exact word at the desired moment? Now you know what Dementia is and how terrible this is to live with.

Hold on; don't go yet... now imagine you are an individual living with Dementia in a nursing care home. You still have your mobility, you walk and pass most of your day waiting, looking through the windows because one member of staff is telling you every day that your wife is coming to take you home. So you wait... all day long! The only problem is that, your wife is dead since many years but you don't remember this, you simply forgot... and this member of staff telling you that your wife is coming so that must be true.

You just read few lines helping you to understand what is it like to live with Dementia... and it's was just for two minutes. Now imagine living with Dementia for the rest of your life. You understand now why this is better to tell the truth to an individual that is living with Dementia. When living with Dementia, everything disappear, this is the "YOU" who is disappearing day after day. The only things that remain are hope, faith and love. The stronger is love. This is important that an individual living with Dementia trust the staff and feels loved from the staff. So please, don't lie anymore.



# Brain affected by Dementia



## **Specific tasks in the work setting that should not be carried out without special training – Administering medication**

→ Administering medication is one of the most important tasks carried out within a care setting. A lack of awareness, knowledge and skills with regards to medicine management can have disastrous consequences. Everyone has a role to play in order to maintain the health and safety of individuals in relation to medication.

### **What is a medicine?**

→ Medicines can be used to treat or prevent disease and relieve symptoms:

- To treat disease e.g. antibiotics for chest/urine infections
- To prevent disease e.g. vaccines for measles/flu
- To relieve symptoms e.g. analgesics to prevent/reduce pain
- To restore/maintain normal bodily functions e.g. insulin to regulate blood sugar
- To make a medical diagnosis e.g. radioactive dyes to highlight tumours

### **How is medication administered?**

→ Medication can be given:

- By mouth (orally – tablets/liquids)
- Via the nose/lungs (oxygen/inhalers/nasal spray)
- Intravenously, intramuscularly (injection)
- Via the rectum (suppository – for constipation)
- Via the skin (creams or patches)
- Via the eyes (eye drops/ointment)
- Under the tongue (tablets for angina – chest pain)



## **What does current legislation state with regards to medication?**

→ The Medicines Act 1968 regulates the manufacture, sale, supply and import of medicines. It also provides the legal framework for the production, manufacture, licensing, prescription, sale, supply and administration of all medicinal products. The Act divides medicinal products into three categories:

- Prescription only medicines (POM)
- Pharmacy medicines (P)
- General sales list medicines (GSM)

These classifications help to restrict the availability of medicines and determine how they will be supplied and stored. A reference book known as the British National Formulary (BNF) will help to identify which classification a medicine falls into.

## **What are the different drug groups and classifications?**

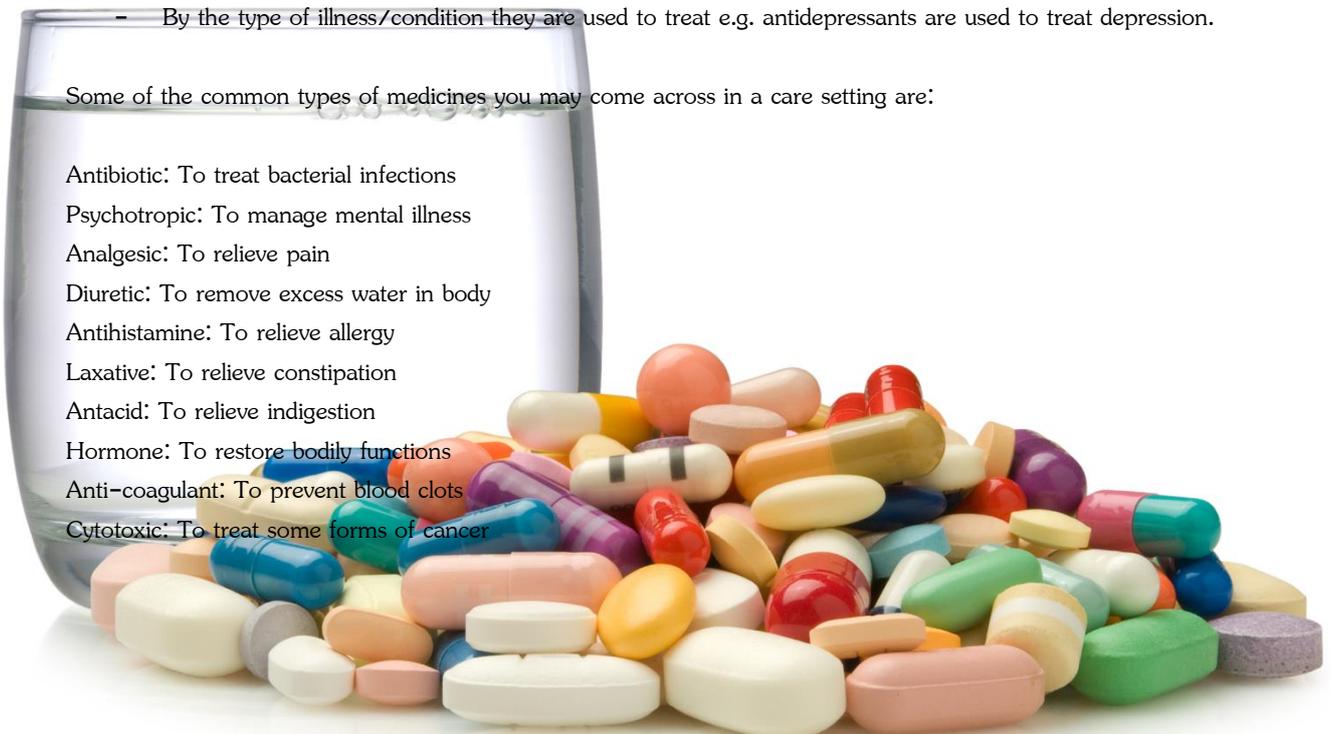
→ Medicines can be known by two or more different names, the generic name (the approved/pharmaceutical term) or the brand name (given to the product by the manufacturer and used only by them to sell the product). This can mean that a medicine may have the same effect but may be bought in a variety of coloured or shaped tablets, depending on the manufacturer.

Medicines can also be classified according to what they are used for:

- By the parts of the body or system they affect e.g. cardio-vascular drugs treat conditions of the heart.
- By the type of illness/condition they are used to treat e.g. antidepressants are used to treat depression.

Some of the common types of medicines you may come across in a care setting are:

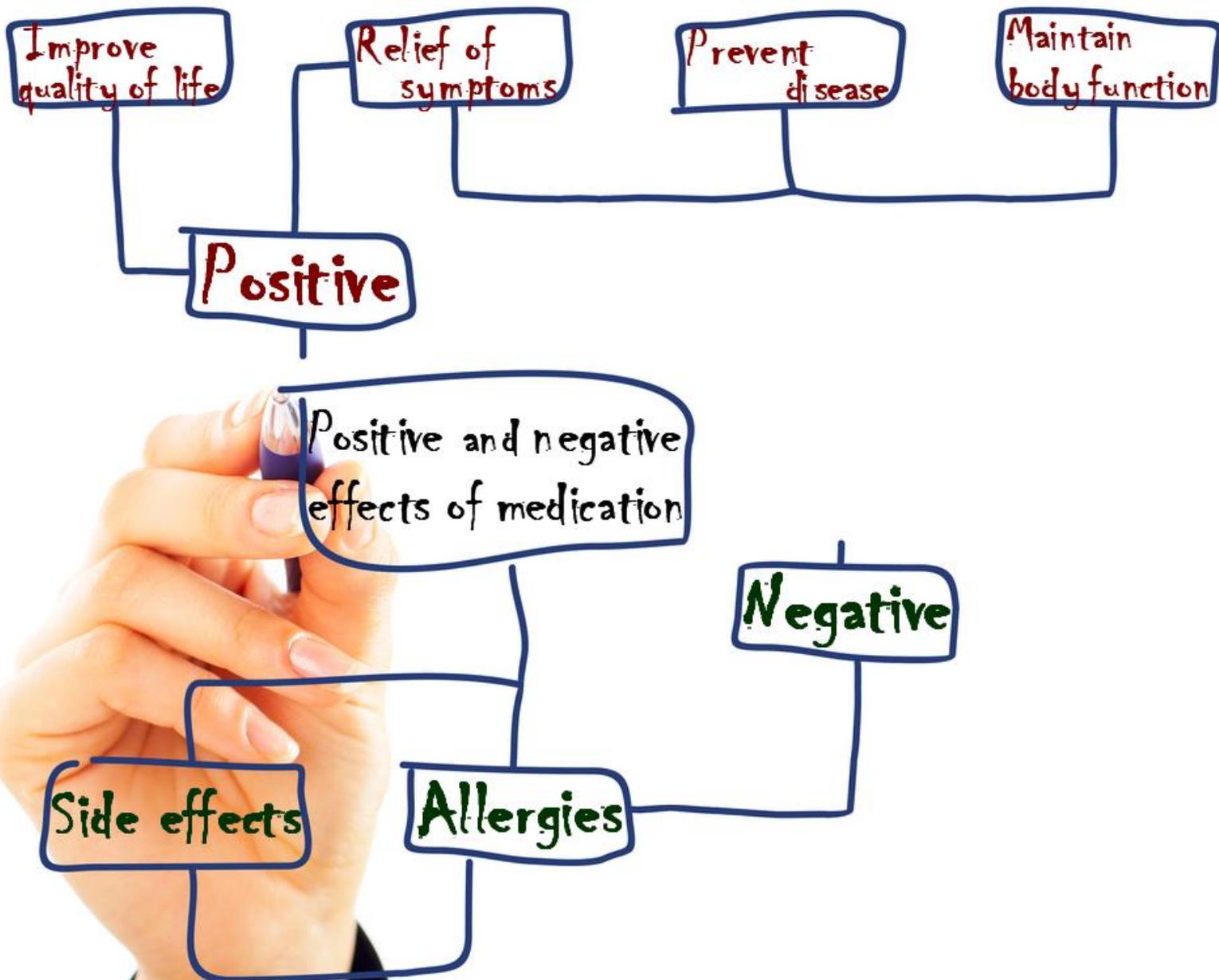
Antibiotic: To treat bacterial infections  
Psychotropic: To manage mental illness  
Analgesic: To relieve pain  
Diuretic: To remove excess water in body  
Antihistamine: To relieve allergy  
Laxative: To relieve constipation  
Antacid: To relieve indigestion  
Hormone: To restore bodily functions  
Anti-coagulant: To prevent blood clots  
Cytotoxic: To treat some forms of cancer



## What are the positive and negative effects of medication?

→ Positive effects of medication are; relief of symptoms such as nausea and vomiting, pain, constipation, breathlessness, are; prevent disease – stop infections, vaccinate against measles/mumps, are; maintain bodily functions – control blood pressure/blood sugar, are; improve quality of life – pain relief, antidepressants.

→ Negative effects of medication are; side effects such as nausea and vomiting, diarrhoea or constipation, muscle stiffness or shaking, headache, drowsiness and dizziness, weight gain, are; allergies to medicines are very common and can include rashes, breathing difficulties, low blood pressure, abdominal pains, vomiting and diarrhoea. Some medicines can also cause addiction.



## ***What are the individual roles in medication management?***

→ Care Home Manager ensures the safe handling of medicines in the care home at all times. They must ensure policies and procedures are in place and that all legislation is adhered to.

Nurse/senior carer: In a care home that provides nursing care, medicines must only be administered by a registered nurse. In residential care, senior care staff must also be trained in medication management and administration.

Care staff: Nursing staff may delegate some aspects of medicine administration to care staff but must ensure that the carer is able to perform the task and that adequate supervision and support is provided. Example: when applying creams or ointments, the care worker must be trained and deemed competent before being asked to do this.

A carer may be asked to witness the administration of a controlled drug, but should not do so unless they have made aware of, and clearly understand the process they are witnessing.

A carer may be handed medication by a resident when they are first admitted to the home. This must be handled by the person in charge for safekeeping and documenting.

## ***Additional roles for care and other support staff***

→ Carer may be asked to help an individual who self-administers their medicine by providing a glass of water. When an individual is self-medicating, you may notice creams or other medicines left in view within their bedroom. Ensure medicines are stored securely or inform the person in charge if this cannot be achieved. If you see that an item of medication does not have the name of the individual printed correctly on the label please report this to the person in charge. If you find a tablet on the floor, please take this to the person in charge. If you notice the door to the clinic is open but the room is unoccupied, please wait there until the person in charge returns and the door can be locked. When the nurse or senior carer is administering medicines, please ensure that he/she is free from interruptions in order to avoid medication administration errors, by answering the telephone and taking a message.

## ***Practical health and safety issues in relation to medication***

→ You have duty under the Health and Safety at Work Act 1974 to take reasonable care of your own and other's health and safety, to co-operate with any instructions issued by your employer, and to use work items in accordance with any instructions and training. This includes any issues in relation to medicines. Report any changes in an individual's condition and ensure they receive care according to their personal plan. If you have any worries or concerns speak to the person in charge or your Home Manager.

Task 2 – Be able to carry out own responsibilities for health and safety



2.1 Use policies and procedures or other agreed ways of working that relate to health and safety (4 pages to answer the question – Page 37 to 40)



Policies and procedures or other agreed ways of working that relate to health and safety mean; understanding how specific policies and procedures or agreed ways of working apply to own practice; mean understanding own responsibilities in relation to how to deal with accidents, injuries and emergency situations, specific working conditions and the working environment, the use of equipment, procedures relating to personal care, procedures relating to security and personal safety; mean understanding own responsibilities in relation to observation, risk assessment, reporting and recording procedures; mean supporting others to understand and follow safe practices; mean importance of good communication, sharing information, attending training, keeping up to date, maintaining records of staff training and development; mean using administrative measures to control workplace hazards; mean using other hazard control measures to eliminate or reduce the risk of workplace illness or injury; mean specific policies and procedures address particular issues or hazards; mean understanding own organisation's policies and procedures in relation to health care tasks, and how to apply them in relation to the individuals you support e.g. knowing what you can and cannot do in relation to medication and health care procedures when on training – health care tasks include any medical procedures carried out as part of a plan of care, for example those relating to colostomy, catheter, and injections. – You must be properly trained before carrying out any of these procedures. – Failure to follow these guidelines could result in serious injury to the individual.

### ***What is the difference between a hazard and a risk?***



When we refer to hazards in relation to occupational safety and health the most commonly used definition is: “A hazard is a potential source of harm or adverse health effect on a person or persons”



When we refer to risk in relation to occupational safety and health the most commonly used definition is: “A risk is the likelihood that a person may be harmed or suffers adverse health effects if exposed to a hazard”

### ***What it means by Health and by Safety?***



Health is a state of complete physical, mental and social wellbeing. Safety suggests security, freedom from danger and risk of damage or injury. Most people spend a large part of their lives at work. According the Health and safety statistics for Great Britain on 2014/15, there has been; 1.2 million working people suffering from a work related illness; 2,538 mesothelioma deaths due to past asbestos exposures (2013); 142 workers killed at work; 76,000 other injuries to employees reported under RIDDOR; 611,000 injuries occurred at work according to the Labour Force Survey; 27.3 million working days lost due to work related illness and workplace injury; £14.3 billion estimated cost of injuries and ill health from current working conditions (2013/14)

## **Why should you have health and safety policies and procedures or other agreed ways of working?**

→ Health and safety policies and procedures are part of a frame work for effective health and safety management. A general health and safety policy states management's intention to provide a safe and healthy workplace, and states the health and safety goals of a workplace. It should also demonstrate the employer's acknowledgment of their legal duties and their intention to voluntarily comply with those duties.

An objective of **The Occupational Health and Safety Act 2004** (Page 40, more about The Occupational Health and Safety Act 2004) is the elimination, at the source, of risks to the health, safety and welfare of persons at work. Regulations supporting the Occupational Health and Safety Act require the elimination of risks as the first step in risk control. For example:

- **Elimination** – eliminating toxic substances, hazardous plant or processes which are not necessary to a system of work.

If risks cannot be eliminated, occupational health and safety legislation requires that they be reduced so far as is practicable by using one or more of the following methods:

- **Substitution** – substituting a toxic substance, hazardous plant or process with one known to be less harmful to health.

Substitution is not only a preferred control method; it may also be the least expensive. For example, substituting a less hazardous material to control a vapour hazard makes more sense than installing an expensive ventilation system.

- **Isolation** – enclosing or isolating a hazard such as a toxic substance, plant or process from employees, to eliminate or reduce the risk of injury or illness. Using a fume cupboard or sound enclosure booths are examples of moving a hazardous process away from the main work area (and other employees) to a site where emissions can be controlled.
- **Engineering controls** – changing processes, equipment or tools, for example; machine guards and machine operation controls; ventilation to remove chemical fumes and dusts, and using wetting down techniques to minimise dust levels; changing layout of work levels to minimise bending and twisting during manual handling

If a risk to workplace health and safety remains after the above methods have been used, **administrative controls** should be applied or, if these are still not adequate, **personal protective clothing and equipment** worn.

These methods of risk control are not preferred because the source of the risk is not eliminated or reduced.

- **Administrative controls** – changing work procedures to reduce exposure to existing hazards. For example; reducing exposure to hazards by job rotation; limiting the number of employees exposed to the hazard by limiting access to hazardous areas.
- **Personal protective clothing and equipment** – devices and clothing which provide individual employees with some protection from hazards; an effective personal protective clothing and equipment system requires considerable effort by the employer to ensure that: proper protective devices are selected; employees are individually fitted; proper instruction on the need for, and use of, personal protective clothing and equipment is provided; standards are enforced; and an effective system of cleaning and maintenance is devised.

Administrative controls and protective clothing and equipment may provide interim solutions in a planned program to eliminate or reduce a particular risk, or they may be used in addition to other control methods. (Page 14, graphic summary of Health and Safety – Hierarchy of Hazard Controls)

Specific health and safety policies and procedures should provide clear direction or instruction by which workplace hazards will be identified, and the risks assessed and controlled by the measures. A formal policy or procedure can ensure hazards are dealt with in a structured and agreed manner, rather than in response to a crisis.

### ***Who's responsible for developing policies and procedures?***

→ Developing policies and procedures is a management responsibility. Consultation with employees however, is very important. Employers require to consulting with health and safety representatives on work practices whenever practicable. Consultation helps to create policies that can be understood, will work, and will be followed. Developing procedures does not make employees responsible for hazards at work. The responsibility for ensuring the workplace is safe and that work procedures are followed remains a responsibility of the employer. This responsibility is set out in Part III of the Occupational Health and Safety Act 2004.

### ***Write a health and safety policy for your business***

→ Describing how you will manage health and safety in your business will let your staff and others know about your commitment to health and safety. This will be your health and safety policy. It should clearly say who does what, when and how. If you have five or more employees, you must have a written policy. The policy does not need to be complicated or time consuming and must also include a section for your risk assessment so that you can record everything in one document. Example of risk assessment and policy: [www.hse.gov.uk/risk/risk-assessment-and-policy-template.doc](http://www.hse.gov.uk/risk/risk-assessment-and-policy-template.doc)

To give you an idea of what to include when writing your own health and safety policy, here an example: [www.hse.gov.uk/risk/health-and-safety-policy-example.doc](http://www.hse.gov.uk/risk/health-and-safety-policy-example.doc)

A policy will only be effective if you and your staff follow it and review it regularly.

## The Occupational Health and Safety Act 2004

→ The Occupational Health and Safety Act - Working Together for Safer, Healthier Workplaces.

Working Together for Safer, Healthier Workplaces is a package of administrative and legislative reforms designed to provide employees and employers with more support on health and safety, and to address the social and economic cost of work-related deaths, injuries and illness.

The Occupational Health and Safety Act:

- On 1 July 2005, the Occupational Health and Safety Act 2004 came into effect.
- The Act is the outcome of a major review of the 1985 Act, carried out for the Victorian Government by Chris Maxwell QC.
- The reforms of the Act help to be more constructive, accountable, transparent and effective regulator.

More about The Occupational Health and Safety Act 2004: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/publications>

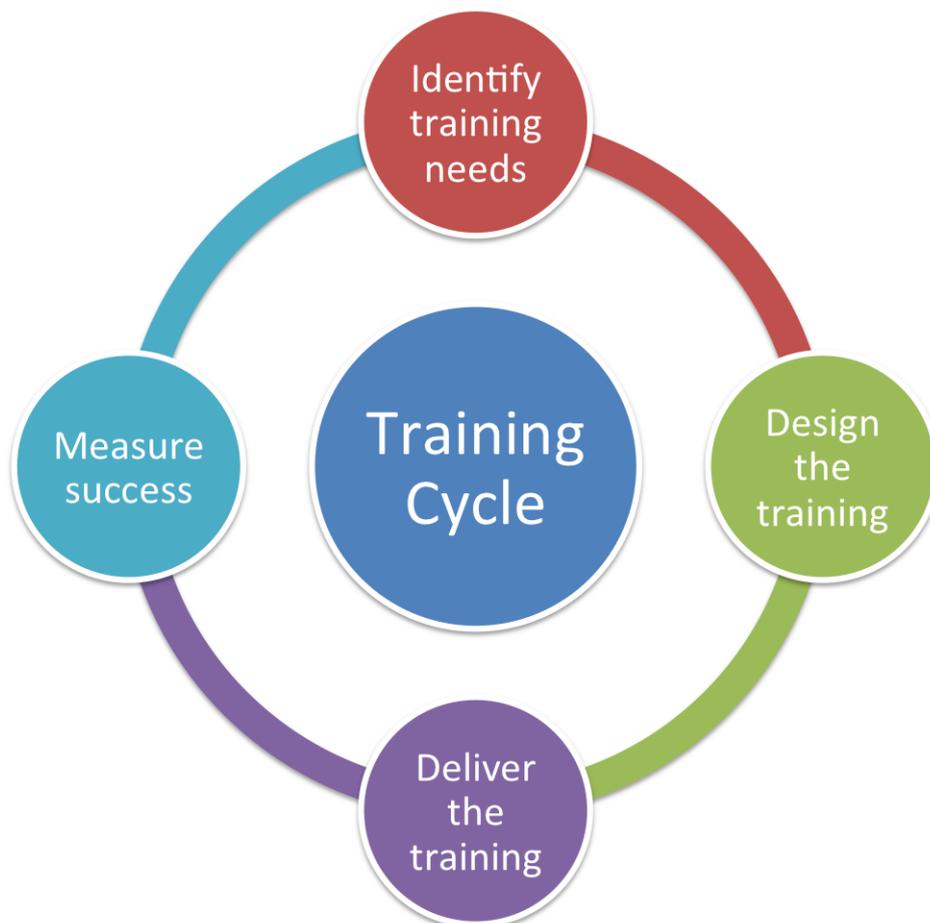




2.2 Support others to understand and follow safe practices (3 pages to answer the question – Page 41 to 43)



In health and social care, safe practices are also defined by Good Safety Practice. Good Safety Practices are those protocols dealing with safety. The term is often used in connection with occupational health and safety and may vary between industries or sectors. Supporting others to understand and follow safe practices in relation of health and safety in health and social care; mean to provide up to date training (see graphic below of training cycle) e.g. Moving & Handling, Dementia Awareness, Thick & Easy, Pressure Ulcer Update, Mental Capacity, Fire safety, Basic Food Hygiene, COSHH, Basic Infection Control, Medication – Level 1, Basic Health & Safety; mean to provide team meetings, working alongside care workers, through supervision or mentoring meeting according to the job description of the staff to ensure better care and better understanding following safe practices – That will help to improve health and safety in the workplace by having the right people for the right job at the right time to manage the risks that may appear in the workplace; mean staff to focus on effective planning and manage the risk – not the paperwork; mean staff using appropriate personal protective equipment in relation to care e.g. staff wearing aprons, masks and gloves; mean staff to dispose of the personal protective equipment following the health and safety policies and procedures that are in place within the setting; mean staff to work following the guidelines that are in place within the setting; mean staff working through the regulations that provide the legal regulatory framework for practice – The regulations contained within an act of parliament are the following: Manual Handling Operations Regulations 1992 (2002); Control of Substances Hazardous to Health Regulations 2002 (COSHH); Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR); Health and Safety (First Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999. Regulations inform a services policy which detail the agreed ways of working and are enforceable in law under the terms of the act. In the health and social care sectors, do not follow poor ways of working by others, to follow the guidelines that are in place.



## ***What is training?***

→ Training means helping people to learn how to do something, telling people what they should or should not do, or simply giving them information. Training isn't just about formal classroom courses.

## ***Why provide health and safety training?***

→ Providing health and safety information and training helps you to:

- Ensure that people who work for you know how to work safely and without risks to health;
- Develop a positive health and safety culture, where safe and healthy working becomes second nature to everyone;
- Meet your legal duty to protect the health and safety of your employees.

→ Effective training:

- Will contribute towards making your employees competent in health and safety;
- Can help your business avoid the distress that accidents and ill health cause;
- Can help you avoid the financial costs of accidents and occupational ill health, such as damaged products, lost production and demotivated staff. – Don't forget that your insurance might not cover all these costs.



## ***The law in relation to training***



The Health and Safety at Work Act 1974 requires you to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of your employees. This is expanded by The Management of Health and Safety at Work Regulations 1999, which identify situations where health and safety training is particularly important when people start work and on exposure to new or increased risks and where existing skills may have become rusty or need updating.

Many employers may not be in a position to provide training on their own, in which case they will need competent help. If possible, they should appoint one or more of their employees. Employers can get specialist help with health and safety which includes detailed advice on choosing and managing a health and safety consultant. The Safety Representatives and Safety Committees Regulations 1977 and The Health and Safety (Consultation with Employees) Regulations 1996 require the employers to consult their employees, or their representatives, on health and safety issues. Representatives appointed under either of these sets of regulations are entitled to time off with pay for training in their duties. The Health and Safety (Training for Employment) Regulations 1990 ensure that learners doing work experience are covered by health and safety law. There are a number of other regulations that include specific health and safety training requirements, such as Asbestos Training.

## ***Who needs health and safety training?***



Employers or self-employed, must ensure that they are up to date with how to identify the hazards and control the risks from their work. They must know how to get help – from their trade association, their local Chamber of Commerce, or their health and safety enforcing authority. They must know what to do about consulting their employees, or their representatives, on health and safety issues. If not, they would probably benefit from some training.

Managers or supervisors need to know what employers expect from them in terms of health and safety, and how employers expect them to deliver in terms of health and safety training. They need to understand the health and safety policy, where they fit in, and how employers want health and safety to be managed regarding health and safety training for employees. Managers or supervisors may also need training in the specific hazards and how employers expect the risks to be controlled.

Employees need to know how to work safely and without risks to health. They need to know about the health and safety policy and how employers implement it. Employees also need to know how they can raise any health and safety concerns with employers. Employees might not be familiar with the employers working environment and safety systems that employers have put in place.



2.3 Monitor and report potential health and safety risks (2 pages to answer the question – Page 44 to 45)



Monitoring health and safety risks related to people's care is a key factor in delivering safe care and support services. Health and social care staff proactively monitors the health and safety of people using care and support services through reports, contract monitoring, reviews and risk assessments. Monitoring and reporting potential health and safety risks; mean importance of continuous assessment of risks and regular checking e.g. equipment, machinery; mean importance of regular review and updating e.g. policies, procedures and agreed ways of working; mean reporting identified risks immediately; mean importance of reporting any changes e.g. to working conditions or environment; mean lines of communication and verbal reporting procedures; mean importance of written records being clear and accurate, detailing dates, times, simple description of risks identified and action taken; mean electronic reporting systems. In the case of care and support delivered by others known as team members; others colleagues; those who use or commission their own health or social care services; families; carers and advocates, all work related injuries or ill health incidents should be recorded, and also certain near miss events should also be recorded. – The use of all this information should be recorded to monitor the success of health and safety policies and practices in the interest to identify possible improvements. Others such as team members; others colleagues; those who use or commission their own health or social care services; families; carers and advocates are also required by law to report certain incidents to regulatory bodies, which include the Care Quality Commission, the Health and Safety Executive and the Medicines and Healthcare Products Regulatory Agency.



## Heinrich's triangle should be followed



In the 1930s, US workplace safety pioneer Herbert William Heinrich established Heinrich's Triangle. Heinrich's believed by addressing commonplace accidents that don't cause injuries, you will prevent accidents that do cause injuries, based on the belief that most accidents share common root causes. In the last 85 years since Heinrich's model was developed, work has become more complex than Heinrich could ever have imagined. In the 1930s work was much simpler. Work could be deconstructed into a right way or wrong way. It was possible to find a clear root cause for an accident and an equally possible to find straight forward solutions because the work and systems these tools were used to support were simpler.

Fast forward 85 years. Work is complex and very difficult to deconstruct. There are many moving parts, some we can see, and some we can't. Consider a banking institute, it would be almost impossible to see all parts of the system and with confidence state you understand how they all connect to each other. Cause and effect as Heinrich knew it just isn't that simple anymore. In 2016 commonplace accidents at the bottom of the pyramid as described by Heinrich rarely share root causes or relationships with serious accidents at the top of the pyramid as he suggested. We struggle to even describe our systems and all the connections and complexities, let alone understand all the root causes with confidence. One of the consequences for using a model 85 years old in a modern workplace is the practices it generates, like the focus on high frequency, low impact events at the bottom of the pyramid. Near miss reporting is a good example of this. The idea in 2016 stopping someone from tripping over a cord in an office will have any impact on someone getting seriously injured on a construction site is nonsensical. Banking institute business was processing 16,000 near misses a year. This according to Heinrich's model is a measurement of success. Personally, I think this is a measure of insanity. This hive of activity at the bottom of the triangle creates all sorts of problems. One being the resources and time required to focus on all the small stuff; and most concerning by focusing on the bottom of the triangle, which we now know does not make a lot of difference to what really hurts us, we may not see the train coming down the tracks (the thing that can really hurt us).

### Heinrich's Safety Triangle



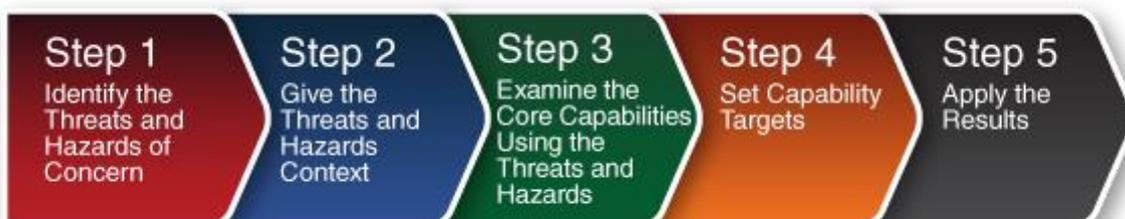


2.4 Use risk assessment in relation to health and safety (6 pages to answer the question – Page 46 to 51)



A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. Using risk assessment in relation to health and safety; means understanding and using health and safety risk assessment for the work environment or particular activities; means the importance of risk assessment for protecting self and individuals from danger or harm; means the need to comply with the law; means identifying what could cause harm; means taking precautions to prevent harm; means the importance of minimising accidents, injuries and ill health; means reducing the risk of individuals being injured at work. Accidents and ill health can ruin lives and affect your business too if output is lost, machinery is damaged, insurance costs increase or you have to go to court. You are legally required to assess the risks in your workplace so that you put in place a plan to control the risks. All employers and self-employed must conduct a risk assessment and where 5 or more persons are employed that assessment must be written down. Risk assessment is important because it helps prevent accidents and ill health. Risk assessment in relation to health and safety aims to help you assess health and safety risks in the workplace. A risk assessment is an important step in protecting your workers and your business, as well as complying with the law. It helps you focus on the risks that really matter in your workplace, the ones with the potential to cause real harm. In many instances, straightforward measures can readily control risks, for example ensuring spillages are cleaned up promptly so people do not slip, or cupboard drawers are kept closed to ensure people do not trip. For most, that means simple, cheap and effective measures to ensure your most valuable asset, your workforce, is protected. The law does not expect you to eliminate all risk, but you are required to protect people as far as reasonably practicable. Working with a risk assessment method is the most straightforward for most organisations. There are other methods that work well, particularly for more complex risks and circumstances. The Health and Safety Executive (HSE) advises employers to follow five steps when carrying out a workplace risk assessment: See page 9.

- **Step 1 Identify the Threats and Hazards of Concern – Identify the hazards** (Page 47)
- **Step 2 Give the Threats and Hazards Context – Identify who may be harmed and what that harm might be** (Page 47)
- **Step 3 Examine the Core Capabilities Using the Threats and Hazards – Evaluate the risks and decide on precautions** (Page 48)
- **Step 4 Set Capacity Targets – Record your findings and implement them** (Page 48/49)
- **Step 5 Apply the Results – Review your assessment and update if necessary** (Page 49)



5 steps to Risk Assessment



### Step 1 Identify the Threats and Hazards of Concern

First you need to work out how people could be harmed. When you work in a place every day it is easy to overlook some hazards, so here are some tips to help you identify the ones that matter:

- **Walk around** your workplace and look at what could reasonably be expected to cause harm.
- **Ask your employees** or their representatives what they think. They may have noticed things that are not immediately obvious to you.
- **Visit the HSE website** [www.hse.gov.uk](http://www.hse.gov.uk) HSE publishes practical guidance on where hazards occur and how to control them. There is much information here on the hazards that might affect your business.
- If you are a member of a **trade association**, contact them. Many produce very helpful guidance.
- **Check manufacturers' instructions** or data sheets for chemicals and equipment as they can be very helpful in spelling out the hazards and putting them in their true perspective.
- Have a look back at your **accident and ill-health records** – these often help to identify the less obvious hazards.
- **Remember to think about long-term hazards to health** (e.g. high levels of noise or exposure to harmful substances) as well as safety hazards.



### Step 2 Give the Threats and Hazards Context

For each hazard you need to be clear about who might be harmed; it will help you identify the best way of managing the risk. That doesn't mean listing everyone by name, but rather identifying groups of people e.g. people working in the storeroom or passers-by. In each case, identify how they might be harmed and what type of injury or ill health might occur. For example, shelf stackers may suffer back injury from repeated lifting of boxes. Remember:

- Some workers have particular requirements, e.g. new and young workers, new or expectant mothers and people with disabilities may be at particular risk. Extra thought will be needed for some hazards;
- Cleaners, visitors, contractors, maintenance workers etc., who may not be in the workplace all the time;
- Members of the public, if they could be hurt by your activities;
- If you share your workplace, you will need to think about how your work affects others present, as well as how their work affects your staff – talk to them;
- Ask your staff if they can think of anyone you may have missed.



### **Step 3 Examine the Core Capabilities Using the Threats and Hazards**

Having spotted the hazards, you then have to decide what to do about them. The law requires you to do everything reasonably practicable to protect people from harm. You can work this out for yourself, but the easiest way is to compare what you are doing with good practice. So first, look at what you're already doing; think about what controls you have in place and how the work is organised. Then compare this with the good practice and see if there's more you should be doing to bring yourself up to standard. In asking yourself this, consider:

- Can I get rid of the hazard altogether?
- If not, how can I control the risks so that harm is unlikely?

**When controlling risks, apply the principles below, if possible in the following order:**

- Try a less risky option (e.g. switch to using a less hazardous chemical);
- Prevent access to the hazard (e.g. by guarding);
- Organise work to reduce exposure to the hazard (e.g. put barriers between pedestrians and traffic);
- Issue **personal protective equipment** (e.g. clothing, footwear, goggles etc.);
- Provide welfare facilities (e.g. first aid and washing facilities for removal of contamination).



### **Step 4 Set Capacity Targets**

Putting the results of your risk assessment into practice will make a difference when looking after people and your business. Writing down the results of your risk assessment, and sharing them with your staff, encourages you to do this. If you have fewer than five employees you do not have to write anything down, though it is useful so that you can review it at a later date if, for example, something changes. When writing down your results, keep it simple, for example: Tripping over rubbish: bins provided, staff instructed, weekly housekeeping checks, or: Fume from welding: local exhaust ventilation used and regularly checked. We do not expect a risk assessment to be perfect, but it must be suitable and sufficient.

**You need to be able to show that:**

- A proper check was made;
- You asked who might be affected;
- You dealt with all the significant hazards, taking into account the number of people who could be involved;
- The precautions are reasonable, and the remaining risk is low; and
- You involved your staff or their representatives in the process.

**On page 12 is an example of risk assessment that you can print off and use.**

Promote and implement health and safety in health and social care by Gaël Romanet.

If, like many businesses, you find that there are quite a lot of improvements that you could make, big and small, don't try to do everything at once. Make a plan of action to deal with the most important things first. Health and safety inspectors acknowledge the efforts of businesses that are clearly trying to make improvements. A good plan of action often includes a mixture of different things such as:

- A few cheap or easy improvements that can be done quickly, perhaps as a temporary solution until more reliable controls are in place;
- Long-term solutions to those risks most likely to cause accidents or ill health with the worst potential consequences;
- Arrangements for training employees on the main risks that remain and how they are to be controlled;
- Regular checks to make sure that the control measures stay in place; and
- Clear responsibilities through who will lead on what action.

Remember, prioritise and tackle the most important things first. As you complete each action, tick it off your plan.



### **Step 5 Apply the Results**

Few workplaces stay the same. Sooner or later, you will bring in new equipment, substances and procedures that could lead to new hazards. It makes sense, therefore, to review what you are doing on an ongoing basis. Every year or so formally review where you are, to make sure you are still improving, or at least not sliding back.

Look at your risk assessment again. Have there been any changes? Are there improvements you still need to make? Have your workers spotted a problem? Have you learnt anything from accidents or near misses? Make sure your risk assessment stays up to date.

When you are running a business it's all too easy to forget about reviewing your risk assessment; until something has gone wrong and it's too late. Why not set a review date for this risk assessment now? Write it down and note it in your diary as an annual event.

During the year, if there is a significant change, don't wait. Check your risk assessment and, where necessary, amend it. If possible, it is best to think about the risk assessment when you're planning your change; that way you leave yourself more flexibility.

## **What is Personal Protective Equipment?**

→ Personal protective equipment (PPE) refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter. Protective equipment may be worn for job related occupational safety and health purposes, as well as for sports and other recreational activities. Protective clothing is applied to traditional categories of clothing, and protective gear applies to items such as pads, guards, shields, or masks, and others.



The purpose of personal protective equipment is to reduce employee exposure to hazards when engineering and administrative controls are not feasible or effective to reduce these risks to acceptable levels. PPE is needed when there are hazards present. PPE has the serious limitation that it does not eliminate the hazard at source and may result in employees being exposed to the hazard if the equipment fails.

Any item of PPE imposes a barrier between the wearer/user and the working environment. This can create additional strains on the wearer; impair their ability to carry out their work and create significant levels of discomfort. Any of these can discourage wearers from using PPE correctly, therefore placing them at risk of injury, ill-health or, under extreme circumstances, death. Good ergonomic design can help to minimise these barriers and can therefore help to ensure safe and healthy working conditions through the correct use of PPE.

# SITE SAFETY

**Under the Health & Safety at Work Act 1974 all persons entering this site must comply with all the regulations under this act. All visitors must report to the site office and obtain permission to proceed on to the site or any work area. Safety signs and procedures must be observed and personal protection and safety equipment must be worn at all times.**



**Construction site in progress  
Parents are advised to warn children of the dangers of entering this site.**



**Safety helmets must be worn**



**Protective footwear must be worn**



**Unauthorised entry to this site is strictly forbidden.**

Practices of occupational safety and health can use hazard controls and interventions to mitigate workplace hazards, which pose a threat to the safety and quality of life of workers. The hierarchy of hazard control provides a policy framework which ranks the types of hazard controls in terms of absolute risk reduction. At the top of the hierarchy are elimination and substitution, which remove the hazard entirely or replace the hazard with a safer alternative. If elimination or substitution measures cannot apply, isolation and engineering controls with administrative controls, which seek to design safer mechanisms and coach safer human behaviour, are implemented. Personal protective clothing and equipment ranks last on the hierarchy of hazard controls (see page 14 for Summary of Hierarchy of Hazard Controls), as the workers are regularly exposed to the hazard, with a barrier of protection. The hierarchy of hazard controls is important in acknowledging that, while personal protective clothing and equipment has tremendous utility, it is not the desired mechanism of control in terms of worker safety.

Reference: [http://en.wikipedia.org/wiki/Personal\\_protective\\_equipment](http://en.wikipedia.org/wiki/Personal_protective_equipment)



2.5 Demonstrate ways to minimise potential risks and hazards (7 pages to answer the question – Page 52 to 58)



Ways to minimise potential risks and hazards by being able to carry out own responsibilities for health and safety in health and social care; mean staff using risk assessments (see page 46 to 51); mean staff using risk management process (see page 52 to 57); mean staff using personal protective equipment (see page 50, 51); mean employers providing induction and training programmes for employees (see pages 41, 42, 43). The Health and Safety Executive (HSE) advises employers to follow five steps when carrying out a workplace risk assessment: Step 1 - Identifying the hazards and differentiating between a hazard and a risk (see page 37), Step 2 - Deciding who might be harmed and how, Step 3 - Evaluating the risks and deciding on precautions in order to minimise the risk, Step 4 - Recording findings and implementing them, Step 5 - Reviewing assessment and updating if necessary on a regular basis. The Risk Management Process is composed of five steps: Step 1 - Establish the context, Step 2 - Identify the risks, - Step 3 Analyse the risks, - Step 4 Evaluate the risks, - Step 5 Treat the risks.

### **The 5 steps of Risk Management Process**

- Step 1 Establish the context – risk management (Page 53)
- Step 2 Identify the risks – identify (Page 53)
- Step 3 Analyse the risks – assess (Page 54, 55)
- Step 4 Evaluate the risks – evaluate (Page 56)
- Step 5 Treat the risks – control monitor (Page 56)





Step 1 Establish the context

Before risk can be clearly understood and dealt with, it is important to understand the context in which it exists. You should define the relationship between the ways of working and the type of care provided within the care setting so that the boundaries for dealing with risk are clear.



Step 2 Identify the risks

The purpose of this step is to identify what could go wrong (likelihood) and what is the consequence (loss or damage) of it occurring. Key questions to ask include:

- What can happen? List risks, incidents or accidents that might happen by systematically working through each aspects of care.
- How and why it can happen? List the possible causes and scenarios or description of the risk, incident or accident.
- What is the likelihood of them happening?
- What will be the consequences if they do happen?

Risks can be **physical, financial, ethical** or **legal**.

**Physical risks** are those involving personal injuries for staff and others, and the physical assets of the care setting such as equipment.

**Financial risks** are those that involve the assets of the care setting and include theft, loss, and complaints.

**Ethical risks** involve actual or potential harm to the reputation or beliefs within the care setting.

**Legal risks** consist of responsibilities imposed on employers, employees, service users and others arising from laws made by state and local government authorities.



## Step 3 Analyse the risks

This involves analysing the likelihood and consequences of each identified risk and deciding which risk factors will potentially have the greatest effect and should, therefore, receive priority with regard to how they will be managed. The level of risk is analysed by combining estimates of likelihood (See page 54 **Table 1 - Likelihood scale**) and consequences (See page 54 **Table 2 - Loss or damage impact scale**), to determine the priority level of the risk (See page 55 **Table 3 - Risk priority scale**).

It is important to consider the consequences and the likelihood of risk in the context of the activity, the type of the care setting e.g. residential or nursing, and any other factors that may alter the consequences of likelihood of risk.

Risk evaluation involves comparing the level of risk found during the analysis process with previously established risk criteria, and deciding whether risks can be accepted. If the risk falls into the low or acceptable categories, they may be accepted with minimal further treatment. These risks should be monitored and periodically reviewed to ensure they remain acceptable. If risks do not fall into the low or acceptable category, they should be treated using one or more of the treatment options considered in step 4 (Likely - Major).

**Table 1 - Likelihood scale**

Question: What is the likelihood of the risk event occurring?

Rating	LIKELIHOOD The potential for problems to occur in a year
5	<b>ALMOST CERTAIN:</b> will probably occur, could occur several times per year
4	<b>LIKELY:</b> high probability, likely to arise once per year
3	<b>POSSIBLE:</b> reasonable likelihood that it may arise over a five-year period
2	<b>UNLIKELY:</b> plausible, could occur over a five to ten year period
1	<b>RARE:</b> very unlikely but not impossible, unlikely over a ten year period

**Table 2 - Loss or damage impact scale**

Question: What is the loss or damage impact if the risk event occurred?

Rating	POTENTIAL IMPACT
5	<b>CATASTROPHIC:</b> most objectives may not be achieved, or several severely affected
4	<b>MAJOR:</b> most objectives threatened, or one severely affected
3	<b>MODERATE:</b> some objectives affected, considerable effort to rectify
2	<b>MINOR:</b> easily remedied, with some effort the objectives can be achieved
1	<b>NEGLIGIBLE:</b> very small impact, rectified by normal processes

**Table 3 – Risk priority scale**

The risk priority scale determines the nature of the risk and the action required. They are indicators to assist in the decision making of what action is warranted for the risks.

Question: What is the risk priority?

		IMPACT				
		5 Catastrophic	4 Major	3 Moderate	2 Minor	1 Negligible
L I K E L Y H O O D	5 Almost certain	Extreme (1)	Extreme (1)	Major (2)	Major (2)	Medium (3)
	4 Likely	Extreme (1)	Extreme (1)	Major (2)	Medium (3)	Minor (4)
	3 Possible	Extreme (1)	Major (2)	Major (2)	Medium (3)	Minor (4)
	2 Unlikely	Major (2)	Major (2)	Medium (3)	Minor (4)	Minor (4)
	1 Rare	Medium (3)	Medium (3)	Minor (4)	Minor (4)	Minor (4)

**Key:**

<b>Extreme</b>	Extreme risks that are likely to arise and have potentially serious consequences requiring urgent attention
<b>Major</b>	Major risks that are likely to arise and have potentially serious consequences requiring urgent attention or investigation
<b>Medium</b>	Medium risks that are likely to arise or have serious consequences requiring attention
<b>Minor</b>	Minor risks and low consequences that may be managed by routine procedures



#### Step 4 Evaluate the risks

Risk treatment involves identifying the range of options for treating the risk, evaluating those options, preparing the risk treatment plans and implementing those plans. It is about considering the options for treatment and selecting the most appropriate method to achieve the desired outcome. Options for treatment need to be proportionate to the significance of the risk, and the cost of treatment commensurate with the potential benefits of treatment. In a health and social care setting, the best way to control a hazard is to remove it. For example if a rug is likely to cause residents to trip then the safest control is to remove the rug. With other hazards it may not be possible to remove them. For example a meat slicer in a care home kitchen, where the precaution would be to ensure there is a fixed guard in place and members of staff are trained to use it. It is important to check these precautions are effective and to review them from time to time to assess if they are still effective. The hazards may have changed due to different equipment, changes in procedures and staff.



#### Step 5 Treat the risks

As with communication and consultation, monitoring and review is an ongoing part of risk management that is integral to every step of the process. It is also the part of risk management that is most often given inadequate focus, and as a result the risk management programs of many organisations become irrelevant and ineffective over time. Monitoring and review ensure that the important information generated by the risk management process is captured, used and maintained. Few risks remain static. Factors that may affect the likelihood and consequences of an outcome may change, as the factors that affect the suitability or cost of the various treatment options. Review is an integral part of the risk management treatment plan. Risk management is an integral part of all core business functions, and it should be seen and treated as such. Risk management should be fully incorporated into the operational and management processes at every level of the organisation and should be driven from the top down.

## ***Categorising Risk***

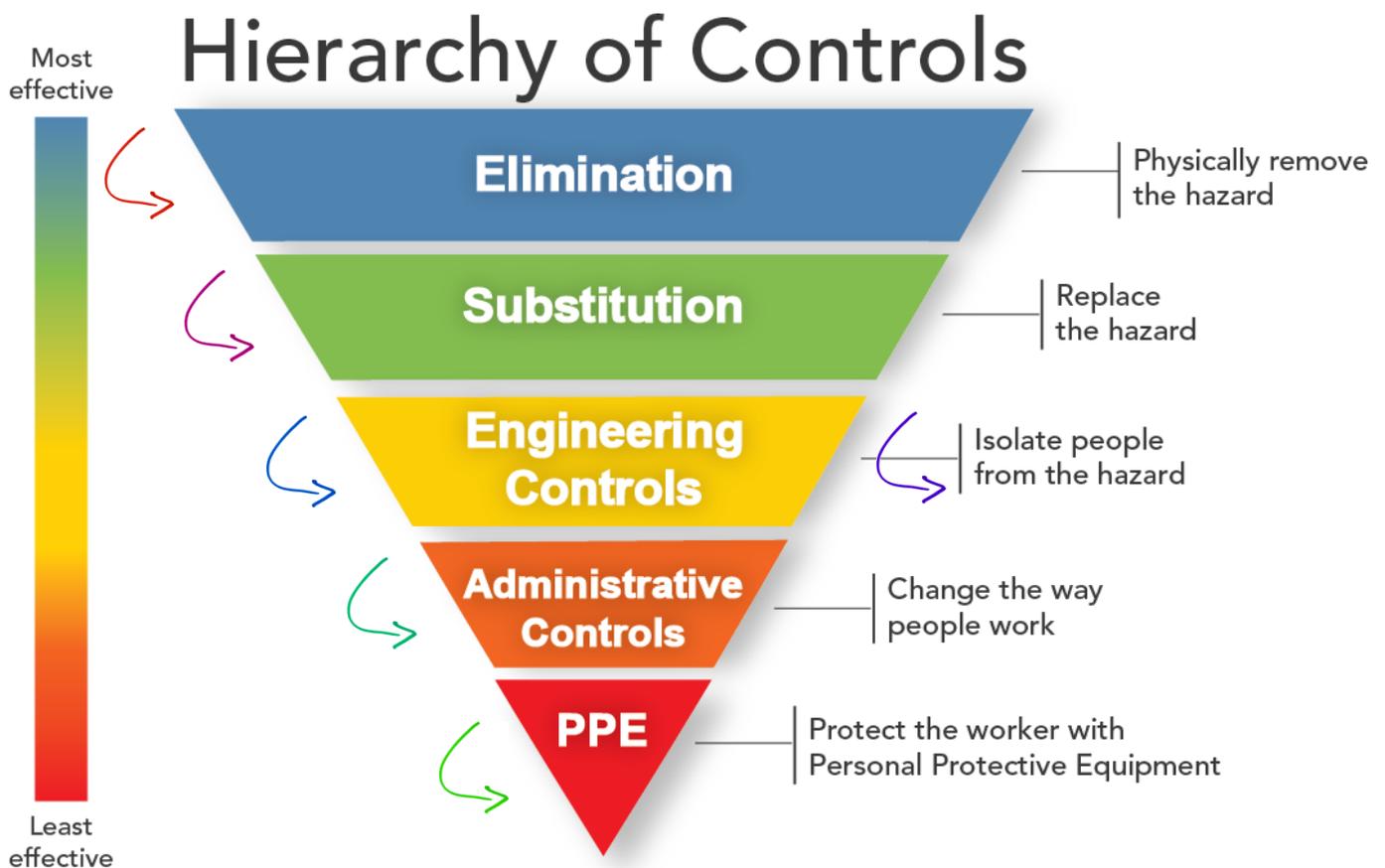


The level of risk is often categorised upon the potential harm or adverse health effect that the hazard may cause, the number of times persons are exposed and the number of persons exposed. For example exposure to airborne asbestos fibres will always be classified as high because a single exposure may cause potentially fatal lung disease, whereas the risk associated with using a display screen for a short period could be considered to be very low as the potential harm or adverse health effects are minimal.

## What are Control Measures?

Control measures include actions that can be taken to reduce the potential of exposure to the hazard, or the control measure could be to remove the hazard or to reduce the likelihood of the risk of the exposure to that hazard being realised. A simple control measure would be the secure guarding of moving parts of machinery eliminating the potential for contact. When we look at control measures we often refer to the Hierarchy of Hazard Controls (see page 14). Hierarchy of Hazard Controls is composed of 6 steps:

- Eliminate the hazard (Page 58)
- Substitute the hazard with a lesser risk (Page 58)
- Isolate the hazard (Page 58)
- Use engineering controls (Page 58)
- Use administrative controls (Page 58)
- Use of personal protective equipment (Page 58)



 Eliminate the hazard: Elimination of the hazard is not always achievable though it does totally remove the hazard and thereby eliminates the risk of exposure. An example of this would be that petrol station attendants in Ireland are no longer exposed to the risk of chronic lead poisoning following the removal of lead from petrol products sold at forecourts.

 Substitute the hazard with a lesser risk: Substituting the hazard may not remove all of the hazards associated with the process or activity and may introduce different hazards but the overall harm or health effects will be lessened. In laboratory research, toluene is now often used as a substitute for benzene. The solvent-properties of the two are similar but toluene is less toxic and is not categorised as a carcinogen although toluene can cause severe neurological harm.

 Isolate the hazard: Isolating the hazard is achieved by restricting access to plant and equipment or in the case of substances locking them away under strict controls. When using certain chemicals then a fume cupboard can isolate the hazard from the person, similarly placing noisy equipment in a non-accessible enclosure or room isolates the hazard from the persons.

 Use engineering controls: Engineering Controls involve redesigning a process to place a barrier between the person and the hazard or remove the hazard from the person, such as machinery guarding, proximity guarding, extraction systems or removing the operator to a remote location away from the hazard.

 Use administrative controls: Administrative controls include adopting standard operating procedures or safe work practices or providing appropriate training, instruction or information to reduce the potential for harm and/or adverse health effects to person(s). Isolation and permit to work procedures are examples of administrative controls.

 Use of personal protective equipment: Personal protective equipment (PPE) include gloves, glasses, earmuffs, aprons, safety footwear, dust masks which are designed to reduce exposure to the hazard. PPE is usually seen as the last line of defence and is usually used in conjunction with one or more of the other control measures. An example of the weakness of this control measure is that it is widely recognised that single-use dust masks cannot consistently achieve and maintain an effective face piece-to-face seal, and cannot be adequately fit tested and do not offer much, if any real protection against small particulates and may lead to a false sense of security and increase risk. In such instances an extraction system with fitted respirators may be preferable where the hazard may have significant health effects from low levels of exposure such as using isocyanate containing chemicals.



2.6 Access additional support or information relating to health and safety



Access additional support or information relating to health and safety means understanding how to access information from organisations like the Health and Safety Executive (HSE) e.g. "Health and Safety Law: What you should know" (see page 10), with contact details of people who can help or provide further information regarding health and safety. Within my workplace setting, additional support or information relating to health and safety can be found with appointed persons responsible for health and safety e.g. health and safety manager, health and safety poster (see page 11) or health and safety books. – The reasons are to comply with legislation, to prevent risks or reduce risks to a minimum, to protect self and individuals and others from danger or harm or illness. The best way to have access to additional support or information relating to health and safety is to go to Internet and look for support forum about Health and Safety <https://www.google.co.uk/search?q=support+health+safety> or pdf files and other web sites about Health and Safety <http://www.hse.gov.uk/>

**SAFE MEDICINE DISPOSAL**

When was the last time you cleaned out your household supply of over-the-counter (OTC) medicines?

**Check the Label**  
Once a medicine has reached its expiration date, it may not provide the treatment that you need.

Follow these simple steps from the U.S. Food and Drug Administration (FDA) to dispose of OTCs in your household trash:

- Mix MEDICINES**  
Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as used coffee grounds or kitty litter.
- Seal MIXTURE**  
Place the mixture in a container such as a sealed plastic bag.

**Site Health & Safety**

**1. WORKING AT HEIGHT**

**SITE TRAFFIC**

Every year a significant number of workers are killed or injured by moving vehicles on site. To reduce the risk of an incident involving site traffic, limit the number of vehicles on site, use gates and barriers to control traffic flow, and set speed limits to avoid the likelihood of vehicles reversing if possible.

**5 ZONE**

**3. ELECTRICITY**

Electricity can kill and electrical equipment is to be found on every site. Power tools are used extensively on site and these should be earthed and have trip devices or RCD's to ensure power is cut if any live part is contacted.

**FIRST AID**  
What you should know!

**BASIC RULES**

- DO NOT move the patient.
- If the patient is unconscious follow the EMERGENCY RESUSCITATION procedure below
- Keep patient warm and covered.
- DO NOT give the patient food or drink or allow to smoke.
- Loosen any tight clothing.
- Reassure the patient.
- If you have any doubts about the injury call an ambulance.

**BURNS**

- Cool the skin immediately with running water and continue this treatment for at least 10 minutes.
- Remove any restrictive jewellery.
- Apply a clean dressing.

**EMERGENCY RESUSCITATION**

**Recognition and treatment**

- Check for danger to yourself or the patient
- Check for a response - Shout - "Can you hear me?" or "Open your eyes" - Gently shake their shoulders - If they respond go to step 6
- Shout for help
- Open the airway - place one hand on the forehead and using two fingers lift the chin
- Check breathing - Look listen and feel for no more than 10 seconds - Is the chest rising and falling? - Can you hear breathing? - Can you feel breathe against your cheek?

**IF NOT BREATHING GO TO STEP 7**  
**IF BREATHING GO TO STEP 6**

**7 Commence cardiopulmonary resuscitation**

Call for help - Get someone to call for help immediately - If you are on your own, get help and return. - Reassess and continue with CPR

**8 Give 30 compressions**

- Place the heel of your hand in the centre of the chest
- Place other hand on top and interlock fingers
- Keeping your arms straight and your fingers close together, press down by five to six centimetres
- Release pressure, keeping your hands in place
- Repeat the compressions 30 times at a rate of 100 - 120 per minute (about the speed of "Staying alive")

**9 Give 2 rescue breaths**

- Ensure the airway is open
- Pinch nose firmly
- Take a deep breath and seal your lips around their mouth
- Blow into the mouth until chest rises
- Remove your mouth and allow chest to fall
- Repeat once more

**10 Place in the recovery position**

- Turn them onto their side
- Lift chin forward in open airway position and adjust hand under the cheek as necessary
- Check they cannot roll forwards or backwards
- Monitor breathing continuously
- If injuries allow, turn them to the other side after 30 minutes.

**BLEEDING**

- Raise the wound.
- Apply pressure to the wound with your hand or a clean dry cloth until the bleeding has stopped.
- Apply a clean dressing.

**Continue CPR**  
- 30 compressions

Task 3 – Understand procedures for responding to accidents and sudden illness



3.1 Describe different types of accidents and sudden illness that may occur in own work setting (3 pages to answer the question – Page 60 to 62)



Different **types of accidents** that may occur in own work setting are the following; slips and trips; falls e.g. wet floors; needle stick injuries; burns and scalds; injuries from operating machinery e.g. Oxford elevate electric stand aid hoist, Oxford advance hoist, Opera eco profiling electric bed; injuries from specialised equipment e.g. wheelchair, turner aid – back injuries through using the wrong manual handling techniques for both individuals and staff; electrocution; accidental poisoning e.g. stomach upset by food poisoning, by food stored wrongly, by hazardous substances and materials e.g. swallowing a hazardous substance.



Different **types of sudden illness** that may occur in own work setting are the following; heart attack; diabetic coma; epileptic convulsion; difficulty with breathing e.g. tight chest through an infection; stroke; hypoglycaemia (deficiency of glucose in the bloodstream); seizures; loss of consciousness; food poisoning.



Examples of different types of accidents that may occur in own work setting:

**Example 1:** A chef in a care home kitchen drops a pan of boiling stock from the oven causing severe burns to his legs and feet.

Possible causes:

- Not paying attention to what he was doing,
- The handle on the pan is broken and gives way when the chef is carrying it causing the chef to drop the pan,
- A kitchen assistant rushes into the kitchen and bumps into the chef,
- The chef is wearing open-toed sandals,
- Someone has spilt salad oil and not cleaned it up,
- The pan was too heavy.

**Example 2:** A resident is being assisted in bathing. The resident is scalded by very hot water.

Possible causes:

- Thermostatic valve malfunctioning and the hot water tap temperature was above 44°C (hot water tap temperatures must not exceed 44°C),
- Care assistant did not check the hot water tap temperature before immersing the resident,
- Care assistant leaves the resident unattended for a brief period to answer the phone.

**Example 3:** A resident is in bed with bedside rails erected. The resident falls over the bedside rail, onto the floor, fracturing a hip.

Possible causes:

- Risk assessment for bedside rail usage was not completed,
- Incorrect selection of bedside rail for the resident or bedrail incompatible with bed,
- Mattress overlay raised the bed height to nearly the height of the bedside rail,
- Inadequate maintenance of bedside rails,
- Bedside rails not fitted according to manufacturer's instructions.

## ***What is the difference between an accident and a near miss?***



To know the **difference between an accident and a near miss** is important.

- **An accident** is an unplanned, uncontrolled event, which causes death, injury or damage to property.
- **A near miss** is an unplanned event, which does not cause death, injury or damage to property.

The Health and Safety at Work Act 1974 is the primary piece of legislation covering work related health and safety in the United Kingdom. Employers have a general duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and others who may be affected by their work activities.

## What are the main causes of accidents?



The main causes of accidents are **unsafe acts and unsafe conditions**.

### Unsafe acts are:

- Lack of training and information,
- Alcohol,
- Wearing unsuitable clothing,
- Playing practical jokes,
- Other factors e.g. boredom, inexperience and carelessness, thoughtlessness, working when overtired or ill.

A negative attitude can also be a hazard. Staff may be pressured into doing a job in an unsafe way because of a "we want to get on with the job attitude". If staff is new or inexperienced they may feel awkward about asking for help or guidance. Some may hold the view that paying attention to Health and Safety is not "macho" and this attitude can lead to accidents. Always remember that, a positive attitude prevents accidents.

### Unsafe conditions are:

- Badly stored dangerous material,
- Noise and overcrowding,
- Untidy work area,
- Slippery uneven floor,
- Unguarded machinery,
- Not using the correct equipment for the task,
- Poor cable management.

Slips hazards and trips hazards are one of the biggest causes of injury at work. The main slip hazards are liquid spills, wet floors, icy paths, sloping floors and loose rugs, mats unsuitable floor surfaces, unsuitable shoes. The main trip hazards are trailing cables, holes or uneven floor or carpet, obstruction in the walkway, untidy overcrowded work space.





3.2 Explain procedures to be followed if an accident or sudden illness should occur (2 pages to answer the question – Page 63 to 64)



Procedures to be followed if an accident or sudden illness should occur within the health and social care setting mean staff; understanding the importance of procedures to be followed if an accident or sudden illness should occur; knowing how to ensure and maintain safety for individuals concerned and others e.g. clearing the area, safety moving equipment if possible; remaining calm; knowing how to send for help; knowing how to assess individuals for injuries; understanding when to administer basic first aid if necessary and if trained to do so; understanding the importance of staying with the injured/sick individual until help arrives; knowing how to observe and note any changes in an individual's condition; understanding how to provide a full verbal report to relevant medical staff or others; understanding how to complete a full written report and relevant documentation e.g. accident report, incident report; understanding the policies, procedures and agreed ways of working for the work setting.

Within my health and social care setting, procedures to be followed if an accident or sudden illness should occur mean staff; recording and reporting of accident or illness with full details must be made; registered person must submit notification to CQC and HSE; individuals' next of kin must be informed. Any accidents that occur at work must be recorded in the accident report book. The record must include: the date and method of reporting, the date, time and place of the event, personal details of those involved and a brief description of the nature of the event or disease.

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)** requires certain types of accidents, incidents and diseases need to be reported to the enforcement authorities immediately and some examples include:

- A death,
- Any type of injury that result in absence from work for more than 3 days,
- Certain injuries, dangerous occurrences and diseases specified by law,
- Residents or any members of the public as visitors, requiring hospital treatment as a result of a work related incident.

If an accident has happened, your manager needs to know so that action can be taken to prevent it happening again. All accidents including near misses and all work related health problems must be reported to your manager immediately and recorded in the incident book. This is especially important for accidents potentially involving blood borne infection such as:

- All sharps/needle injuries,
- Contamination or abrasions with body fluids,
- Human scratches or bites causing bleeding,
- Splashes of body fluids into the mouth or eyes.

If the accident has caused an injury requiring first aid you should contact your First Aider. If the injury is more serious as well as summoning the First Aider it may be necessary to call an ambulance by dialling 999.

## **Reporting accidents or ill health**



The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, came into force on 1 April 1996. RIDDOR requires the reporting of work related accidents, diseases and dangerous occurrences. It applies to all work activities, but not to all incidents. Reporting accidents and ill health at work is a legal requirement. The information that is reported enables the enforcing authorities to identify where and how risks arise and to investigate serious accidents. The enforcing authorities can then help and advice on preventive action to reduce injury, ill health and accidental loss. Employer needs to report any:

- Work related accidents which cause deaths,
- Work related accidents which cause certain serious injuries,
- Accidents resulting in over 3 day injury,
- Diagnosed cases of certain diseases,
- Dangerous occurrences and gas incidents.

All accidents, diseases and dangerous occurrences can be reported to the Incident Contact Centre:

<http://www.hse.gov.uk/riddor/>

Employer must keep a record of any accident, reportable injury, disease or dangerous occurrence. The record must include: the date and method of reporting, the date, time and place of the event, personal details of those involved and a brief description of the nature of the event or disease. Any accidents that occur at work must be recorded in an Accident Report Book. The details contained in this document are confidential and must comply with The Data Protection Act 1998 (More about The Data Protection Act 1998 on page 17).

The quickest and easiest way to report accidents or ill health is to call the RIDDOR Incident Contact Centre on 0345 300 9923 (Monday to Friday 8.30am to 5.00pm).

Alternatively, reports can be made online via the Incident Contact Centre website.

Go to <http://www.hse.gov.uk/riddor/> and complete the appropriate online report form. The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records. Reports can also be made by post. For more information, go to the RIDDOR Reporting Page: <http://www.hse.gov.uk/riddor/report.htm>

Reporting out of hours depends of the types of circumstances. Where HSE may need to respond out of hours are:

- Following a work-related death,
- Following a serious incident where there have been multiple casualties,
- Following an incident which has caused major disruption such as evacuation of people, closure of roads, large numbers of people going to hospital etc.

If your incident fits these descriptions ring the duty officer on 0151 922 9235.

## Task 4 – Be able to reduce the spread of infection



4.1 Explain own role in supporting others to follow practices that reduce to spread of infection (7 pages to answer the question – Page 65 to 71)



I am working as a senior care assistant. Within my health and social care work setting for individuals living with early dementia in a residential care home, supporting others to follow practices that reduce to spread of infection means I ensure staff; understand how infection can be spread e.g. airborne, direct contact, indirect contact; understand measures which can minimise the spread of infection e.g. hand washing, food hygiene procedures, disposal of waste; the importance of communicating these procedures to others; use of communication aids e.g. posters and notices; importance of regular staff training and updating; encouraging and ensuring that others are familiar with policies, procedures and agreed ways of working in order to reduce the spread of infection by following safe working practices; I ensure others are aware of the workplace standards and procedures for infection prevention and control procedures; I ensure others follow infection prevention and control procedures correctly ensuring all unsafe practices are recorded and reported.

### **What is the spread of infection?**



Before you can prevent an infection, it is important to understand how they are spread. Infections are caused by bacteria, viruses and other microscopic organisms. These germs are found in the environment (water, soil, air) as well as in and on humans, in our body secretions (stool) and in the tiny droplets that are generated by breathing, coughing, sneezing. The routes of infection may include: blood circulation, digestive, respiratory, and body fluids (See graphic of routes of infection on page 67). Infections are spread through different means:

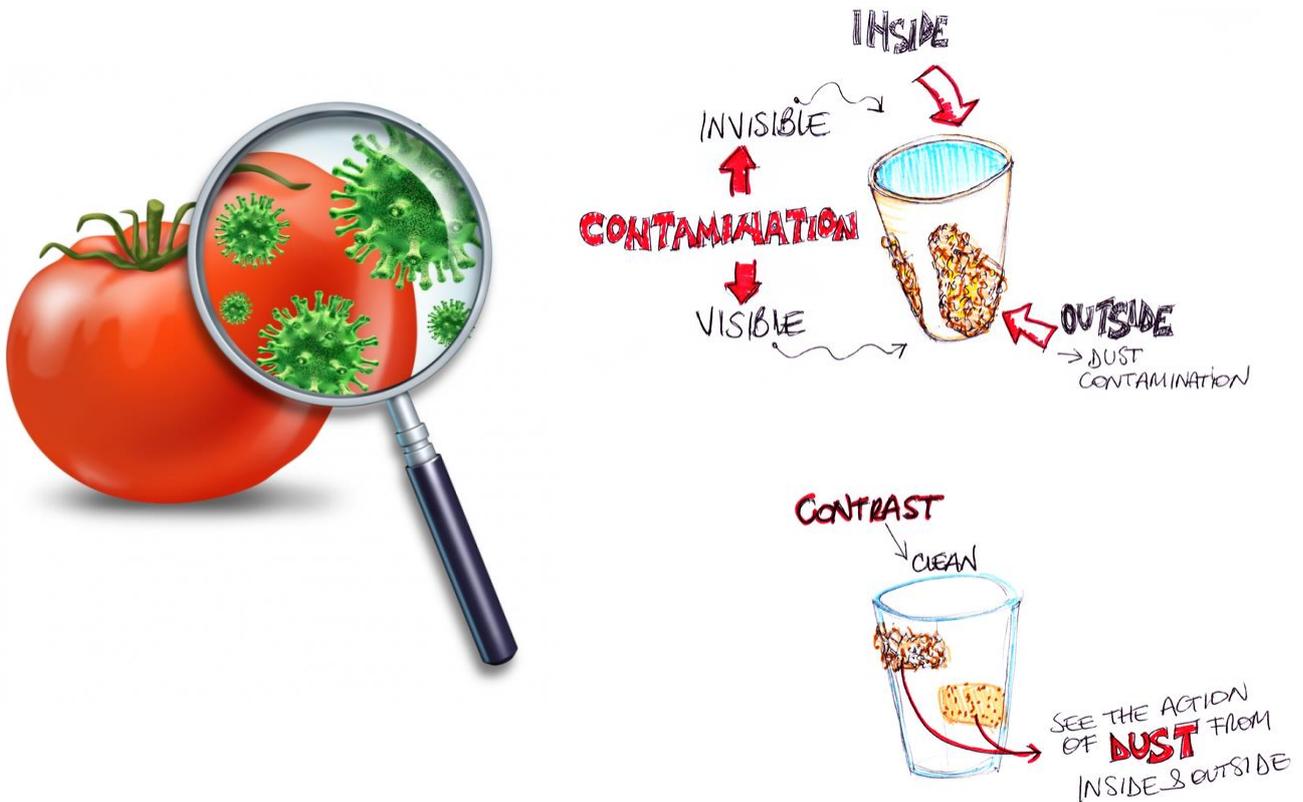
**Stool** – Absorbent adult diaper pad, pee napkin, absorbent hygiene products. Germs that cause diarrhoea or other infections of the intestinal tract are found in faeces. If personal hygiene is insufficient, stool may contaminate hands, food, water, surrounding objects and surfaces. The easy spread of intestinal infections is also due to the fact that some of the germs can survive on surfaces and objects for long periods of time. Proper hand washing is the most effective way to prevent the spread of intestinal infections.

**Droplet spread** – Germs that cause colds, strep throats, are found in the saliva and secretions of the nose. Colds and other minor infections including the eyes, nose and throat, are the most frequent illnesses in young children. When people cough, sneeze, have runny noses, or do anything that spreads droplets of secretions from the respiratory tract, the germs can spread. The germs can then be inhaled, or they may land in a person's eye, nose or mouth. Indirect spread may also occur because some viruses can survive in the environment for days at a time. Because the respiratory viruses can be found in the nose and throat of children for several days before they show signs of an illness, it is important to follow good infection control practices at all times. (More about: Infection control on page 68, 69 and 70).

**Contact with blood** - The skin offers an excellent barrier when in contact with blood. Several infections may be spread by direct contact with blood if there is a break in the skin (blood to blood) or direct contact with mucous membranes (eye, mouth). Only a small amount of blood or body fluids can cause infections so whenever any amount of blood or bloody body fluids is noticed, equipment such as gloves, and proper cleaning and disinfection of exposed objects must occur. Personal protective equipment refers to any protective equipment or clothing that an employer must provide where risks have been identified. This may include gloves, aprons, masks, hair nets, safety goggles, and hospital shoe covers.

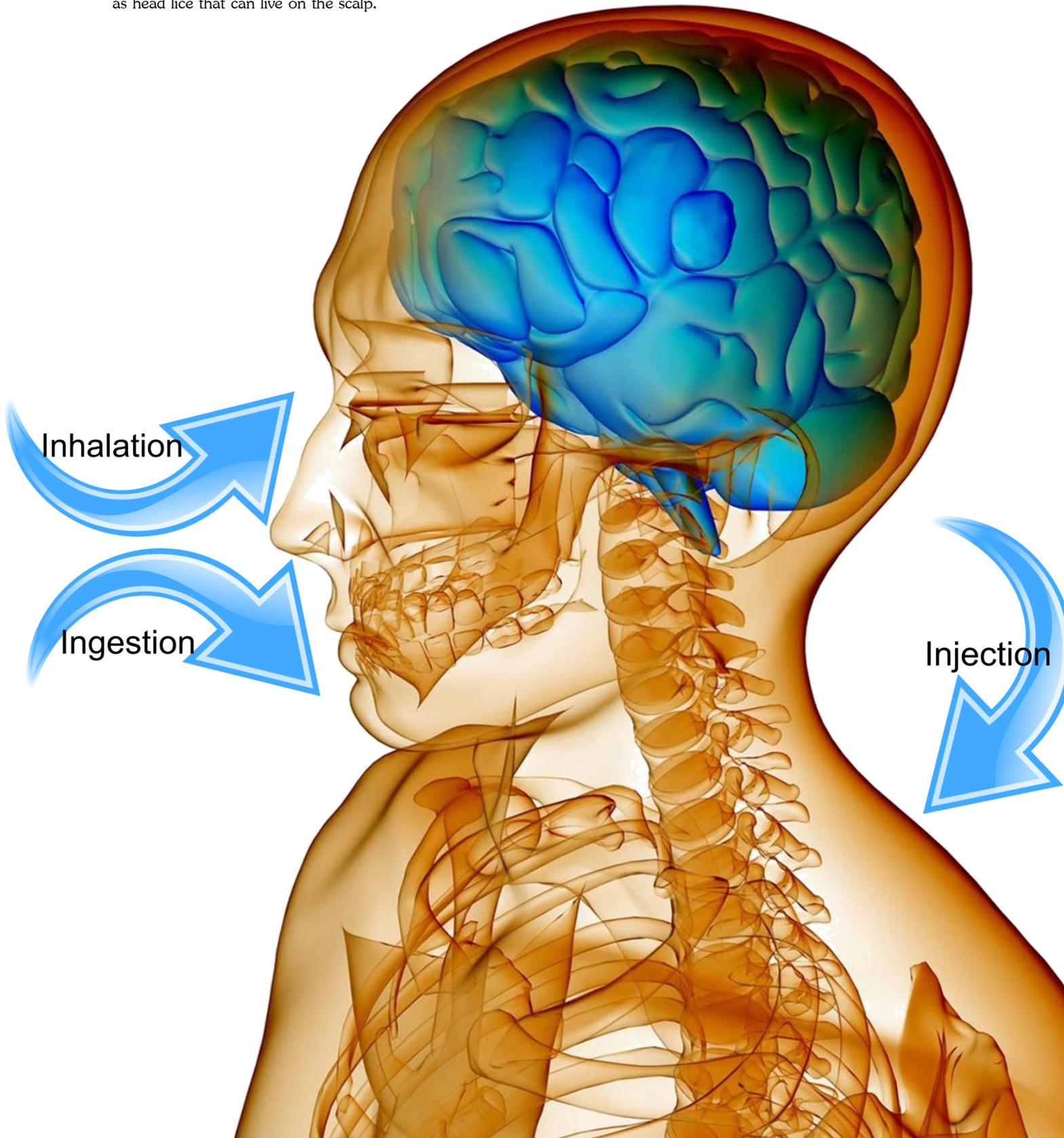
**Direct physical contact** - Infections, particularly skin infections such as impetigo and ringworm, are spread by direct physical contact. This is when children play together and one child touches the infected skin area of another child.

**Contaminated objects** - Toys, towels, even food and water, can also infect people, it is important that all objects are properly cleaned and sanitized and all food/water is from approved sources.



## ***How micro-organisms get into our body?***

→ There are a number of different ways that pathogenic organisms can enter the body to cause infection. These are called Routes of infection, and include; Inhalation (breathing in droplets from coughs or sneezes); Ingestion (from eating contaminated food or water); Injection (via needle stick injury, insect bites or where tubes are inserted such as catheters or wound drains); Others organisms can infect our skin surface e.g. causing athletes foot or parasites such as head lice that can live on the scalp.



## What is infection control?

→ The definition of infection is the presence and multiplication of micro-organisms in the body, producing disease or illness. It is also used to describe the process of infecting, like the communication of disease.

→ The definition of immune system is the combined action of the body's various means of fighting infection.

Infection is a word we all use, but it is actually quite difficult to define. We can use the word in two ways:

- To describe the presence of illness or disease; that could be anything from a localised infection, like a cut that has become inflamed, to influenza. These affect our entire system causing fever, aching joints, etc.
- To describe the process by which someone becomes ill, through the transfer of disease from one person to another. The communication of infection can be direct or indirect contact with micro-organisms.

Infection control means taking action to prevent the spread of infectious diseases. Such diseases are mostly caused by micro-organisms which can be spread in several ways:

- Air-borne: in the air by breathing.
- Blood-borne: transfer through blood.
- Food-borne: food poisoning.
- Hand to hand contact.

Everyone needs to know about infection control. It is important in our day to day lives to understand how infections are transmitted and what we can do to prevent them. This will help to ensure not just our own and our families' health but those with whom we work, such as team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.



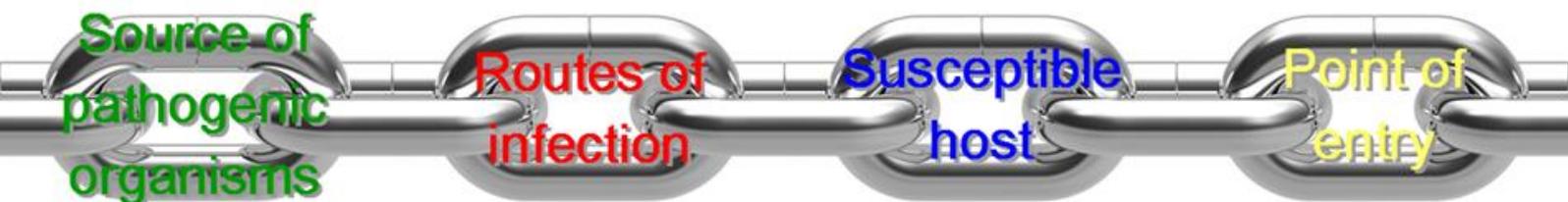
## Infection control, who does it affect?

→ All staff working in care homes is at risk of infection or spreading infection especially if your role brings you into contact with blood or body fluids (urine, faeces, vomit or sputum). (On page below, see Model of Chain of Infection). The tasks that could hold a risk of infection are:

- Using cleaning equipment such as mops, buckets and cloths since these will contain micro-organisms,
- Handling rubbish or dirty laundry,
- Handling food in the kitchen, cleaning contaminated plates and utensils.

Elderly residents are the most vulnerable to the severe effects of infection since they have a less robust immune system. They may already be suffering from chronic illness or disability, leading to infections taking hold more easily. The more you can do to ensure the residents do not get an infection, the less likely they are to pass it on to you. The control and prevention of infection should be an integral part of everyone's daily life. In a health and social care setting it is of particular importance. Elderly residents come to care homes because they are no longer able to care for themselves or require additional help to do so or become too difficult to manage in everyday life for their families. Infection affects staff as well as the individuals within a health and social care setting.

## Model of Chain of Infection



## **Why is infection control important?**

→ Benefits of good infection control are the following; Individuals and staff are healthy and happy; Reduced sickness rates and costs associated with covering staff sickness; Full team at work; The spread of any infection is minimised; Reduced cost of caring for people suffering from infection; Compliance with the Law and less risk of prosecution and legal action; Relatives of the individuals are confident in the care being provided; Preventing outbreaks and epidemics.

→ The problems of poor infection control are the following; People suffer and can die from infection; Workloads increase for remaining staff when others are off sick – this causes extra stress; Infections spread rapidly and many are now becoming resistant to treatment; Infection costs healthcare services enormous amounts of money; Damaged reputation of a home and loss of confidence from the individuals, their relatives, employees and the public; Outbreaks are disruptive and put both staff and individuals at risk.

## **What are safe working practices?**

→ Safe work practices are; ways of controlling hazards and doing jobs with a minimum of risk to people and property; generalized statements of what you should or should not do in order to do a job or task safely; a great topic for toolbox talks, as they serve as good reminders of the right way to do things.

To reduce risks, an organization should have a number of generalized safe work practices. These must be developed to fit the particular company. Management must understand and fully endorse these safe work practices and ensure that:

- Safe work practices are in writing,
- All employees understand the safe work practices that apply to them,
- All equipment and management support to permit compliance are available,
- Supervisors ensure that all safe work practices are followed.

The safe working practices are in the interest of maintaining a safe work environment for all employees and employers.

## ***What are unsafe practices?***



Unsafe practices in relation of health and safety in health and social care can be defined where employers and employees are found to be working wrongly within health and safety guidelines, policies and procedures.

HSE inspectors come up against problems of risk taking and dangerous practices that include; Inadequate personal protective equipment; Lack of training related health and safety; Unsafe storage of hazardous substances and materials; Poor hygiene within the health and social care setting; A "take it easy" attitude when providing care and medication to residents; Lack to follow practices that reduce the spread of infection e.g. recommended method for hand washing.

Unsafe practices in relation of health and safety in health and social care appear when staffs are taking a short cut on health and safety guidelines, policies and procedures.

## ***How to report unsafe and inappropriate practices within the care home settings?***



Care homes have policies and procedures for reporting and recording any incidents of suspected or real abuse, or neglect. You must report any suspicions to your supervisor or manager or as your job role defines. You must never ask anyone to do this on your behalf. Your supervisor or manager must follow reporting procedures that apply to them and take any action needed. You may be asked to give further information as part of an investigation. Make sure the people you support also know how to raise concerns and if necessary make a complaint.

The Public Interest Disclosure Act encourages people to raise concerns about malpractice in their workplace. This Act protects whistle blowers from dismissal and victimisation. It is important to remember that internal reporting must be used before resorting to whistle blowing. It is not easy to "blow the whistle" but it is essential that you be prepared to do so if needed. Don't assume that somebody else will report abuse.

There have been several investigations and reports into abuse in many care settings. The Care Quality Commission has closed down homes and agencies where individuals have been the subject of abuse, or at risk.





4.2 Demonstrate the recommended method for hand washing (3 pages to answer the question – Page 72 to 74)



Following the Department of Health, the recommended method for effective hand washing is composed of six steps:

Step 1 Wet hands and apply soap. Rub palms together until soap is bubbly.

Step 2 Rub each palm on your palm.

Step 3 Rub between your fingers on each hand.

Step 4 Rub your hands with the fingers together.

Step 5 Rub around each of your thumbs.

Step 6 Rub in circles on your palms. Then rinse and dry your hands.



**STEP 1**  
Wet hands and apply soap.  
Rub palms together until  
soap is bubbly.



**STEP 2**  
Rub each palm  
on your palm.



**STEP 3**  
Rub between  
your fingers  
on each hand.



**STEP 4**  
Rub your  
hands with  
the fingers  
together.



**STEP 5**  
Rub around each of  
your thumbs.



**STEP 6**  
Rub in circles on your palms.  
Then rinse and dry your  
hands.

## ***When to wash your hands?***



Hand washing is the single most important and most neglected aspect of control of infection. Cross infection occurs as care staffs move from one individual to another or handle different body parts of the same individual for example bed bathing and then giving medicine. The recommended prevention method for effective hand washing include; removing pathogens and preventing infection from spreading between people; creating a protective barrier from pathogens and creating a protective barrier between people. Even if you are not in direct contact with the individual, your hands will be contaminated from handling laundry, rubbish bags, furniture or food and you could be a cause of cross contamination unless you too wash your hands regularly.

Hands should be washed when they are visibly dirty as well as before; Starting work; Each and every episode of care for an individual; Handling food; Putting on gloves; Leaving work.

Hands should be washed when they are visibly dirty as well as after; Using the toilet; Taking a break; Making a bed; Removing gloves; Handling blood or other bodily fluids; Touching any equipment that may be contaminated with blood or bodily fluids; Handling rubbish or dirty laundry.

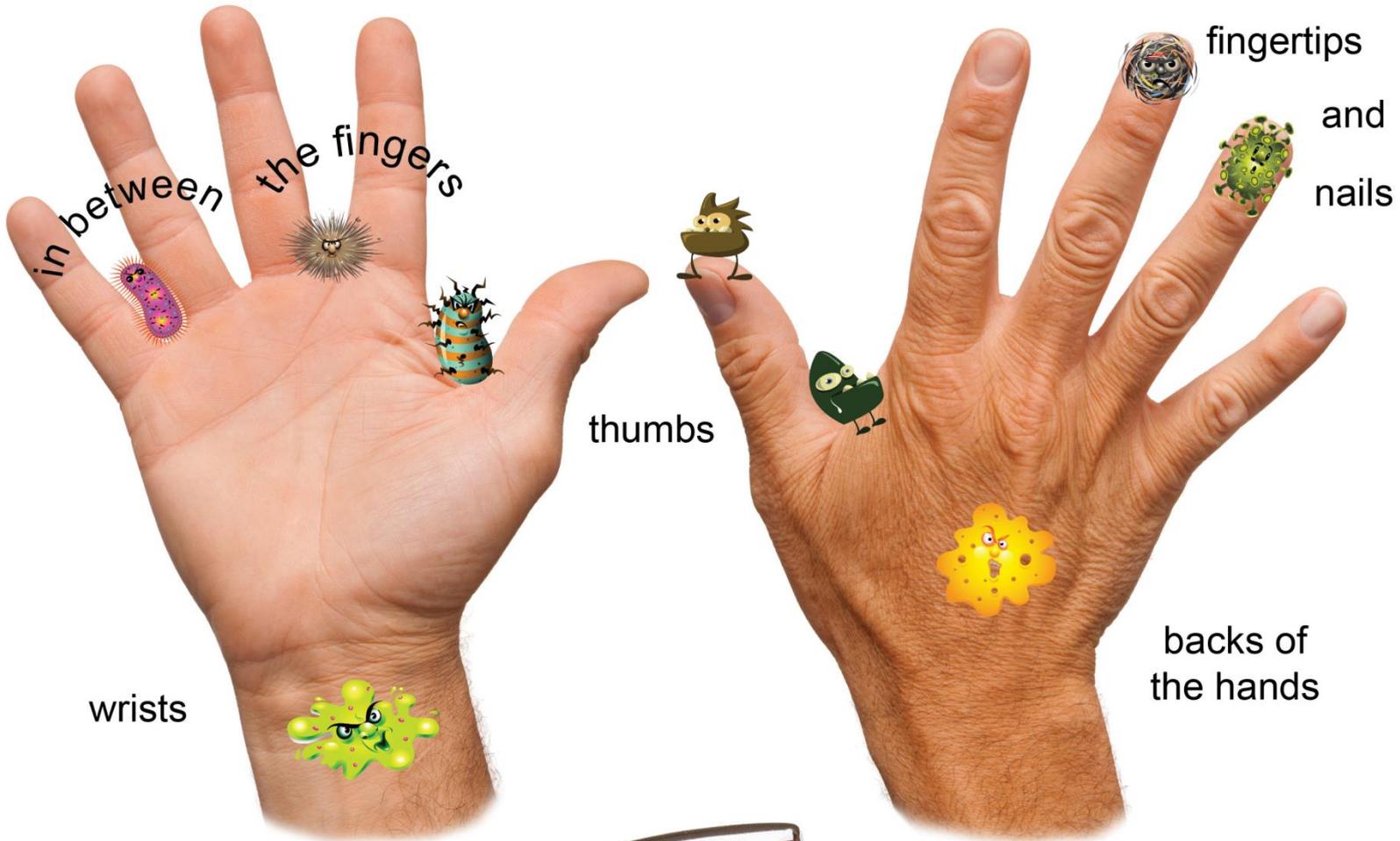
Hands are the main pathways of germ transmission during health care. Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent healthcare associated infections.

Alcohol-based hand rub (ABHR) is the preferred method of hand hygiene in healthcare unless hands are visible soiled. Staff must use liquid soap dispensers or other detergents intended for hands and not unsuitable detergents e.g. those intended to wash dishes which may dissolve the natural oils in the skin; staff using air-dryers ensuring hands are completely dry; staff must wash hands after covering mouth when sneezing or coughing before carrying out procedures or food preparation.



Rub hands until the product is completely dry; this will take at least 15–20 seconds if sufficient product is used. If hands are visibly soiled, wash hands with warm running water, soap, and friction for at least 30 seconds. For adequate hand hygiene, remove all hand and wrist jewellery prior to washing or rubbing.

Germs like to hide... remember to wash your hands thoroughly! Commonly missed areas include:





4.3 Demonstrate ways to ensure own health and hygiene do not pose a risk to individual or others at work (8 pages to answer the question – Page 75 to 82)



Ways to ensure own health and hygiene do not pose a risk to individual or others at work; mean importance of basic personal hygiene measures in reducing the spread of infection e.g. hand washing after using the toilet or before preparing food, covering the mouth when sneezing or coughing, using disposable tissues; mean covering any cuts or abrasions with appropriately coloured adhesive bandages or suitable dressings e.g. blue in a food preparation environment; mean importance of staying away from work when affected by illness or infection; mean getting prompt treatment for illness or infections; mean maximising hygiene. Maximising hygiene may include; keeping myself clean, wearing protective clothing, keeping workplace clean, using separate utensils and equipment for different types of food, and regular and thorough hand washing. Good personal hygiene is particularly important for preventing the spread of food poisoning bacteria. For example, if you are involved in handling food you should wash your hands with soap and hot running water before you handle food.

You should also wash your hands after:

- Handling any uncooked or waste food,
- Using the lavatory,
- Assisting service users to use the lavatory,
- Handling rubbish,
- Using or handling handkerchiefs or tissues,
- Coughing or sneezing,
- Touching your hair or face, or the hair and face of a service user.

If handling food, you should also:

- Wear protective clothing,
- Keep your nails clean and short,
- Keep your hair tied back or covered,
- Cover any minor wounds with a coloured waterproof dressing,
- Do not smoke in any area where food is being stored, prepared or served.

The spread of food poisoning bacteria can also be controlled by cleaning and storing kitchen equipment correctly:

- There should be a separate fridge for cooked and raw food,
- Different surfaces should be used for preparing cooked and raw foods,
- Different equipment e.g. knives, chopping boards etc. should be used for raw and cooked foods, and kept separately,
- Work surfaces should be scrupulously cleaned after use for raw meat or poultry,
- All food should be kept covered,
- No food should be kept past its use by date.

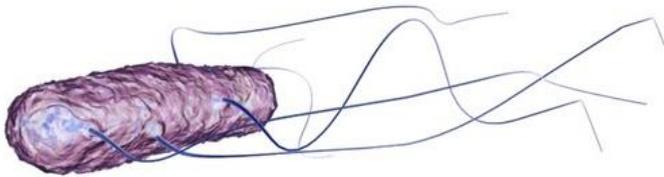
The spread of food poisoning bacteria can also be controlled by cooking and storing food at the correct temperatures. Most bacteria are killed by heat at **70** degrees centigrade or above. Fridges and freezers should be set between **-22** and **5** degrees centigrade, as most bacteria cannot live at these temperatures.

## About food poisoning bacteria

→ Food that is not handled correctly can become contaminated with bacteria, viruses and fungi, which can cause food poisoning. The symptoms of food poisoning are nausea, vomiting, abdominal pain and diarrhoea. Food poisoning bacteria grow in raw or waste food and rotting rubbish. Pests e.g. mice and cockroaches carry food poisoning bacteria. Food poisoning bacteria are also carried by humans:

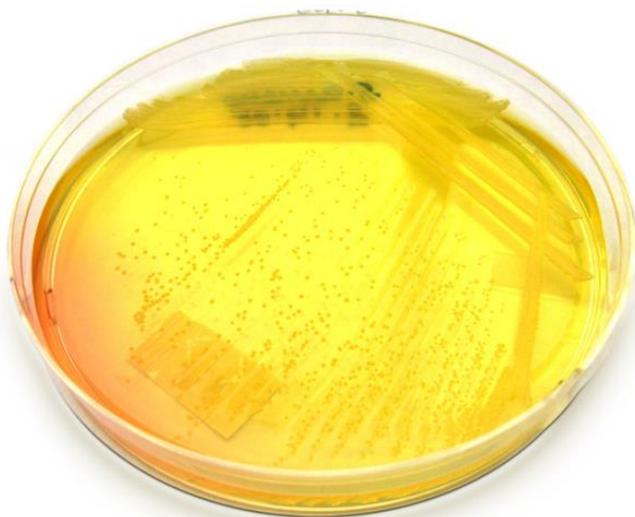
- Salmonella is found in raw meat, poultry, eggs, shellfish and faeces,
- Escherichia coli is found in faeces but is harmless until it is activated by contact with food,
- Staphylococcus aureus is found on our skin, in our nose, throat, mouth, ears, hair, nails, and in cuts and boils.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 require that your employer reports any cases of food poisoning to the local environmental health officer. Workplace procedures for safe food handling are governed by the Food Safety Act 1990 and the Food Safety (General Food Hygiene) Regulations 1995.



← **Salmonella**

**Escherichia coli** →



← **Staphylococcus aureus**

## **Personal hygiene in relation to food safety**



People can be a source of two types of food safety hazard:

- Microbiological – we can contaminate food if our personal hygiene standards are poor.
- Physical – we can also introduce physical hazards if we are not following procedures correctly.

Food handlers are the most frequent cause of contamination of food through actions such as cross contamination. Food handler must do everything to make sure to not contaminate the food they handle. The law states: Every person working in a food handling area is to maintain a high degree of personal cleanliness and is to wear suitable, clean and, where necessary, protective clothing. Personal hygiene is an essential control measure within a care setting. Sources of hazards from food handlers include: poor hand washing, finger nails, jewellery and watches, cuts, scratches and spots, hair, perfume and make up, nose and mouth, smoking staff, protective clothing, and food related illness.

Hand washing help to prevent cross contamination, only wash your hands in a hand wash basin and not in an equipment or food sink. Also make sure you wash often and dry your hands thoroughly to remove dirt and bacteria because hands get everywhere, they are the main method of transferring contamination. Always wash your hands; After using the toilet yourself or helping someone else to; Before starting work and after a break; After eating, smoking, blowing nose, touching your mouth, ears or hair; After handling rubbish; Between handling raw food and ready to eat food; After doing any cleaning jobs; After handling and changing plasters and dressings, and handling medicines.

**Finger nails** should be kept short, clean, without nail varnish, decoration or extensions. Varnish can flake off and false nails can fall off and could contaminate wounds or food. Do not bite your nails. Not only can bacteria gather around the bitten area especially pieces of torn skin at the side of the nail, but bacteria will be passed from your mouth onto your hands and then onto the next thing or person you touch.

**Jewellery and watches** should not be worn as they will harbour bacteria and do not allow effective hand washing. They can also cause injuries to residents living in a care home. For staff involved in food preparation and service, jewellery can also be a physical hazard if gemstones and clips fall into the food.

**Cuts, scratches and spots** should be covered with a waterproof dressing to protect the wound from contamination and to protect bacteria from the wound contaminating items. Even what looks like a clean cut will have thousands of bacteria. Food handlers must wear a clean blue waterproof plasters so they can easily be seen if they fall in the food.

**Hair** should be clean and tied back when serving food. Hair is another source of microbial contamination. Bacteria present on the scalp will be transferred to our hands when we scratch our heads. Hats must always be worn by the catering team. Food handler must wear a clean head covering which covers all hair.

**Perfume and make up** should be avoided because they can taint food products, especially those high in fat ie butter and cheese.

**Nose and mouth** contain saliva and mucus that can potentially harbour harmful bacteria. It is possible to contaminate food by sneezing, picking your nose, touching your mouth and then food, biting your nails, licking your fingers or coughing.

**Smoking staff** working within a care setting should only smoke in a designated area. Also, after smoking, they must wash their hands because they touch the lips when smoking, and may transfer bacteria to food and to residents living in care home. Smokers are more likely to cough, ash and cigarette ends may get into food. It is against the law for food handlers to smoke in food rooms.

**Protective clothing or disposable protective clothing** must be clean and washable and wear by all food handlers. It is there to protect the food from you and therefore should be worn correctly and only whilst at work. Protective clothing should be light in colour, so you can see when it is dirty. Dirty protective clothing can also harbour bacteria. This contamination can be transferred to food if the clothing touches it. The rule for protective clothing is simple, outdoor clothes and footwear should not be worn or kept in food rooms. Protective clothing must be stored away from food, equipment and packaging. Footwear should have low heels, be enclosed, have anti-slip soles and be kept clean.

**Food related illness.** People suffering from diarrhoea, vomiting, skin infections or heavy colds should not handle food. Tell your manager if you are ill with this type of illness, you may contaminate food if you handle it. You also may contaminate other residents living in care home. If you are ill with diarrhoea and vomiting before you come to work, ring in and tell your manager. You should be free of symptoms for **48** hours before returning to work.

## ***Pest control in relation to food safety***



Pests present many risks to food safety. Being aware of the hazards they cause and how to control them are essential.

Definition: A pest is a plant or animal detrimental to humans or human concerns (as agriculture or livestock production); alternative meanings include organisms that cause nuisance and epidemic disease associated with high mortality (specifically: plague). In its broadest sense, a pest is a competitor of humanity.

In the past, the term might have been used for detrimental animals only, thus for example, causing confusion where the generic term pesticide meant insecticide to some people. It is any living organism which is invasive or prolific, detrimental, troublesome, noxious, destructive, a nuisance to either plants or animals, human or human concerns, livestock, human structures, wild ecosystems etc. It is a loosely defined term, often overlapping with the related terms vermin, weed, plant and animal parasites and pathogens. It is possible for an organism to be a pest in one setting but beneficial, domesticated or acceptable in another.

Pests are looking for food, warmth and shelter and may find these conditions where food is stored, prepared, served or thrown away. They can get into buildings in many ways, including through open windows and doors, gaps in brickwork or pipe work.

Many pests live in dirty places where they pick up harmful bacteria on their bodies and legs. Some also have harmful bacteria living inside their bodies, which can be spread to food through their droppings or saliva as they feed. Pests can also spread food borne diseases such as dysentery and leptospirosis disease (from water contaminated with rat urine). Physical contamination can also be caused by:

- Droppings,
- Eggs,
- Fur,
- Nest materials,
- Moults, (the outer shell of some insects)
- Dead bodies.

Common food pests include:

- Rodents,
- Insects,
- Birds.



Rodents carry harmful bacteria in their faeces, urine, on their feet and fur.

Mice have weak bladders and nibble and dribble at the same time.

Cockroaches are nocturnal (they come out at night) and live in large groups. They live in dirty places and spread harmful bacteria by feeding on filth and then food.

Flies live and breed on rubbish, animal droppings and human food. As they are unable to eat solid food they firstly vomit on the food, and then stamp the vomit in until the food is liquefied. They then suck the food back up, probably leaving behind some faeces at the same time.

Birds such as pigeons, sparrows and starlings can all carry harmful bacteria in their droppings and can contaminate foods with feathers. They can also cause damage by building nests and can carry beetles and mites.

### **Why pests need to be controlled?**

→ Pests need to be controlled to:

- Prevent the spread of disease – rodents, flies, cockroaches and birds are all capable of spreading disease.
- Prevent damage – every year thousands of pounds worth of damage is caused to buildings by pests.
- Reduce wastage of food – contamination of foods by pest results in having to throw the food away.
- Comply with the law – it is an offence to have pests in the premises.

How would you know if you had a pest problem?

You may see; The pests themselves – alive or dead; Holes or nests; Droppings, egg casings, foot prints; Hairs, smears (greasy marks left by rats) and rat runs; Moults – cockroaches shed their skin as they grow; Signs of damage, egg raw marks; Scratching, pecking or gnawing sounds.

How can we control pest hazards?

The best control is prevention. Not attracting pests and preventing them gaining access is much easier than getting rid of them once they are there. If pests do get in you must deal with them immediately. If you see signs of pests report it immediately! Rules; Keep all foods covered; Store food off the floor in suitable containers; Check deliveries for signs of infestation; Clean as you go, always removing material that might attract pests; Check stored foods regularly; Put rubbish in bins with secure lids; Keep door and window screens closed; Check the fabric of the building for gaps, cracks or damage.

Who can help us control pests?



Many businesses will use a specialist contractor. They will have sufficient knowledge of the pest life cycle or habits to ensure rapid and safe control. The specialist contractor may provide; Electronic insect killers to control flies and other flying insects; Poison baits, to control rodents; Screens on doors and windows, designed to stop flying insects getting inside. For health and safety reasons you MUST NOT interfere with anything supplied by the specialist contractor.

## What is a food safety hazard?

→ A food safety hazard is something in or on food that may cause harm to the consumer of the food. There are 3 types of hazards:

Chemical hazards that include:

- Cleaning chemicals, Rodent baits,
- Additives and preservatives, Plasticisers,
- Metals, Oil and grease, Pesticides,
- Insecticides, Strong perfumes and scents.

Physical hazards that include:

- Glass, Nuts and bolts, Jewellery, Plastic,
- Paper, Hair, Finger nails, Flies, String,
- Packaging materials, Buttons, Plasters.

Microbiological hazards that include:

- Bacteria, Moulds, Germs, Viruses,
- Mold, Mildew, Yeasts, Parasites.



Physical hazards



Chemical hazards

Microbiological hazards



## Sources of food safety hazards



Where could these hazards come from?

**Physical hazards:** There are many items within any food production environment that have the potential to contaminate food. Physical contamination, or foreign bodies, can cause serious injury. For an individual living with dysphagia (difficulty swallowing) any physical hazard or even a lump in a pureed meal can cause a serious risk of choking. Physical contamination can come from people; equipment; rubbish; packaging; pests and the environment.

**Chemical hazards:** Chemical hazards are often forgotten but can be serious. Cleaning chemicals are perhaps the most obvious and can cause burns to the mouth and throat. Chemical contamination can also come from packaging in the form of plasticisers from plastic packaging and metal ions from tin cans and aluminium pans, this can happen especially with acidic foods. Chemical food additives such as preservatives and some flavouring can be toxic if added in excessive quantities. Fruit and vegetables can be contaminated with pesticides. Chemical hazards can come from people; equipment; packaging; cleanings chemicals; raw foods; pests and the environment.

**Microbiological hazards:** Bacteria can contaminate food in many ways. Some raw foods, such as meat and fish, will already be contaminated with bacteria from their intestines and environment. If these foods are not handled, stored and cooked correctly food poisoning could occur. Microbiological hazards can come from people e.g. our bodies are covered of bacteria, through poor personal hygiene these bacteria can be transferred onto the food; pests e.g. flies and mice, are covered in bacteria and can transfer these bacteria onto foods if they are allowed to come into contact with food or equipment; the environment e.g. bacteria in dust, on the floor; rubbish and packaging.



Task 5 – Be able to move and handle equipment and other objects safely



5.1 Explain the main points of legislation that relates to moving and handling (3 pages to answer the question – Page 83 to 85)



Within the health and social care setting, the main points of legislation that relates to moving and handling mean staff to understand the legal requirements relevant to manual handling and the main points of key legislation such are; Sections 2 and 7 of The Health and Safety at Work 1974 – These regulations place responsibilities on both employers and employees specifically relating to manual handling (See page 15); EC Manual Handling Regulations – European Directive 90/269 on the manual handling of loads, introduced on 31st December 1992 and adopted in Britain as The Manual Handling Operations Regulations 1992 (2002) (See page 8); Regulations from The Health and Safety Commission (HSC)/The Health and Safety Executive (HSE) (See page 10) covering manual handling risk factors and how injuries can occur; The Management of Health and Safety at Work – Regulation 12 (1999) also places certain responsibilities for health and safety on employees (See page 9); The Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR) places responsibilities for employers and employees for reporting accidents in the workplace (See page 9).



Employees' Responsibilities:

- Under The Health and Safety at Work 1974, Section 7, the employee is responsible for his own health, safety and welfare and should co-operate with the employer to enable him to comply with his health and safety duties.
- Under EC Manual Handling Regulation. 5, the main responsibility of the employee is: To make use of safe systems of work provided by the employer. Employees must "Make full and proper use of any system of work provided for his use by his employer, in compliance with Reg. 4b (ii) of these regulations".
- Under The Management of Health and Safety at Work – Regulation 12 (1999), the responsibility of the employee is: To use equipment/machinery/aids in accordance with training and instructions of the employer. Employees must do the following "Generally to make use of appropriate equipment provided for them, in accordance with their training and the instructions the employer has given them. Such equipment will include machinery and other aids provided for the safe handling of loads".
- Also Section 7 of The Health and Safety at Work 1974 states that "it is the duty of every employee while at work to take reasonable care of the health and safety of himself and of other persons who may be affected by his acts or omissions" and "to co-operate with the employer to enable him to comply with his health and safety duties".



Employers' Responsibilities:

- Under The Health and Safety at Work 1974, Regulation. 2, employers are responsible for the health, welfare and safety of their employees, and must provide instruction, supervision and training for them.
- EC Manual Handling Regulation. 4 places responsibilities on the employer in the following areas:
  - Avoidance of Manual Handling - Each employer shall, so far as is reasonably practicable, avoid the need for his employees to undertake any manual handling operations at work which involve a risk of their being injured. Where it is not reasonably practicable to avoid such a need, the employer must do each of the following:
    - Assessment of risks - The employer shall make a suitable and sufficient assessment of all such manual handling operations. This will include reference to four main elements: Task, Load, Working Environment, and Individual Capability.
    - Reduction of risks - The employer shall take appropriate steps to reduce the risk of injury to employees, arising out of their undertaking such manual handling operations, to the lowest level reasonably practicable. As with assessment, a structured approach should be adopted, with reference to the same four elements: Task, Load, Working Environment, and Individual Capability.
    - Provision of information on the load - The employer shall take appropriate steps to provide any of those employees who are undertaking manual handling operations, with general indications and (where it is reasonably practicable) precise information on; The weight of the load; The heaviest side of any load whose centre of gravity is not positioned centrally. In addition, the employee must also undertake the following:
      - Review of Risk assessments - Any risk assessment must be reviewed by the employer who made it if; There is reason to suspect that the assessment is no longer valid; There has been significant change in manual handling operations at work to which the assessment relates. Where as a result of a review, changes to an assessment are required; the relevant employer must make them.
- Sections 2(1)2(2) of The Health and Safety at Work 1974 states that "It is the duty of the employer to ensure as far as is reasonably practicable the health, safety and welfare at work of all employees". And in pursuit of this the employer must provide: "... such information, instruction, training and supervision as is necessary to ensure as far as is reasonably practicable the health and safety at work of his employees".



#### The Reporting of Injuries:

- The legal requirements for reporting injuries are contained in The Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR), along with Social Security and Safety regulations. This legislation deals with:
- The types of injuries, diseases and dangerous occurrences which must be reported.
- The use of accident books.
- The responsibilities for reporting injuries of both employers and employees.

#### Employees' Responsibilities:

- Social Security law requires employees to inform their employer as soon as possible after an accident at work. The employee has the right to make an entry in the accident book personally or by asking someone to do it on his/her behalf. Recording of the accident in the accident book fulfils the employee's duty to report under the Social Security (Claims and payments) Regulations 1975. If injury is not obvious but may cause ill effect later on, the employee should make an entry in the accident book and inform the local Department of Social Security Office.

#### Employers' Responsibilities:

- The Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR) requires employers to report all fatal and specified major injure is to any person, any injury that results in the inability of an employee to work for more than three days, or any injury which results in a person being admitted in to hospital for more than 24 hours. Not only does this action ensure compliance with regulations, it also prompts remedial action to prevent a possible reoccurrence of the accident.
- In addition, Regulation 25 of the Social Security (Claims and payments) Regulations 1975 requires an accident book to be kept by certain occupiers of premises, including any premises where ten or more people are employed at the same time. The book must be kept where any employee can easily get to it at all reasonable times. Additional arrangements may need to be made where staff may sustain accidents away from their employer's premises.
- Employers and managers must investigate the cause of an accident and record anything which may be different from what has been stated in the accident report. When full, the book must be kept for 3 years from the date of the last entry. Safety representatives are entitled to inspect documents and to be provided with information relating to accidents (Regulation 7 of The Safety Representatives and Safety Committees Regulations 1978 and Code of Practice).



5.2 Explain principles for safe moving and handling (2 pages to answer the question – Page 86 to 87)



Within the health and social care setting, principles for safe moving and handling mean the key principles of avoid such as; the need for hazardous manual handling assess; the risk of injury from any hazardous manual handling; mean the key principles of reduce such as; the risk of injury from hazardous manual handling; the importance of assessment e.g. the Task, Load, Working Environment, and Individual Capability; mean reducing the risk of injury e.g. musculoskeletal disorders; mean avoiding hazardous manual handling; mean the importance of correct posture and technique; mean working in teams; mean the importance of a co-ordinated approach and good communication e.g. staff working as a team using Oxford advance hoist (See page 60) to mobilise an individual from a chair to a wheelchair; mean using medical aids where necessary e.g. Oxford advance hoist; mean changing the task or approach where necessary; mean the importance of following appropriate systems and agreed ways of working; mean making proper use of equipment provided for safe practice; mean taking care to ensure that activities do not put others at risk; mean reporting any potentially hazardous handling activities; mean staff following the guidelines that are in place working under – Manual Handling Operations Regulations 1992 (2002) – Control of Substances Hazardous to Health Regulations 2002 (COSHH) – Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR) – Health and Safety (First Aid) Regulations 1981 – Management of Health and Safety at Work Regulations 1999.

## **Safe moving and handling of individuals**



The manual handling of individuals should be avoided so far as is reasonably practicable. Individuals should be encouraged to assist their own transfers and handling aids must be used whenever they can help reduce the risk. If this is not contrary to the individual's needs. Within my health and social care setting working with individuals living with early dementia, staff must check the individual's moving and handling risk assessment before moving or transferring an individual. There are wide ranges of handling aids available to minimise manual handling and training will be provided for staff required to use such equipment. Examples of moving and handling aids include:

- **Slide sheet** – aids the movement of an individual in bed. See page 87 (1)
- **Handling belt** – enables two members of staff to support an individual from a sitting position to a standing. See page 87 (2)
- **Curve board** – facilitates the transfer of an individual from one surface to another e.g. bed to wheelchair. See page 87 (3)
- **Turntable** – this helps to ensure the individual's feet are in the correct position during transfer. There are also fabrics versions which when placed under the individual's buttocks will help the individual to pivot their torso to get out of bed. See page 87 (4)
- **Hoist** – there are many varieties of hoist. It is important these are serviced and examined in accordance with the company policy regarding The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and the safe working load is not exceeded e.g. ensure that the individual is not too heavy for the hoist, otherwise it could tip over or collapse. Risk assessment, manufacturer's instructions will identify the number of staff required to operate the hoist. See page 87 (5)

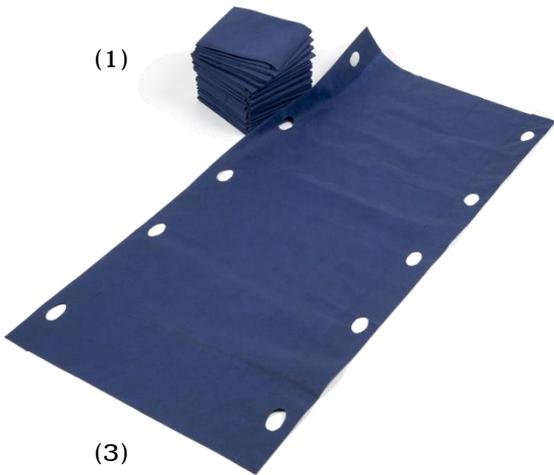
There are many varieties of sling that can be used with a hoist depending upon the function it is required to perform. It is important to check the sling is clean, in good working order and the correct one for the individual. If the sling has loops, ensure to use the right loops as identified in the individual moving and handling risk assessment. The sizes are marked on the sling. The colour coding of the sling sizes is universal; red – small; yellow – medium; green – large. Staff must receive training regarding moving and handling before using a hoist, and must operate the equipment in accordance with the manufacturer's instructions and their training.

- **Standing aid** – assists the individual moving from a sitting to a standing position. See page 87 (6)

## Assessment for safe moving and handling of individuals

→ Individuals must be risk assessed regarding their mobility. Individual care plan must be checked by staff carrying out the moving and handling of the individual, to determine the moving and handling requirements of individuals. The assessment must identify; the specific type of equipment to be used e.g. slide sheet, hoist; if hoist are to be used, the assessment must identify the specific hoist, the type and size of sling and if applicable the specific loops to be used; the number of staff to assist for each transfer e.g. when using a hoist, there must be two members of staff unless stated otherwise in the individuals moving and handling risk assessment.

(1)



(2)



(3)



(4)



(5)



(6)





### 5.3 Move and handle equipment and other objects safely



Within the health and social care setting, to move and handle equipment and other objects safely; mean to examine the object – is it bulky, sharp, what is the weight of the load?; mean to assess the risk – can manual handling be avoided and equipment be used instead?; mean to make sure staff is physically fit for the task – if more than one staff is involved, working as a team with one staff supervising the exercise will help; mean to plan the job – staff make sure the route is clear and staff to consider where to put the object; mean staff to wear the right clothing – member of staff will not be able to lift correctly the object if the member of staff is wearing unsuitable shoes or tight clothing which will restrict the body movement.

## Handling techniques



Keep the feet about shoulder distance apart. This gives a balanced and stable base for lifting. Ensure that the leading leg is as far forward as is comfortable. Your weight should be even over both feet. Position yourself so that the heaviest part is towards you.

Bend the knees, keeping the back straight. Tuck the chin in on the way down. Lean slightly forward if necessary to get a good grip. A hook grip is less tiring than one where you keep your fingers straight. Bring the load to waist height keeping the lift as smooth as possible.

Keep the load close to the body for as long as possible. Keep the heaviest side of the load next to the body. Proceed carefully by making sure that you can see where you are going.

Lower the load, reversing the procedure for lifting. Avoid crushing fingers or toes as you put the load down. Position and secure the load after putting it down.



Task 6 - Be able to handle hazardous substances and materials



6.1 Describe types of hazardous substances that may be found in the work setting (2 pages to answer the question – Page 89 to 90)

### Definition of hazardous substance

→ A hazardous substance is any material – liquid, solid, dust, power or gas, that has the potential to cause injury or illness to people who come into contact with it. Hazardous substance may be used in many work activities and could inflict a range of illness (such as dermatitis, respiratory problems, cancer and infections) on the person using the substance, as well as putting colleagues, visitors and members of the public at risk. Substances hazardous to health are defined under COSHH as those that are: Very Toxic, Toxic, Corrosive, Harmful or Irritant. They include all substances allocated a Workplace Exposure Limit (WEL) in EH40, substantial quantities of dust and certain biological agents connected with work.



→ Hazardous substances include anything that could cause ill health to people who come into contact with them. Types of hazardous substances that may be found in the work setting are the following; flammable or explosive; toxic, corrosive or harmful; the cause of disease or allergies. Hazardous substances come in a variety of forms; liquids – such as cleaning chemicals; dust – such as asbestos or flour; gases – such as chlorine; fumes – from industrial chemicals; living organisms – such as fungal spores. Hazardous substances can cause damage to the body when they; come into contact with the skin and eyes; enter the body through cuts in the skin; are breathed in and affect the respiratory and nervous systems; enter the body by mouth either by swallowing or from contaminated hands touching food or the mouth.



## Assessing the risks of hazardous substances

→ The Control of Substances Hazardous to Health Regulations 2002 (COSHH) makes it a legal responsibility of your employer to conduct an assessment of the risks from all hazardous substances used or created. All COSHH assessments must be recorded. The employer must also ensure that all substances are used correctly and are safe. The assessment will look at; how hazardous the substance is; how it is used – quantity and frequency; who could be at risk (staff and individuals); the effectiveness of current control measures; the assessment will need to be reviewed at regular intervals and when changes are made to materials or processes. All staff must make sure they are familiar with the receipt of Hazardous Substances policy within their care home and the Designated Safe Storage Areas.

→ To resume, types of hazardous substances that may be found in the work setting are in relation with The Control of Substances Hazardous to Health Regulations 2002 (COSHH) and include substances that are corrosive e.g. acid, irritant e.g. cleaning fluids, toxic e.g. medicines, highly flammable e.g. solvents, dangerous to the environment e.g. chemicals, clinical waste, germs that cause diseases e.g. legionnaires disease; hazardous materials that are harmful e.g. used needles, potentially infectious e.g. used dressings, body fluids e.g. blood, faeces, vomit.

## Definition of hazardous material

→ A hazardous material is any substance, including water or any combination thereof, which due to its physical, chemical or concentration properties could cause or lead to a potential hazard to human health. This is any material that could pose potential danger to human health. A hazardous material is any item or agent (biological, chemical, radiological, and/or physical), which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors.





6.2 Demonstrate safe practices for; storing hazardous substances; using hazardous substances; disposing of hazardous substances and materials (3 pages to answer the question – Page 91 to 93)



In a general manner, safe practices with hazardous substances and hazardous materials mean; understanding the importance of training; understanding of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) regulations; understand and be able to follow instructions for agreed ways of working, policies and procedures.



**Safe practices for storing of hazardous substances and hazardous materials** mean; understanding and being able to follow agreed ways of working, policies and procedures e.g. safe storage of drugs and medicines; stored out of reach; storing materials in containers recommended by the manufacturer; importance of clear labelling; containers securely sealed; storing incompatible substances separately.

Having identified a hazardous substance, one of the first questions to ask would be "is there a safer alternative?" If there is, then use the alternative as a non-harmful disinfectant. Other controls include good ventilation, good housekeeping, safe storage, training and finally Personal Protective Equipment.

Personal Protective Equipment is a last resort and should only be provided when all other control measures are in place. Your employer must have a COSHH Record book where will be identified all the dangerous substances used in the organisation. This must include; where they are stored; how they are labelled; what will happen if they are used incorrectly (swallowed, left on the skin, inhaled etc.); the way they should be used; the action that should be taken in the event of an emergency.

You should also assess the risks of storing and handling hazardous substances to the environment as well as human health. For instance, consider the effects of a leak to the air, water and surrounding land. This can help you to avoid being prosecuted for causing pollution. Simple steps to control the risks of hazardous substances include; Storing chemicals according to the manufacturer's instructions on the safety data sheet; Keeping the minimum quantity of hazardous substances necessary; Storing incompatible substances separately; Preventing release or leaks; Training employees to store and handle hazardous substances properly; Labelling storage containers properly; Storing flammable substances in suitable containers away from sources of ignition, such as boilers and heaters; Placing stores of liquid above ground where they are unlikely to be damaged, for example away from driveways; Maintaining gauges, valves and pipe work; Having procedures for dealing with emergency leaks; Using a secondary containment system such as a drip tray or bund (a storage area designed to prevent liquids escaping); Monitoring oil use – unexpectedly high use may indicate a leak.





**Safe practices for using of hazardous substances and hazardous materials** mean; understand and be able to follow agreed ways of working, policies and procedures; avoid exposure to hazardous substances e.g. inhaling, contact with the skin or eyes, swallowing or skin puncture, understand and be able to use control measures e.g. universal precautions for dealing with blood and other body fluids; know how and when to use protective clothing where necessary e.g. latex gloves, masks, aprons; understand the importance of checking with colleagues and completing appropriate records and documentation.

Within the health and social care setting, there are various hazardous substances such as; body waste – urine, faeces, vomit, sputum and blood; sharps – needles and cannula; clinical waste – dressings and continence aids; soiled linen – bedding and clothing; medicines.

When dealing with all body waste always wear gloves and apron; urine and faeces – flush toilet or sluice before cleaning with the appropriate substance; vomit, sputum and blood – clean using appropriate equipment and substances; urine and faeces – clean using appropriate equipment and substances; sharps and cannula – should be disposed of in a yellow sharps box that is kept in a secure place; clinical waste – always wear gloves and apron.

Safe practices for using hazardous substances are relatively simple. Practice good hand care by removing contamination quickly. Wash your hands correctly, dry properly and use skin creams regularly to preserve a good quality of skin and to disinfect and take away all bacteria. To wash and rewash your hands again and again can irritate your skin and cause allergies. Also some hazardous substances like cleaning products are corrosive and can cause skin burn and eye damage. Using good work techniques help to minimise contact with hazardous substances. It's also important to keep the workplace well ventilated. This way the air is constantly renewed. Also, it is important to store cleaning products safely, away from access of the residents and be sure the door of the storage place is locked.





**Safe practices for disposing of hazardous substances and hazardous materials** mean; understand and be able to follow agreed ways of working, policies and procedures e.g. use of clinical waste bags; understand the importance of protecting others e.g. using a sharps box for used needles, understand the importance of protecting the environment e.g. disposal of dangerous chemicals; be able to minimise the spread of infection e.g. disposal of used dressings.

Hazardous substances can take many forms and include; chemicals; products containing chemicals; fumes; dusts; vapours; mists; nanotechnology; gases and asphyxiating gases; biological agents (germs) – If the packaging has any of the hazard symbols then it is classed as a hazardous substance; germs that cause diseases such as leptospirosis or legionnaires disease and germs used in laboratories.

Hazardous substances may include chemical elements such as; cleaning products; latex gloves; medicines; asbestos; solvent for painting and ink; chemical waste; pesticides. Your responsibilities don't end when you have finish to use hazardous substances. You have the responsibilities to ensure the hazardous substances are disposed and recovered correctly. You are responsible until the waste has been disposed and fully recovered.

Hazardous material can take many forms and include; asbestos; lead-acid batteries; used engine oils; oil filters; oily sludge; solvents; chemical wastes; pesticides; fluorescent light tubes. Waste is disposed in a yellow bag, identified as clinical waste. Some clinical waste may be disposed in a red bag. The colour shows that the waste is contaminated.

In cases of MRSA (MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections), all bags should be carefully sealed and taken to a secure area such as a yellow bin with a lock. The contents of any clinical waste bag must never be transferred because of the risk of cross infection. All bags have a number to indicate where the waste has come from, this way the people who treat wastes know how to deal with these different types of waste and they can't mix them. To treat soiled linen, always wear disposable gloves and apron when handling these. Where necessary, use the sluice to remove solids before placing in a solution bag which goes straight into the washing machine and dissolves during the cycle. A red bag is used to identify contaminated linen which needs to be washed alone, this is particularly important with MRSA.

Safe practices for disposing of hazardous substances and materials are large and various. Of course you are under law to ensure the risk from hazardous substances and materials are assessed and managed properly in your work setting. Also exposure to hazardous substances and materials should be minimised and staff should be trained in how to handle these substances safely and how to deal with accidents and spillages according to the Control of Substances Hazardous to Health Regulations 2002 (COSHH).



Task 7 – Be able to promote fire safety in the work setting



7.1 Describe practices that prevent fires from starting, spreading (3 pages to answer the question – Page 94 to 96)



**Practices that prevent fires from starting;** mean identifying potential fire hazards in the health and social care setting; mean understanding how fires start and spread (see page 95 – The fire triangle of ignition: heat, fuel, and oxygen); mean preventing fires from starting e.g. the danger from lit cigarettes, naked flames, hot surfaces, faulty electrical equipment; mean the importance of regular checks on electrical equipment e.g. Portable Appliance Testing (PAT testing) – is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use; mean the importance of staff training and vigilance in the care setting; mean risk assessment procedures; mean good housekeeping every day through common sense precautions that will minimise the risk of a serious fire occurring in your care setting and ensure that everyone can get out safely. – Good housekeeping is mainly about tidiness and keeping the workplace and equipment in good order, this includes not only where the individuals are living e.g. care setting but also offices, kitchens, laundries, workshops and storerooms.

Rubbish – Make sure rubbish is not allowed to accumulate to a point where it can become a fire hazard either inside or outside. An overflowing rubbish skip might be an attraction to a vandal with a box or matches so keep lids on bins and make sure they are emptied regularly.

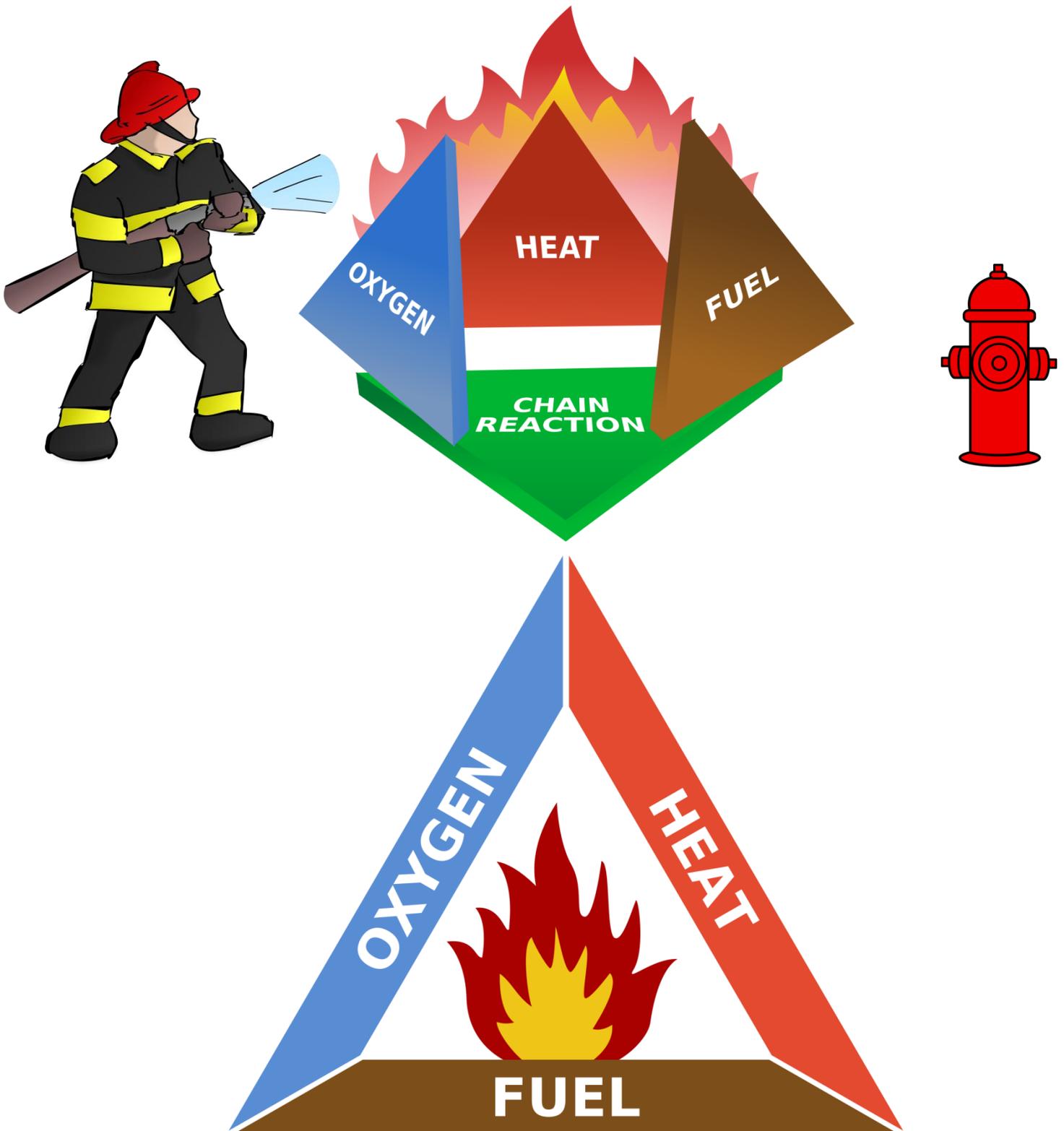
Electrical equipment – Faulty electrical equipment and wiring are a common cause of fire. Whilst portable equipment must be tested every twelve months problems can occur between tests, therefore it is important that you check the electrical equipment for any defects before use. Defective equipment must not be used. If equipment is malfunctioning, sparking, becoming hot, if wiring or plugs are damaged then staff should not use it. Put a sign on the equipment so no-one else uses it and report it for repair. Repairs should only be undertaken by a suitably qualified person, do not attempt to fix it yourself.

Smoking – Every care home has its own policy on smoking and may have designated rooms or areas set aside for residents who smoke. These areas must have been fire risk assessed and be appropriately equipped with suitable ashtrays, metal bins and fire extinguishers. There are obvious fire hazards from smoking materials, ashtrays and residents falling asleep whilst smoking. Individual's care plan needs to reflect if the individual is a smoker, this will ensure adequate measures regarding individual's safety.



## The fire triangle of ignition: heat, fuel, and oxygen

→ The fire triangle is a simple model for understanding the necessary ingredients for most fires. The triangle illustrates the three elements a fire needs to ignite: heat, fuel, and oxygen. A fire naturally occurs when the elements are present and combined in the right mixture, meaning that fire is actually an event rather than a thing. A fire can be prevented or extinguished by removing any one of the elements in the fire triangle. For example; cooling by reducing the temperature using water to take the heat out of the flames; starving through limiting the available fuel by turning off the gas supply; smothering by depriving of oxygen using a fire blanket on a chip pan fire.





**Practices that prevent fires from spreading;** through safe practices for e.g. storage of flammable materials (waste materials, paper, wood, furnishings, flammable liquids); mean the importance of checking smoke detectors regularly; mean fire resisting construction – nursing care workplaces are divided into compartments designed to limit the spread of fire and smoke. The compartments can usually be identified as sections of corridor between two sets of fire doors, including all the rooms leading on to it. These compartments should halt the spread of fire and smoke for at least thirty minutes; mean fire doors – fire doors are vital in fire safety as they hold back fire and smoke and are designed to prevent fire spreading between one compartment and other. There are several different kinds of fire door, most fitted with a self-closing mechanism. In addition, some are fitted with a hold-open device linked to the fire alarm system. These automatic fire doors can be left open in the daytime as any operation of the fire alarm should immediately cause the door to close. All other types of fire door are designed to be kept shut at all times; mean bedroom doors – all bedroom doors should be closed throughout the night. If an individual needs to have their door kept open then an individual fire risk assessment must be completed and additional precautions put in place. Staff must also ensure the door is closed upon the activation or the alarm; through means of escape – fire escape routes are clearly signposted by a green and white rectangular sign with a running man and an arrow directing you to the fire exit. Escape routes may consist of corridors, lobbies, stairways, open areas and even rooms. They must at all times be kept clear of rubbish, linen, trolleys and other obstacles, or combustible items of any sort; mean fire exits – there are different mechanisms for opening fire exits, depending upon their location. They may have a door handle, panic bar, push pad, thumb turn or other means of opening. Or they may be released upon activation of the fire alarm, in which case there should be an over-ride device nearby, such as a switch or a special break-glass point; mean fire alarm system – staff to know the location of the fire alarm call points, if staff need to raise the alarm staff can find the call point quickly. Fire alarm system includes smoke detectors and in areas susceptible to steam or cooking fumes there are heat detectors. In many care setting remote indicator lights are fitted to show when a detector has operated in a roof space, store cupboard etc. Activation of the fire alarm triggers the closing of automatic fire doors which are normally set in the open position; mean fire doors – fire doors must be released and kept shut at night between **10.00pm** and **6.00am**. The fire alarm system is controlled by a fire alarm panel, which identifies the source of any alarm or at least the zone in which it was activated. The fire alarm may only be silenced and the panel reset by the person in charge or Fire Service Officer in accordance with the fire procedures for care setting. Staff to know the location of the zones as identified on the fire zone plan within the care setting which is located next to the fire alarm panel; mean emergency lighting – fires can cause power failure which may cause the lights to go out. Emergency lighting will come on and stay on for up to three hours illuminating fire exit signs and escape routes. The most obvious examples of emergency lighting are internally-illuminated exit signs, seen in care setting and many other workplaces. However there are also plan lighting units, with the same back-up power incorporated, installed throughout the care setting and possibly even outside; mean firefighting equipment – firefighting equipment includes fire extinguishers and fire blankets. Staff to ensure being familiar with the location of these different types of equipment.

To resume, practices that prevent fires from spreading are the following; safe practices; checking smoke detectors; fire resisting construction; fire doors; bedroom doors; means of escape; fire exits; fire alarm system; emergency lighting; firefighting equipment; means of detecting fire; means of giving warning; staff training; fire risk assessment; an emergency plan.





## 7.2 Demonstrate measures that prevent fires from starting



Measures that prevent fires from starting; mean the importance of taking care with electrical appliances and equipment e.g. not overloading power sockets, checking for worn or faulty wiring, unplug appliances when not in use, keep electrical equipment away from water, never put anything metal in microwaves; mean the importance of taking care with heating devices e.g. using approved covers on heaters and radiators, ensuring heaters are switched off or fully guarded at night; mean the importance of taking care with naked flames e.g. not using candles, storing matches safely, enforcing strict procedures for designated smoking areas and ensuring that cigarettes are always fully extinguished; mean the importance of taking care with gas stove e.g. ensuring gas stove are switched off at night; mean within the health and social care setting, staff to carry out risk assessments to identify what could cause a fire to start e.g. sources of ignition such as heat, sparks and substances that burn, to identify the people who may be at risk; mean within the health and social care setting, staff to report electrical hazards for e.g. many fires start in faulty wiring and malfunctioning electrical equipment; mean within the health and social care setting, to avoid running cords, wires under rugs and carpets or near a heat source e.g. keep them out of doorways where they can become worn; mean within the health and social care setting, housekeeping staff to keep heating and electrical equipment clean, clear, and in good working condition e.g. maintain equipment to prevent overheating and friction sparks when in use; mean within the health and social care setting, staff to empty the toaster bin to avoid any bread ignition.

## *Different classes of fires*



Class A fires are those which involve ordinary combustible materials such as wood, paper or cloth. These fires should be extinguished by using a dry chemical extinguisher. Water is effective in extinguishing these type fires, however, water extinguishers are rarely found in the medical centre.



Class B fires are those which involve flammable liquids, gases, oil, paint and greases. Either dry chemical or carbon dioxide extinguishers should be used to extinguish these type fires. Flammable liquids may re-ignite after being extinguished. **DO NOT USE WATER!**



Class C fires are those which involve electricity. Either dry chemical or carbon dioxide extinguishers should be used to extinguish these type fires. **DO NOT USE WATER!**



Class D fires are those which involve combustible metals such as magnesium or sodium. Water can react with sodium and other alkali metals explosively, therefore **DO NOT USE WATER!** Also understand that CO<sub>2</sub> Extinguishers are unlikely to be able to contain a Class D fire.



7.3 Explain emergency procedures to be followed in the event of a fire in the work setting (5 pages to answer the question – Page 98 to 102)

## ***In the event of a fire – Responsibilities on hearing the alarm***



**All staff:** Staff will need to reassure individuals and visitors, giving clear, calm advice as to what they should do and ensure that no-one attempts to use lift. Do not leave individuals in dangerous situations, for example, in a bath or on the stairs. Close all doors in your area and along your route to the fire control point.

**Person in charge:** The person in charge will be the most senior person on duty. He or she will go to the fire alarm panel, put on the high visibility jacket, pick up the emergency folder and take charge. They will check in which zone the alarm has been activated and ensure the Fire Brigade are called.

**Deployment of staff:** The person in charge will send a team of two or more staff to check the zone in which the alarm has activated as indicated by the fire alarm panel. The care setting is divided into zones which may correspond to floors, sections of corridor or compartments. Make sure you know the fire zones in your setting in case you are called upon to assist with these checks. Working as a team, being careful not to put yourself or colleagues at risk, check every room in the zone indicated. Look for any obvious signs of fire, smoke or that a detector head has operated. A light on the detector head will show if the detector has activated or a remote indicator light shows when a detector has operated in a roof space, store cupboard or other unoccupied area. Opening the door to a room in which a serious fire exists can be very dangerous. The inrush of air into the oxygen-starved room may revive the fire dramatically, causing an explosion or fireball with disastrous consequences. Therefore before entering a room check for signs of heat or smoke. The face of the door and the handle must be checked using the back of the hand to feel for heat coming from within. If individuals are trapped in the room, their chances of survival are much greater if the door is kept shut until the Fire Brigade arrive. They are trained to rescue people in this situation. In the event of a fire being detected or suspected the team will begin the horizontal evacuation of individuals from that compartment into the next compartment beyond closed fire doors. Those individuals on the floor may also be at risk and this needs to be communicated to the person in charge so additional assistance can be provided.

**Roll call:** A roll call will be taken by the person in charge to confirm staff, individuals and visitors are accounted for. The Fire Brigade will need to be told immediately if anyone is missing or unaccounted for and their possible location. Only the person in charge or Fire Service Officer can silence the alarm and reset the system. Most stairways are enclosed by fire resisting construction, so someone waiting on a landing should be safe from fire for at least 30 minutes. Never to use the lift, unless it is an evacuation lift specially designed for this purpose.

## ***In the event of a fire – Individual evacuation assessment***



All individuals must be assessed as to how they would be moved in a fire emergency evacuation for both horizontal and vertical evacuation. This information must be held in the individual's care plan and emergency folder.

**Horizontal evacuation:** Care setting fire safety system includes fire resisting compartment walls and fire doors. These are designed to stop fire and smoke spreading through the building, and to create safe areas for individuals to congregate if necessary. Horizontal evacuation means moving a small number of individuals away from immediate fire danger, through a set of fire doors, to another compartment. Check to ensure these fire doors close behind you. Individuals must not be moved further down a dead end corridor with no ultimate means of escape. If the fire starts to spread, it should be possible to move individuals again into the next compartment or out through a storey exit. Improvised methods of rescue may be necessary and if available the use of any evacuation aids.

**Vertical evacuation:** It is unlikely that it will be necessary to negotiate stairs in the event of a fire in the home. However vertical evacuation may be necessary in care setting where horizontal evacuation is limited by the design of the premises or in a serious fire situation, for example where the roof space is on fire. Individuals should only be moved from upper floors if they are considered to be in some danger. Most stairways are enclosed by the fire resisting construction, so someone waiting on a landing should be safe from fire for at least 30 minutes. Never to use the lift, unless it is an evacuation lift specially designed for this purpose. Improvised methods of rescue may be necessary and if available the use of any evacuation aids.

## ***In the event of a fire – Examples of the types of evacuation aids within the care setting***



**Evacuation Mat** is a flexible stretcher that can be rolled out to the size and shape of a sleeping bag. The individual needs to be rolled onto the mat from a level surface. It has Velcro straps that fasten across the individual, with a foot pocket to secure the feet. The use of the mat is a pull and drag operation using the external straps. One staff can carry out evacuation, but it is quicker and more comfortable for the individual if two members of staff assist when going down stairs.

**Evacuation Pad** is similar to the Evacuation mat but has a foam pad to provide protection from bumps and bruises.

**Evacuation Chair** has an aluminium frame with a nylon pocket seat. The individual is transferred into the chair using a transfer board and secured in with a lap strap. It has the advantage of a braking/traction system that slows the descent down the stairs proportionately to the weight of the passenger. A kickstand enables it to be wheeled through corridors, which folds away for stairway descents.

## ***In the event of a fire – Fire in a roof space***



If there is any reason to believe that the roof space is on fire, staff should immediately begin evacuating the top floor. Start with the affected zone and move individuals progressively towards final exits or stairways. If you think the fire may have spread you may need to clear the floor completely. This could involve vertical evacuation which means using stairs to move individuals to a safer area.

## ***In the event of a fire – Firefighting equipment***



**Fire extinguishers:** Fire extinguishers can be surprisingly heavy, so be prepared when you lift them. They should all have a safety pin and an anti-tamper seal. If the seal is broken or if the extinguisher is known to have part discharged, it must be reported for immediate attention. Modern extinguishers are red with a coloured band to denote their contents. Older extinguishers may not comply with this code and the entire extinguisher may be painted in the relevant colour or they may be stainless steel with a label. The label will also state the contents in words and remind you what type of fire they can be used on. Make sure you know the colour-coding system and the right type of extinguisher to use beforehand.

## ***In the event of a fire – Choosing the right fire extinguisher***



**Water extinguisher** is suitable for most solid fires (wood, textiles, paper etc.) but NOT flammable liquids of live electrical equipment.

**Foam extinguisher** is suitable for most fires including flammable liquids, but NOT those involving live electrical equipment.

**CO2 extinguisher** is suitable for fires involving flammable liquid and electrical equipment.

**Dry powder extinguisher** is suitable for fires involving flammable liquid and electrical equipment.

**Wet chemical extinguisher** is suitable for oil and fat fires.

**Fire blanket** is suitable for frying pan, chip pan or other cooking fat/oil fires. It can also be used to wrap a person whose clothing has caught fire.

## In the event of a fire – TYPES OF FIRE EXTINGUISHERS



**Tackling a small fire:** If the fire is small you may tackle it yourself, but only if you have been properly trained and there is another member of staff present. Never try and put a fire out on your own.

**Clothes on fire:** If someone's clothing catches fire it is vital that you act quickly. They are liable to be very frightened and possibly running around in a panic. Stop them and force them down to the ground then roll them over several times wrapped in a fire blanket, rug, coat, bedding or anything else that comes to hand that will help to smother the flames. Keep the casualty calm, summon help and call for an ambulance immediately.

### WATER



### FOAM



### DRY POWDER



### CARBON DIOXIDE (CO<sub>2</sub>)



### WET CHEMICAL



## **In the event of a fire – Make sure you know what you should do**



To resume, emergency procedures to be followed in the event of a fire in the work setting; mean understanding how to raise the alarm if a fire is discovered e.g. operating a fire alarm system; mean agreed procedures for alerting all personal in the work setting; mean knowledge of basic firefighting procedures e.g. use of different fire extinguishers, fire blankets or other fire safety equipment; mean understanding procedures for evacuation e.g. using designated routes, not using lifts, closing all doors; mean special evacuation procedures for very young children and individuals with mobility or other difficulties e.g. use of an evacuation chair; mean knowledge of evacuation routes and assembly points; mean agreed procedures for checking on the presence of all personnel in the work setting; mean the importance of staff training and regular evacuation drills; mean special evacuation procedures for individuals living with cognitive impairments e.g. dementia.

### **Fire action**

#### **IF YOU DISCOVER A FIRE**

- 1. Immediately operate nearest alarm call-point.**
- 2. Attack fire, if possible, with appliances provided but without taking personal risks.**

#### **ON HEARING ALARM OF FIRE**

- 3. The [redacted] will call the Fire Brigade immediately by EXCHANGE TELEPHONE**

- (a) Lift receiver and dial '999'.**
- (b) Give operator your telephone number and ask for FIRE.**
- (c) When Fire Brigade replies give call distinctly  
FIRE AT [redacted]**

**DO NOT REPLACE RECEIVER UNTIL ADDRESS HAS BEEN REPEATED BY FIRE BRIGADE**

#### **CALL FIRE BRIGADE IMMEDIATELY TO EVERY FIRE OR ON SUSPICION OF FIRE**

- 4. Leave building and report to person in charge of assembly point. [redacted]  
USE NEAREST AVAILABLE EXIT**

**DO NOT USE LIFT  
DO NOT STOP TO COLLECT PERSONAL BELONGINGS  
DO NOT RE-ENTER BUILDING**

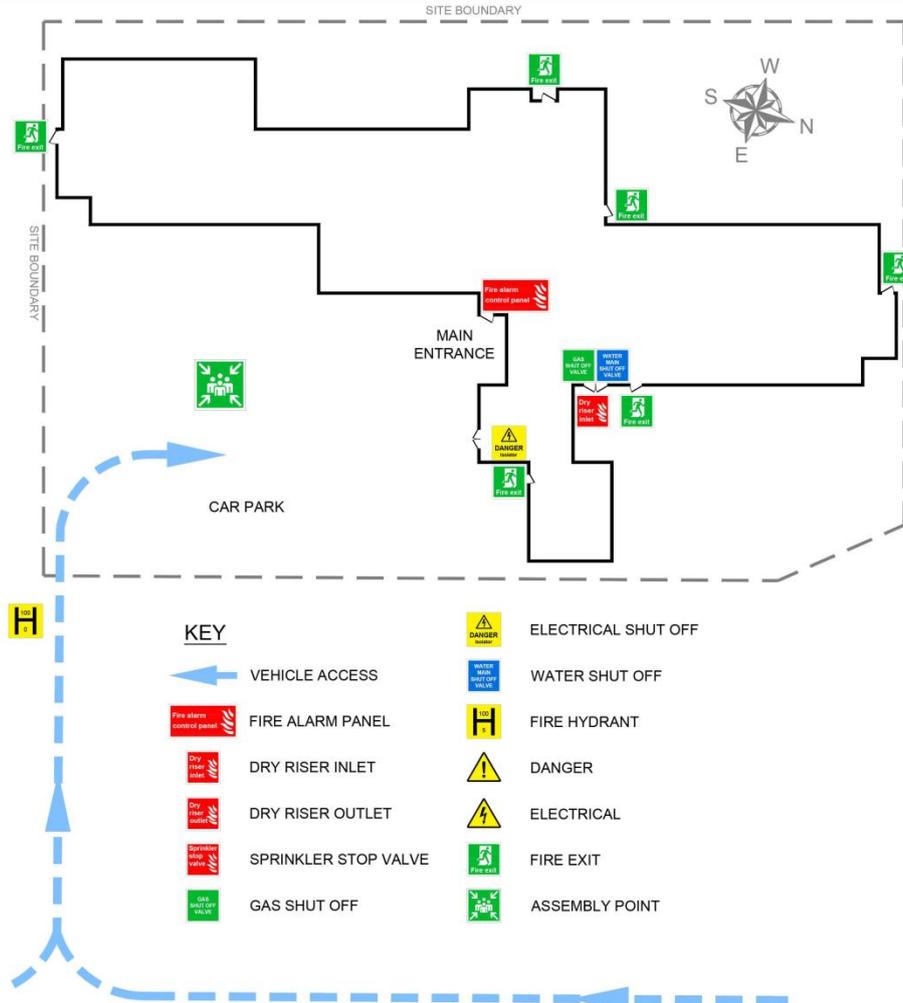


7.4 Ensure that clear evacuation routes are maintained at all time



Within the health and social care setting, the importance of ensuring that clear evacuation routes are maintained at all time e.g. keeping fire exits and doorways clear, not storing furniture or other equipment in the way of evacuation routes, keeping stairwells or designated special evacuation areas clear at all times. It is vital to maintain clear evacuation routes at all times in case of fire, all evacuation routes should be clear of any obstruction and not become a dumping ground for equipment or flammable materials. In the event of a fire risk, lot of people like fire fighters, police, ambulance workers, staff, individuals and visitors can be in the building looking for the evacuation routes to escape the fire and if an obstruction is on the evacuation routes, this will delay the exit and can cause injuries, casualties or death. Equally those people, fire fighters, police, ambulance workers and staff who are in the building can be hampered in carrying out their duties if there are obstructions, and can cause injuries, casualties or death to them. Obstructions on the evacuation routes can cause delay to rescue people and can be a potential fire risk. Staff duty to always ensure that evacuation routes and fire exits are kept clear; this could save lives!

# FIRE STRATEGY - SITE PLAN



Task 8 – Be able to implement security measures in the work setting



8.1 Demonstrate use of agreed procedures for checking the identity of anyone requesting access to; premises; information



Within the health and social care setting, **use of agreed procedures for checking the identity of anyone requesting access to premises;** mean understanding and implementing agreed ways of working for checking the identity of anyone requesting access to work setting premises e.g. checking official ID, signing in procedures, allocating visitor badges, the use of biometric security systems like fingerprint scanners. For example staff to ask who is the person e.g. person that is delivering incontinence pads, staff to ask what company the person work for, staff to ask what delivery the person has been allocated to do within the care setting, staff to confirm those information with the manager or staff in charge, staff to allocate one member of staff to escort the person within the care setting and to stay with the person until the person delivered all incontinence pads.



Within the health and social care setting, **use of agreed procedures for checking the identity of anyone requesting access to information;** mean understanding and implementing agreed ways of working for checking the identity of anyone requesting access to information in the work setting e.g. checking official ID, secure password systems for electronic information; mean procedures for dealing with electronic requests for information; mean understanding the importance of confidentiality relating to information; mean staff ensuring the confidentiality and privacy of individual's information. For example staff in charge answering the telephone in the office and explaining to the person on the other end of the phone that the information asked cannot be divulged regarding privacy and confidentiality of the individual, until the person on the other end of the phone confirms identity e.g. N.O.K, social worker, advocate.



8.2 Demonstrate use of measures to protect own security and the security of others in the work setting



Within the health and social care setting, use of measures to protect own security and the security of others; mean understanding and implementing agreed ways of working for protecting own security and the security of others in the work setting e.g. knowledge of security systems, alarms, CCTV, gaining access to building; mean understanding special procedures for shift or night time working; mean staff in charge to ensure security by checking all doors and windows are properly closed at night; mean staff to check individuals during the night to ensure they are free of abuse and harm; mean staff to document all information regarding individuals behaviour; mean proper handover at each new shifts.



### 8.3 Explain the importance of ensuring that others are aware of own whereabouts



Within my health and social care setting for individuals living with early dementia in a residential care home, the importance of ensuring that my team members, colleagues and manager are aware of my whereabouts; mean that they know where I am in case they need me regarding an emergency or challenging behaviour of an individual with dementia; mean regarding my safety in case of fire within the care setting through agreed procedures for checking on the presence of all personnel; mean all staff should be present regarding special evacuation procedures for individuals that lack mobility and living with cognitive impairments in case of an emergency e.g. fire. A valuable time would be lost if my manager don't know where I am within the care setting in an event of fire. This is why all staff within my health and social care setting must handover to the person in charge where they are, even when staff is going for meal break; mean staff are signing in and out time of duty; mean the importance of staff training on security and vigilance, challenging behaviour, and fire training within my health and social care setting for individuals living with early dementia.

### Task 9 - Know how to manage **stress**



### 9.1 Describe common signs and indicators of stress



Common signs and indicators of stress mean:

- Through physical signs and symptoms e.g. ache and pain, nausea, dizziness chest pain, rapid heartbeat, headache, muscle tension, acne breakout, diarrhoea or constipation, being frequently sick, weight gain or loss.
- Through emotional signs and symptoms e.g. moodiness, irritability or short temper, agitation, inability to relax, feeling overwhelmed, sense of loneliness and isolation, depression or general unhappiness, racing thoughts, viewing everything as negative, restlessness, loss of objectivity, always being fearful, anxiousness, indecisiveness, feeling on edge.
- Through cognitive signs and symptoms e.g. memory problems, inability to concentrate, poor judgement, constant worrying.
- Through behavioural signs and symptoms e.g. eating more or less, change in appetite, sleeping too much or too little, neglecting responsibilities, using alcohol or cigarettes or drugs to relax, nervous habits like nail-biting, insomnia, loss of sex drive, procrastination and neglect, excessive spending, tooth grinding, excessive exercise, overreactions, starting fights.



### 9.2 Describe signs that indicate own stress



Signs that indicate own stress mean:

- Through work factors e.g. changes in routine, dealing with difficult situations, pressure to meet targets, interpersonal relationships with individuals and others, expectations from managers, demands of working unsocial hours, taking on special projects, being fired from a job, going through retirement, starting a new career.
- Through personal factors e.g. financial problems, relationship or family problems, major life changes, bereavement, injury or illness, death of a spouse or divorce, family member going to prison, empty nest syndrome.



### 9.3 Analyse factors that tend to trigger own stress (2 pages to answer the question – Page 106 to

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Factors that tend to trigger own stress mean understanding how these factors can trigger own stress, singly or in combination, and mean analyse factors in own lifestyle and identify key stressors. Stress is the reason for two thirds of the total visits to the physician. It is also the leading cause of the coronary artery diseases, cancer, accidents and respiratory diseases besides some others. Stress aggravates following illnesses: hypertension, insomnia, diabetes, herpes, and multiple sclerosis. Besides, stress that continues for long periods of time can lead to: poor concentration, irritability, anger, and poor judgment. Stress leads to marriage breakups, family fights, road rage, suicides and violence.

The main causes of stress that arise due to the external environment were studied by Thomas H. Holmes and Richard H. Rahe, from the University of Washington. In 1967 they conducted a study on the connection between certain important life events and the illnesses. As a part of that study they also compiled a list of main reasons of stress in the society. At the time the study was conducted there were 55 triggers of stress. The list was reviewed and now contains 63 main causes of stress. From the studies conducted by Holmes and Rahe, and also other studies that have been conducted from time to time, it seems that following are the biggest causes of present day stress levels in modern societies:



**Financial problems** – This is the number one source of stress these days. You and your family are not be able to do what you want to due to lack of money. Debts are piling up. Credit Card payments, pending mortgage instalments, rising costs of education, mounting expenditure on health concerns. Financial matters top the list of stressors.



**Workplace Stress** – Stress at workplace is another of the main causes of stress. You may be worried about your next promotion. You might be facing the negative or bullying behaviour of your boss. You might not be reaching your well-deserved career goals; you might be worried due to office politics. You might be stressed about some major change that is taking place in the organization, or, you might be under stress because of the prospect of losing your job.



**Personal Relationships** – Studies of children, attitude of relatives, arguments with spouse or children, change of place due to requirements of your job, illness of a family member, moving in of parents or moving out of elder children are all main causes of stress.



**Health** – Heart diseases, hypertension, problems with eye sight and sugar afflict many people becoming a major cause of life stress for them. Maintaining good health, reducing weight, increasing weight, being able to lead a healthy life-style: all of these and a few more are the main causes of stress due to health concerns.



**Irritants** – Besides the ones that I have mentioned above there are those annoyances and irritations that you encounter in your daily lives which go on to become biggest sources of stress for you. Problems in commuting to workplace, balance of work and family life, workload, visit to doctor, not enough sleep, no time to relax, no time to discuss some nagging problems – who is not aware of these stresses and strains of our lives? You fight with them every day. These main causes of stress are taking their toll on today's urban man in the shape of stress related diseases that we mentioned at the top. But, do you let all of these get on your nerve, getting you all stressed up and making you prone to all the stress-related diseases? – Or have you found ways to live a stress-free and full life despite many problems that beset you? Develop resilience and never let stress get you down. It can be learnt. But, yes, you have to try. To break yourself out of the daily stresses, start by practicing stress releasing exercises, and you will be on your way to freedom from the main causes of stress afflicting our present day lifestyle.

**KEEP  
CALM  
AND  
TRUST  
GOD**



#### 9.4 Compare strategies for managing stress (2 pages to answer the question – Page 108 to 109)

### ***What is stress?***

→ We all sometimes talk about stress, and feeling stressed, usually when we feel we have too much to do and too much on our minds, or other people are making unreasonable demands on us, or we are dealing with situations that we do not have control over. Stress is not a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of depression or anxiety, or more severe mental health problems. You can reduce the effects of stress by being more conscious of the things that cause it, and learning to handle them better, using relaxation techniques as well as other life-style changes.

### ***What causes stress?***

→ Situations which are recognised to be very stressful are associated with change, and with lack of control over what is happening. Some of the causes of stress are happy events, but because they bring big changes or make unusual demands on you, they can still be stressful. Some of the most stressful events are:

- Moving house,
- Getting married,
- Having a baby,
- Bereavement,
- Serious illness in yourself or a friend or family member,

Stress is also caused by long-term difficult circumstances, such as:

- Unemployment,
- Poverty,
- Relationship problems,
- Caring for a disabled family member or friend,
- Difficulties at work,
- Bad housing,
- Noisy neighbours,

Not having enough work, activities or change in your life can be just as stressful as have too much activity and change to deal with.



Strategies for managing stress; mean understanding theories on coping strategies e.g. internally or externally focused, emotional or solution focused; mean relaxation techniques e.g. massage, yoga, aromatherapy, listening to music; mean physical activity and exercise e.g. going for a run, joining a gym; mean social strategies e.g. meeting up with friends and family, volunteering or helping with community work; mean logical strategies e.g. making list, prioritising; mean creative strategies e.g. music, painting or other artistic pursuits; mean faith strategies e.g. religion or other beliefs; mean the importance of emotional wellbeing and resilience; mean understanding and recognising individual stressors and taking time out; mean comparing and contrasting different strategies and their effectiveness.

To resume strategies for managing stress; mean acknowledging your problems; mean sleep – Sleep is very important to health, and sleep problems, such as insomnia, are a common sign of stress; mean mindfulness – Mindfulness is an approach to wellbeing that involves accepting life and living in the moment. This includes paying attention to the present moment and taking time to see what is happening around you in a non-judgmental way, rather than focussing on what you are trying to get done and going over your problems again and again. It involves being aware of each thought, feeling or sensation that comes to you and accepting it; mean physical activity – as long as it is not done to excess physical activity is important for reducing stress levels and preventing some of its damaging effects on the body. Exercise helps to use up the hormones that the body produces under stress, and relaxes the muscles. It will also help to strengthen the heart and improve blood circulation. Physical activity also stimulates the body to release endorphins that are natural brain chemicals that give you a sense of wellbeing. Physical activity and can also help to raise self-esteem and reduce anxiety and depression; mean healthy eating – what you eat, and when you eat, can make a big difference to how you feel and how well you cope. It's important to make time for regular food or snacks and not to miss out on meals, such as breakfast. Try not to rush and take time to enjoy what you're eating. The key to a healthy diet is variety of different types of food, with a balance of protein, carbohydrate, oily fat and fibre, including plenty of fruit and vegetables. It's also important to drink plenty of fluids such as fruit juice or water; mean alternative therapies – such as meditation, massage, aromatherapy; mean having fun – making time for regular leisure activities can help you release tension, and to take your mind off the worries of the day. Whether you unwind by soaking in a hot bath, browsing through your favourite books, listening to music, gardening or photography, the important point is to enjoy the activity, purely for itself, and take your mind off work or whatever is causing you stress.

My very personal anti stress is designing video games by creating textures (See below texture – base recycling metal trim vent), skies and 3D, this is my passion! (See my website: <http://aspecmaps.free.fr/>)

