

Volunteering in NHS Lothian

An Induction Handbook for Volunteers



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Please note that page 51 should be removed and retained by Voluntary Services Administration on completion of sign off by the volunteer.

Introduction

NHS Lothian exists to provide healthcare services of high quality to the people of the Lothians. We recognise that we cannot provide these services unless we ensure, so far as is as reasonably practicable, freedom from risk to the health, safety and welfare of staff, patients and others affected by our work activities. This is a primary objective of NHS Lothian, and we prioritise it equally alongside other business and operating objectives. The Induction Handbook for volunteers is intended to provide information to enable you to perform your volunteering role in an informed and safe environment. More specific training may be required for certain tasks, but the induction information will ensure a level of understanding and awareness by all volunteers from the outset of their involvement with the organisation.

Emergencies

In emergency situations, volunteers should use the hospital telephone system to call 2222*

- State which hospital you are calling from
- State the nature of the emergency
- State the location of the emergency e.g. ward or department

The Switchboard staff will deal your call as appropriate.

* 2222 is the emergency number at

- Astley Ainslie Hospital
- Herdmanflat Hospital
- Liberton Hospital
- Midlothian Community Hospital
- Roodlands Hospital
- Royal Edinburgh Hospital
- Royal Hospital for Sick Children
- Royal Infirmary of Edinburgh
- Royal Victoria Hospital
- St. Johns Hospital
- Western General Hospital

For ALL other sites activate activate internal call system to obtain assistance and if required dial the ambulance service by dialling 9999 (Four Nines). Please confirm the details of the local procedure with your line manager.

For events occurring within the grounds of hospitals where 2222 applies, it may be appropriate to obtain an emergency ambulance by dialling 9999 in addition to activating the 2222 call.

Please take time to read the induction material carefully. The final page in this document will ask you to confirm that you have read and understood the information contained in this book.

Adult Support and Protection

The majority of adults who are affected by disability, mental disorder, illness, physical or mental infirmity, live their lives comfortably and securely, either independently or with the help of caring relatives, friends, neighbours, professionals or volunteers. However, some adults affected in this way are unable to safeguard themselves and may be at risk of harm. This may be verbally, physically, sexually, psychologically, through neglect or by financial exploitation. It may also be related to risk of self harm, discrimination or preventing access to information they need to make decisions.

Over recent years increased media coverage of individual incidents and public inquiries dealing with instances of harm and abuse have led to a growing concern about this issue among the general public.

The development of services for adults has created a more enlightened and empowering climate, which offers people choice and participation in making decisions about their own lives. This brings with it a dispersal of care within the community, of increasing reliance on unpaid carers and an expansion of the scope of responsibility of paid carers.

The support and protection of adults at risk of harm is a high priority for the statutory, private and third sectors. The Act (Adult Support and Protection (Scotland) Act 2007) requires NHS staff and volunteers, where they know or believe that a person is an adult at risk of harm or has been harmed, to report the facts and circumstances to the Social Work Department and to co-operate with a Council making inquiries.

You have a duty to report any concerns you may have about an adult at risk of harm or abuse - to the person in charge of your volunteer placement or your Voluntary Services Manager. Please make sure you are familiar with the [Adult Support and Protection Guidelines](#).

If further details are required, volunteers should ask the manager of the service concerned, to access this information via the intranet on their behalf.

Who does the Act say is an 'adult at risk of harm'?

'Adults at risk' might include people over 16 who:

- find it difficult to keep themselves or their property (their home, the things they own) safe;
- might be harmed by other people;
- might be more vulnerable because of a disability, illness or mental disorder (this could mean people with mental health problems, people with dementia, people with learning disabilities).

It doesn't mean that all people with learning disabilities, mental health problems or illnesses or disabled people are always 'at risk'. It means that there are certain people in this situation who find it more difficult to keep themselves safe.

What must I do?

It is everyone's duty to act against harm and you must do so by reporting the matter to the manager of the department where you are placed or your Voluntary Services Manager. If a crime may have been committed the police should be contacted by the manager.

What is meant by harm?

The Act talks about people being 'harmed'. The ways the Act thinks people can be harmed are:

- getting physically hurt (for example punched, hit, kicked, hitting, slapping, pushing, shaking, locking someone in a room, tying someone to a chair, restricting their freedom);
- being really frightened or bullied by someone making you feel really upset; threats of harm, humiliation, intimidation, causing distress, verbal abuse, bullying, constant criticism, controlling, preventing contact with others
- having money or personal things taken away from someone, stolen or damaged; stealing, fraud, pressure to hand over or sign over property or money, misuse of property or welfare benefits, or stopping someone getting their money or possessions
- hurting yourself
- neglect: failure to provide medical or physical care, access to a doctor or other services, or denying someone medication, food or heating, privacy or dignity, self neglect.
- sexual: any sexual activity that a person doesn't understand or want, photographing, sexual harassment, voyeurism.
- information: withholding information or advice about rights or entitlements.
- discrimination: because of age, colour, disability, gender, race, religion, cultural background or sexual orientation.

Who can cause harm?

This can be anyone, including family members and paid staff. And it can happen anywhere e.g. in someone's own home, a care home, day centre or hospital.

Contact numbers for Social Work Departments are below:

Social Work Services telephone numbers for NHS Lothian are:

- West Lothian 01506 282252
- West Lothian out of hours 01506 281028/9
- Edinburgh (Social Care Direct) 0131 200 2324
- Mid Lothian 0131 271 3900
- East Lothian 01875 824 309
- Out of hours for Edinburgh, Mid Lothian & East Lothian Health and Social Care Partnerships 0800 731 6969

Key Contacts:

Director of Public Protection, NHS
Lothian Tel: 0131 536 5064

Interim Clinical Nurse Manager
Tel: 0131 536 5065

Adult Support & Protection Advisor
Tel: 0131 536 5549

Child Protection: It's everyone's job to make sure I'm alright

All children and young people have a fundamental right to be protected and safe. It's everyone's responsibility to help keep them safe, whether or not we work directly with them and their families. It is the responsibility of child protection agencies and specially trained staff to determine whether or not abuse has taken place. It is everyone's responsibility however to report concerns to a responsible authority. Children have the right to be safe and protected from harm and abuse.

As an organisation NHS Lothian are committed to ensuring that children are respected, listened to and heard, involved in decision making and kept safe. We have a duty of care to the babies, children and young people who access our services. We are also responsible for ensuring ALL CHILDREN on our premises, whether patients or not, are kept safe from harm. Verbal or physical abuse against children will not be tolerated. Any parent or visitor who appears to be acting in a manner which could be upsetting or harmful to the child or young person will be challenged by staff. Further action may be taken by staff if required.

Values and attitudes

Everyone is likely to have differing opinions about what children need and what constitutes good enough parenting. These views can affect our judgements when it comes to identifying concerns about a child. If you are unsure about whether a child's welfare is at risk or not, you should always take appropriate advice and discuss your concerns with your manager.

Children's needs

Children have many different needs, both physical and emotional. For example, children need a healthy diet, adequate clothing, emotional love and support. Parents/carers have a responsibility to meet those needs e.g. provide a safe home environment, discipline and guidance, adequate food and warmth and emotional love and support.

Unmet needs

Children will not get all their needs met all of the time. For example a child may not always feel confident or families may not always have enough money. This does not necessarily mean the child is at risk or being abused. However, if you are concerned that a child's needs are not being met to the extent that this will/may have a serious impact on the child's welfare, you must pass this concern on. For example, a child might miss their lunch. Whilst this is unfortunate, it will not likely have a serious impact on the long term health of the child. However, if a child is consistently missing their meals, this could well have more serious repercussions. In some instances, a child's unmet needs or parent's limited capacity to meet those needs may be to such an extent that the child is believed to be at risk. In such instances, agencies must take action to assess and where necessary protect the child.

Child abuse and neglect

Child abuse and neglect are defined in the National Guidance for Child Protection in Scotland (2014) as

“forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger.”

Possible concerns about a child can come to light in a variety of ways. These include:

- A child telling you or someone about an experience
- Observation and changes in a child’s behaviour and/or presentation
- Concerns expressed by a third party e.g. neighbour, other child, parent
- Witnessing an incident involving the parents and/or child.

Witnessing an incident:

There may be times when you yourself witness an incident that raises concerns about a child’s welfare e.g. a parent overly chastising a child or a parent arriving under the influence of drugs or alcohol. In such instances consideration must be given to the immediate safety of the child. You should seek immediate assistance and the police may need to be contacted to prevent harm to the child.

When you have concerns about a child:

When you have concerns about a child:

DO: Observe, Record, Report

DO: Report your concerns to the manager/supervisor or clinician. If you still have concerns contact the Child Protection Hub for further advice 0131 536 0467.

DON’T: Delay or hesitate - if unsure seek advice

You can find more information in this link to the [Inter-agency Child Protection Procedures Edinburgh and the Lothians](#)

Confidentiality

Everyone working in the NHS has a legal obligation to keep all patient, staff and public related information confidential. This also applies to Volunteers. The use of information about patients is governed by Statute Law, for example, Data Protection Legislation. This legislation requires organisations to use MINIMUM amount of information on a 'need to know' basis and to retain it only for as long as is needed for the purpose for which it was originally collected. Security and Confidentiality of data applies not only relates to manual health records but also computer systems both administrative and clinical, e.g. Laboratory, Radiology systems etc.

What Constitutes Confidential Data?

All information held about a patient is regarded as confidential. This includes: demographic/administrative data, as well as clinical data, e.g. name, address, postcode, telephone number, clinic attended, appointment details.

Some examples of a breach of confidentiality include:

- Mentioning to friends or relatives that you saw a mutual friend waiting for an out-patient appointment.
- Using hospital systems or health records to check whether a friend or colleague is pregnant.
- Mentioning to anyone out-with a 'work' context that you have seen a referral letter for a particular patient.
- Divulging the contents of a patient's tests or other clinical information to anyone who is not involved in the care of the patient or whose role does not require that information. All volunteers must endeavour to meet the standards outlined within this information. These requirements build on existing good practice. Everyone should seek to ensure that protection of patient confidentiality is built into all health care services.

Any breach of confidentiality may lead to volunteers being asked to resign their position, and could result in legal proceedings.

Data Protection

Every member of staff in NHS Lothian, whether they are permanent, contractors, or volunteers is responsible for ensuring confidentiality and security of information that they use or come into contact with during their duties. In deliberately trying to access or disclose information without authority to do so, you may be committing a criminal offence.

Your obligations to protect personal data

- The Law - Common Law of Confidentiality, Data Protection Legislation, Access to Health Records Act 1990 and Computer Misuse Act 1990, along with other legislation determine how personal information should be used. Failure to comply with these obligations could lead to prosecution for NHS Lothian and/or the individual staff member/volunteer/member of the public involved.

- NHS Scotland Code of Practice on Protecting Patient Confidentiality – Staff contracts state that, “failure to comply with the NHS Scotland Code of Practice on Protecting Patient Confidentiality could result in disciplinary action”.
- Policies and Procedures – A copy of our policies and procedures relating to data protection, confidentiality and IT security can be found in any of the hospital libraries or on NHS Lothian internet. As part of our policies on confidentiality of patient information and IT security we now have in place an audit tool which automatically monitors access to our computerised patient information systems. In addition, the audit tool may be used for “spot checks” on departments. This audit tool is called FairWarning.

Breach of Confidentiality

In the course of your duties as a volunteer you may hear or have sight of, personal, sensitive information regarding the patient.

This information is strictly confidential and should not be discussed outside the workplace. Failure to comply with this will be deemed a breach of confidentiality. A breach of confidentiality can have serious consequences for:

- The individual – they could suffer embarrassment or harm and could sue the Organisation for ‘damage and distress’;
- The Organisation – could be subject to legal action and face a monetary penalty of up to £500,000;
- The staff member/volunteer – could face disciplinary action, dismissal or criminal prosecution.

Ways in which a breach can occur:

- Indiscreet conversations in public places such as public transport, hospital corridor or in the street which may be overheard by others;
- Discussing you have seen someone known to you attending a hospital department with family/friends;
- Accessing your own or other family/friends details either by viewing health records or accessing electronic systems;
- Disclosing information to individuals without authorisation to do so and for which they are not entitled to;
- Reading files left lying on a desk without any authority to do so;
- Posting information about patients or staff on social networking sites.

Mobile phones must be switched off when entering the hospital environment and at no time, should photographs or information relating to patients/staff be stored on these.

Should a volunteer witness a breach

All breaches must be reported using the Datix electronic system as soon as they occur. Volunteers don't have access to the Datix system, therefore your Manager must be informed and if appropriate, contact made to the Information Governance Team for intervention. Where a serious security breach has occurred, it may be necessary for the Information Governance Manager to inform the Information Commissioner's Office whereupon, they will decide on any action that they deem necessary (this will be done by IG).

Social Networking Sites (SNS)

This includes Facebook, Twitter, LinkedIn; Google+, Flickr, Bebo, Friends Reunited, Instagram, Snapchat – and many, many more.

There is no routine access to social networking sites on NHS Lothian computers to protect the confidentiality of individuals, however, we realise you may access these sites in your own time. Under no circumstances should any information or photographs relating to patients or staff be posted on social networking sites. If it is found that an individual has posted information or made comments about a patient or staff member, regardless of whether the individual has been named or not, an investigation will be undertaken, which could result in disciplinary action or dismissal from post.

Breaches of confidentiality are classed as 'gross misconduct' by NHS Lothian and will always be investigated which may result in disciplinary action, dismissal or criminal prosecution in the worst cases. Whilst volunteers have no contractual obligations to the organisation, they are required to adhere to the NHS Lothian code of conduct in respect of confidentiality.

Equality & Diversity

NHS Lothian recognises and values the diversity of cultures, religions and disabilities of its employees and will take a sensitive approach when this affects dress code. However, there may be circumstances in which there are genuine occupational or clinical reasons as to why the wearing of certain articles and/or clothing is not permissible, and priority will be given to health and safety, security, and infection control.

For example, staff who wear facial coverings for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues. Jilbabs are permitted provided that they do not affect health and safety, or prevent the employee from doing their job effectively. Similarly, turbans and kippots, veils (Christian or Niqab) and Hijabs are permitted on religious grounds. The latter should be shoulder length and must be worn unadorned and secured neatly and should not cover the face.

In circumstances where there is a conflict of interest with any individual member of staff or volunteer, the line manager should undertake a risk assessment.

The NHS Lothian Equality, Diversity and Human Rights policy acknowledges religious and cultural guidance to ensure that it should not cause either offence or discrimination. The policy is based on the principles and guidelines in the Equality Act 2010, and also the rights of individuals to express themselves freely.

Equality is about creating a fairer society for all; where everyone can participate and has the opportunity to fulfil their potential.

Diversity is about recognizing and valuing difference in its broadest sense. It is about creating a culture and practices that recognise, respect value and harness difference for the benefit of patients, carers, members of the public, members of staff and volunteers.

Equality Act 2010

The Equality Act (2010) was introduced by the UK Government to ensure public organisations (like the NHS) promote equality and remove discrimination in the delivery of all their services and how we plan our services.

Who is covered by the Equality Act?

Everyone is covered by the Equality Act. Those who are listed in the Act are described as people with “protected characteristics.” These protected characteristics are; Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation.

So we must ensure we do not discriminate against someone in our service on the ground of their sex – both men and women, age, sexual orientation, race etc. Discrimination is more likely to happen when we stereotype people from a particular group. Stereotyping happens when we assume everyone from a particular group shares the same characteristics, e.g. all woman are bad drivers.

Prejudice occurs when people have preconceived, irrational, negative attitudes and opinions towards individuals from protected characteristic groups. The opinions are usually based on fear or a lack of knowledge. Prejudice can be expressed by what a person says or the way they behave. Prejudice often remains hidden, secret or unconscious and can be hard to admit. These can get in the way of us getting to know someone, as we develop preconceived ideas of who they are, what they are like and how they might behave. This can lead to discrimination.

What can I do to promote Equality and Diversity?

We need to ensure that all staff and volunteers working in our organisation:

- Understand and uphold the organisation's core values and ensure that all patients are treated with dignity and respect.
- Treat each person as an individual and the way that you would like to be treated. Ensure that you listen to patients and where relevant empower patients to make decisions about their own health care.
- Treating everyone the same isn't fair, some people need more than others, e.g. giving a longer appointment time to someone with a learning disability, taking the time to help guide a visually impaired person through our services
- Be aware of the rights of individuals. There are certain things which we must do. For example, we must arrange suitable communication support with individuals whose first language is not English whether this is another spoken language or British Sign Language. Also we also need to ensure that the patient information we give to a patient is readable by them. Is it in big enough font for a visually impaired person, is it translated?
- Treat your work colleagues and volunteers with dignity and respect. The organization will not tolerate or condone any behaviour that involves the bullying and harassment of any member of staff for any reason.

Want more Information?

You can find more information about the law, equalities issues and staff resources and training on the Equalities in Health web site.

Lead on Equalities & Human Rights
Mobile: 07824625063

We all need to understand our roles and responsibilities for ensuring that equalities laws are not broken. You can find more information about the Equality Scheme and how to identify discrimination on our Equalities in Health website:

www.equality.scot.nhs.uk.

Fire Safety

Be Aware

In Hospitals particularly in ward areas, the immediate and total evacuation of that area in the event of a fire may not be possible, or desirable. Patients with restricted mobility, patients in wheelchairs, bed bound patients etc. can't negotiate escape routes and stairways unless they have some assistance. Patients who are under medication may also require staff assistance and patients who are dependant on electrical and / or mechanical equipment for their survival can't always be disconnected and moved rapidly without serious consequences.

Firecode Scotland

It is necessary in a hospital environment that all staff, regardless of employment status, know the procedures that are followed in the event of a fire or false alarm.

Your manager has a duty to advise you on the procedure to be followed in the event of the fire alarm sounding within the areas you will be in.

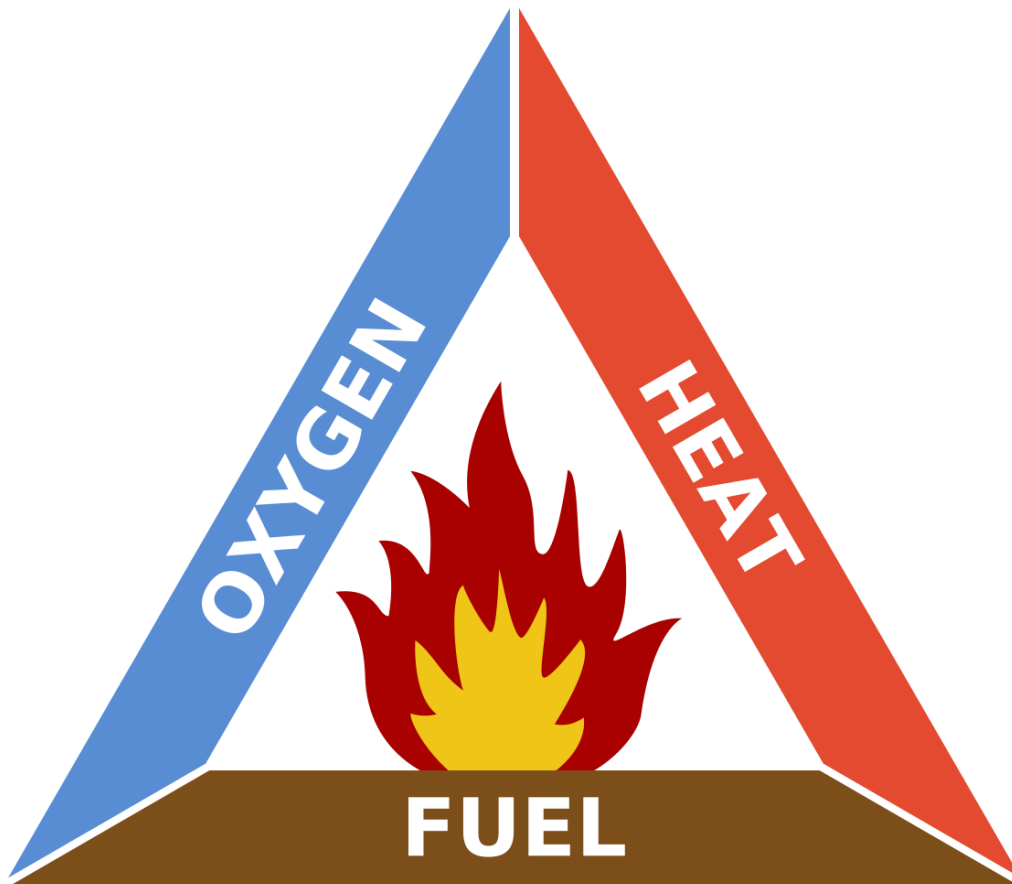
The day one checklist should be completed as soon as possible and held on file by your manager. The remainder of this handbook should be read and retained.

Personal Day One Check List

Name	
You are required to be shown the following by the Manager responsible for the area where you carry out your duties.	
Fire instructions	
Telephone number to call to Fire Brigade/Switchboard	
Location of fire alarm call points	
Location of fire extinguishers	
Location of fire exits	
Location of assembly point	
I certify that has been made aware of the above.	
Date	
Manager (or person acting on their behalf)	

What is fire?

If you combine the three elements you create a fire,



If you separate one of them you extinguish the fire.

Oxygen is always present in the atmosphere.

Fuel can be:

- Solid: Paper, textiles, waste
- Liquid: Cooking oil, petrol, gloss paint, white spirit
- Gas Natural, propane, butane

Heat can come from:

- Faulty electrical appliance Photocopier, computer, TV
- Heating appliance Convector, radiator, wall heater
- Smoking materials Matches, lighters, cigarette ends
- Cooking appliance
- Open top cooker, microwave, toaster
- Naked flame Arson, oiler, open fire

Fire Procedures

Annual attendance at a Fire Awareness training session is mandatory and many courses are held each year. It is the responsibility of managers to arrange for staff to attend such training sessions and maintain records of staff attendance but it is also the responsibility of every member of staff to ensure they attend a course annually. This will be reflected in their Personal Development Plan (PDP). All staff must attend annual Fire Awareness training and a practical fire training session every 3 years. There is also a LearnPro module to complete every 2 years.

All staff and volunteers must be familiar with the:

- Locations of the fire alarm points
- Locations of telephones
- Nearest fire-fighting equipment and method of operations
- Location of fire escapes and alternative routes
- Location of fire assembly points

You should only attempt to fight a fire if you are trained in the use of firefighting equipment and it is safe to do so without risk to yourself. In every case of an outbreak of fire, the Fire and Rescue Service **MUST** be summoned as soon as possible, regardless of whether the fire has apparently been successfully extinguished.

Action to be Taken on Discovering a Fire

If you discover or suspect the presence of fire, smoke or smell of burning:

- Break glass at the nearest call point
- Dial 222 and advise the Switchboard of the location and extent of the fire
- Remove yourself and others from immediate danger
- Without taking personal risk, close all doors and windows
- Without taking personal risk, tackle the fire with the equipment provided.

Intermittent Fire Alarm

An intermittent alarm means there is a fire in an adjacent area. Upon hearing this alarm:

- Be prepared to evacuate
- Close all doors and windows
- Non-essential electrical appliances and equipment should be shut down.

There is no immediate danger but if the alarm changes and sounds continuously, fire evacuation procedures should begin immediately.

Continuous Fire Alarm

A continuous alarm means there is a fire in your area. Upon hearing this alarm:

- In patient care areas – prepare for evacuation
- In non-patient areas – evacuate to the assembly point

If the fire alarm is activated in the area where the detector has actuated or the manual call point has been broken, it will sound continuously and fire evacuation procedures should begin immediately

Fire Safety Equipment

You should learn the location, types and uses for the fire equipment in the area where you carry out your volunteering.

- The Fire Alarm may be activated either:
 - manually by breaking a red fire alarm call point or
 - automatically by a heat or smoke detector located on the ceiling
- You must learn:
 - The sound of the fire alarm
 - The location of the break glass call points.

It is your responsibility to raise the alarm if you discover or suspect a fire.

1. Fire instruction notices are generally positioned throughout the buildings and detail information about what to do when the alarm sounds.
2. Fire signs are found throughout and show the way to emergency exits, highlight fire safety features and remind you of the need to keep fire doors closed.
3. Fire fighting equipment is generally found in the corridors and enables you to fight the fire if you considered it safe to do so.
4. Emergency lighting lights up the corridors and stairs in the event of a power failure.
5. Fire resisting doors hold the fire and smoke in the room for at least 30 minutes. They may be fitted with self-closing devices or automatic hold open devices, linked to the alarm. Fire doors must never be left wedged or propped open.

Regardless of where you carry out your duties i.e. Hospital or Community, all volunteers have a responsibility to observe Fire Safety Procedures.

The 'fire plan' will detail the response to these signals. Visual alarms may be installed to compliment the sounders. The fire alarm may trigger other events such as corridor fire doors to close or doors held on a security system to unlock and allow free passage.

Extinguishers

- There are different types of fire extinguishers within the workplace and each has different uses (see below). Each extinguisher will display icons to indicate the types of fire the equipment can safely be used on. To operate any type of extinguisher you must remove it from its bracket on the wall, pull out the hose, remove the safety pin and then simply squeeze the levers

KNOW YOUR FIRE EXTINGUISHER					
CHOOSING THE RIGHT EXTINGUISHER CAN PREVENT PROPERTY DAMAGE AND SAVE LIVES					
Extinguisher Type →					
Type of Fire ↓	Water	Foam	CO₂	Dry Chemical	
A Paper, Wood & Plastic 	✓	✓	✗	✓	
B Flammable & Combustible Liquids 	✗	✓	✓	✓	
C Electrical Equipment 	✗	✗	✓	✓	

Source of image: <http://imgkid.com/fire-extinguisher-symbol-on-floor-plan.shtml>

In addition to these fire extinguishers, fire blankets are located within the Department. Each fire blanket is stored in a red plastic box with instructions printed in white. Fire blankets work by smothering the fire and preventing oxygen getting to the fire. They are suitable for fires involving both solids and liquids. They are particularly good for small clothing fires and for chip and fat pan fires, providing the blanket completely covers the fire. If the blanket does not completely cover the fire it will not be able to extinguish the flames. To use one

properly, place carefully over the fire, being careful to keep hands shielded from the fire and wafting the fire away from you.

Fire Prevention

It is everyone's responsibility regardless of your employment status to be aware of the causes of fire and to help prevent fires. Oxygen and fuel are ever-present; it is the introduction of heat that starts 99.9% of fires. Some common causes of fires and false alarms are:

- **ARSON:** More common in hospitals than you would think. Keep areas secure and close windows when unmanned.
- **ELECTRICAL:** Misuse of electrical equipment such as overloading sockets or adaptors. Using equipment for purposes for which it was not designed or using equipment when it is faulty or defective. Leaving appliances switched on, on standby when not in use or overcharging.
- **STORAGE:** Excessive or careless storage of combustible materials and stock especially near a heat source.
- **SMOKING:** In or close to buildings and the careless disposal of smoking materials.
- **HEATERS:** Careless and unauthorised use of portable heaters or obstructing the ventilation of heaters and machinery.
- **COOKING:** Inadequate supervision of cooking or toasting
- **CLEANING:** Inadequate removal of waste, untidy work areas and poorly maintained equipment. Always close down electrical equipment and check the premises before leaving. Faulty equipment should be reported without delay using site procedures via your manager. Contact your local hospital or Community Fire Advisor for more information or advice.

Fire Officers

WGH - 31438

WGH -31440

WGH -32447

WGH - 33033

REH - 46662

REH - 46662

REH - 46662

Health & Safety

All Volunteers complete a thorough recruitment process prior to being offered a placement within NHS Lothian. At the point of introduction to a ward/ department all volunteers will be issued with a Role Description document. This document will confirm the specific duties for individual placements and provide information relating to support staff, contact numbers etc. From a Health & Safety perspective, Volunteers should not undertake any duties, which are not included in this document and should always discuss any additional duty requests with Volunteer Services staff in the first instance.

Legislation

The minimum acceptable standards of health and safety are those contained in legislation. It is our obligation to meet these standards and wherever possible exceed them. The ultimate responsibility for compliance with health and safety legislation lies with the Chief Executive; however, this is delegated to managers throughout the organisations management structure. Managers and supervisors have a delegated responsibility to ensure that NHS Lothian strategies and or processes including risk assessments are in place for the prevention of incidents, injuries and occupational illness, as well as damage or loss of NHS Lothian property and the environment, within their area of responsibility. Where any identified risk cannot be managed locally, assistance must be sought immediately via the service management structure, health and safety services are available to provide any support or guidance required.

There are specific policies, procedures and guidelines giving detailed arrangements for health, safety, and welfare related issues. Managers are responsible for bringing these policies, procedures and guidelines to the attention of staff and others. Staff, including Volunteers, have a responsibility to adhere to and comply with health and safety instructions at all times. Volunteers have the same legal responsibilities as staff with regards to health and safety law. Volunteers must:

- Take care of their own health and safety and the health and safety of others who may be affected by their acts or omissions.
- Co-operate with NHS Lothian in health and safety matters.
- Not misuse or interfere with anything provided for health and safety purposes.
- Notify their manager or person in charge of any area they visit where they identify any health and safety gaps or failings

NHS Lothian are required to co-operate and co-ordinate health and safety arrangements where more than one organisation or group share or visit premises.

Accident & Incident Reporting

NHS Lothian promotes the reporting of incidents and near misses. This allows the organisation to learn from previous incidents, to reduce the likelihood of re-occurrence and where appropriate to improve current systems or work practices.

An online incident form, "DatixWeb" is used to record incidents; it should be completed by the member of staff who is first informed about the incident. Volunteers are asked to report any such incidents to the person responsible for volunteers within the ward/ department where they carry out their duties. They should request that this is recorded on the Datix System on their behalf (immediately following any incident). The information volunteers may be asked about include:

- The events before, during and after the incident
- The nature of the injury, illness or dangerous occurrence
- The personal details of the person injured or affected
- What actions were taken to prevent recurrence

Where the volunteer has reported any health and safety issue through Datix, they should be given feedback in relation to any findings by the person investigating the incident.

Definitions

- RIDDOR Reporting: Incident: Any event or circumstance that led to unintended or unexpected harm, loss or damage
- Near Miss: An event or occurrence which but for the skilful management or a fortunate turn of events, would have led to harm, loss or damage
- Serious Incident: A Serious Incident (sometimes known as a 'Significant Incident') is an event deemed at Director level to be sufficiently serious to warrant a formal investigation reportable to relevant Directorate/Partnership Senior Management with investigation monitored by the appropriate Health & Safety or Clinical Governance Forum. Usually it would involve the risk of death or serious injury / ill-health, major damage to property, loss of a service, create a major health risk, or are a threat to the strategic objectives of the NHS Lothian. There is a policy on the Management of Significant Clinical Incidents for further information.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) specifies the requirement to report certain incidents to the Health and Safety Executive. Reportable events include:

- Death or Specified injury: Occurs to an employee, self employed person at work and volunteers. Also applies to death or major injuries to a person not at work (e.g. patients, visitors) if the incident is work related.
Specified Injuries include fractures & dislocations (excluding fingers, toes & thumbs); amputations; loss of sight; incidents that result in the injured person being admitted to hospital (or inpatients having an extended stay in hospital) for more than 24 hours this list is not exhaustive further details are available within NHS Lothian
- Over-seven day injury: An injury which results in an employee, volunteer, or self employed person, being absent from work or unable to do their normal duties for more than 7 days. This includes rest days and other non-working days including weekends.

Non-fatal accidents to non-workers (e.g. members of the public): Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

- Reportable Diseases: As notified in writing by a Doctor. These include occupational dermatitis, occupational asthma, occupational cancer, certain musculoskeletal disorders infections reliably attributable to work.

This list is not exhaustive further details are available within NHS Lothian Incident Management Policy or from Health and Safety.

- Dangerous Occurrences: Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm.

Further guidance on whether specific events are reportable under RIDDOR should be sought from the Health & Safety Service.

Lone Working

Due to the nature of services delivered by NHS Lothian, some staff and volunteers may be required to work alone for brief or significant periods of time either within a building or in the community, without close or direct supervision or without the support of colleagues within shouting distance. Working alone does not in itself cause harm however it does make some risks more serious.

- Lone workers will be identified and risk assessments conducted in relation to lone working. The risks and hazards of lone working are:
 - Violence and Aggression
 - Accidents
 - Onset of illness
 - Emergencies
 - Animals
 - Vulnerability to false accusations of improper conduct

These risks and hazards are not restricted to lone working however if a person is alone the consequences of an incident may be more significant.

- Lone workers will be categorised, and the appropriate level of safe and well procedure implemented.
- Staff and volunteers identified as category 1 and 2 lone workers will complete the Centre for Management of Aggression's lone worker face to face training. Management of Aggression – Core Skills and Management of Aggression – Lone Worker **must** be completed prior to attend face-to-face Violence and Aggression training.

- Where safety equipment such as mobile phones and Identicom devices are supplied to staff and volunteers they must be used, as detailed in the safe and well procedure at all times.
- Managers must monitor the implementation of, and local compliance with this policy. Effectiveness of implementation and local compliance should be reported via the local health and safety committees.

Violence and Aggression

NHS Lothian recognises the risk of violence and aggression to staff (including bank and agency staff, contractors, students and volunteers) and gives a clear commitment to reducing these risks so far as is reasonably possible.

NHS Lothian's Policy on Management of Aggression requires all areas to have been risk assessed for Violence and Aggression and the relevant level of training required for the staff working in that area will have been determined.

Employers Responsibility

Section 2 (1) of the Health and Safety at Work Act imposes a general obligation upon employers:

"It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all his employees"

Employees Responsibility

In accordance with Section 7 of the same act, employees are required to ensure the safety of themselves and others who may be affected by their acts and omissions. Employees also have a duty to report anything that they may consider a risk to themselves or others.

NHS Lothian Policy

In order to meet its responsibilities, NHS Lothian has developed an over-arching policy to meet with the requirements of legislation and to support its staff in preventing and managing aggression.

The Policy states:

"NHS Lothian is committed to ensuring working conditions for staff are safe, and does not view violence and aggression as an acceptable part of employment. Our staff have the right to work without the fear of assault or abuse"

Patient Experience

People come into contact with NHS Lothian for a wide variety of reasons. This contact is usually a positive experience; however situations do occur where people can feel unhappy with some aspect of the service they receive or the situation they are experiencing. Below are some common negative experiences:

- Being kept waiting
- Lack of information being provided
- Being given the wrong information
- Receiving painful or embarrassing treatments
- Perceived negative attitudes from staff
- Appointments or procedures being cancelled or postponed
- Inability to access home comforts
- Inflexible routines in in-patient environments
- Privacy and dignity compromised

- Parking

When an individual has responded to trigger factors there is a process that occurs where they will have an emotional reaction which will affect how they are thinking and behaving:

- Unhappy
- Irritability
- Annoyance
- Embarrassed
- Frustrated
- Helpless
- Scared
- Angry

Amplifiers

This does not necessarily mean that someone who is experiencing a range of unpleasant emotions will become aggressive. Personal traits, such as the person's ability to cope with these feelings will also have an impact.

In addition to a person's coping skills, there are a number of issues which can make the trigger factors and the person's response more intense.

These are known as **amplifiers**.

Amplifiers can be **environmental, circumstantial, physical and psychological**. They may affect the person's ability to cope with a trigger factor, how they feel about it, and subsequently how they behave.

Environmental amplifiers

- Noise
- Temperature
- Lighting
- Uncomfortable surroundings
- Inadequate staffing
- Overcrowding

Circumstantial amplifiers

- Other people
- Receiving bad or unwanted news
- Being denied something
- Personal problems
- Expectations not being met

Physical amplifiers

- Pain
- Physical comfort
- Alcohol / drug withdrawal
- Reaction to medication
- Infection
- Communication difficulties and barriers

Psychological amplifiers

- Stress and pressure
- Mental health difficulties
- Influence of alcohol / drugs
- Reaction to medication
- Confusion/Anxiety
- Self-Talk

Reducing Trigger Factors and Amplifiers

Every effort should be made to reduce trigger factors and amplifiers wherever possible, and by having an awareness and understanding of how you feel, the feelings experienced by other people and the impact the environment has, you are more likely to influence the outcome of situations more positively.

Clearly, there are trigger factors and amplifiers which are out-with your control, and some that cannot be removed. It is important, that in these situations every effort is made to shape the expectations people may have before they encounter the trigger factor and / or amplifiers.

Warning Signs

As a result of the person experiencing trigger factors, amplifiers and the feelings which they can cause, we need to look at the different types of behaviour that can be displayed, these behaviours are called **warning signs**.

In most circumstances these signs will be clearly apparent in the situations you deal with. It is important to note that some individuals will not show or will deliberately mask these signs, and also, there may be times where you may not have the opportunity to observe the signs when they have occurred.

The signs are forms of communication which can be broken down into two groups; **non-verbal** and **verbal**. The majority of people **show** you how they feel long before they actually **tell** you how they feel. This is communicated through their body language.

Non verbal warning signs

- Shaking head
- Frowning

- Becoming red in the face
- Staring / avoiding eye contact
- Grimacing
- Sweating
- Folded arms / hands on hips
- Fidgeting
- Drumming / tapping fingers
- Pacing
- Pointing
- Turning away

Verbal warning signs

- Sighing
- Tutting
- Muttering
- Mumbling
- Sarcasm
- Demanding
- Argumentative
- Talking quickly
- Raising voice
- Swearing

More often than not, in the first instance, it is the **way** a person says something rather than the **content** of their speech that alerts us to the fact that they are upset.

Below are some important **Do's** that are effective in situations where a person is displaying warning signs.

DO

- Be aware of your own feelings
- Try to appear calm
- Appear friendly,
- smile if appropriate
- Make good eye contact
- Be polite
- Give the person your full attention
- Let the person know you want to help
- Listen carefully and check the facts
- Ask open questions - who, what, where, why and when?
- Identify what the problem is
- Solve the problem, if you can
- Explore options that may be helpful
- Provide helpful, relevant information
- Seek to compromise, if necessary
- Consider distraction (useful with people who are confused)

Below are some important **Do not's** that are effective in situations where a person is displaying warning signs.

- Ignore or dismiss the person
- Say things like "calm down" or "don't be silly"
- Interrupt the person
- Make promises you can't keep
- Avoid eye contact
- Raise your voice
- Offer too many different options
- Clock watch
- Be distracted by other things going on around you
- Rise to the bait Pass the buck
- Be drawn into an argument
- Make excuses or blame others

What to do

Staff in the areas you may work in will have risk assessed the area and will advise you of any potential risks there may be. However if you feel at all threatened or alarmed when interacting with a patient/visitor you should immediately report to the person in charge of the area you are working in.

There are three fundamental actions that will help to keep you safe. These are **get out, get help, protect yourself**. In Scotland, under common law we have the right to protect ourselves from harm, this includes whilst in the workplace. If a situation is becoming dangerous it is acceptable to use force to allow you to escape, but this needs to a "Reasonable" amount of force which is proportionate to the danger you are in and necessary because you have no alternative.

Reporting

Any incident of Aggression or Violence should be recorded on DATIX (NHS electronic incident reporting system) this should be done by the person in charge of the area that the incident occurred.

Post-adverse event Support and Strategies

You may find that having been involved in or having been a witness to, an aggressive situation you will have residual feelings and anxieties about either the adverse event itself, the people involved in it, or in how you personally dealt with it. In these circumstances, everyone involved would benefit from a post adverse event analysis.

Infection Prevention & Control Service

Prevention and control of infection in the healthcare setting is essential to ensure the safety of our patients, staff, volunteers and visitors. As a volunteer you will be expected to act in a manner that ensures the safety of you, your work colleagues, visitors, relatives / parents and most importantly, the vulnerable patients we care for.

Standard infection control precautions are designed to be applied in all health care settings, with all patients at all times. Some of you will be slightly more 'hands-on' in the clinical areas; others will provide services which support the care given by others. The information contained within this section is relevant to all volunteers and it is important that you take time to read it.

Who's who

Lothian Infection Prevention & Control Advisory Committee (LICAC)

IPC is a board-wide service and the LICAC oversees the programme of work undertaken by each of our local Infection Prevention and Control teams across NHS Lothian

Local Sector Infection Control Teams (ICT)

Membership generally includes:

- Associate Nurse Director
- Clinical Nurse Managers
- Senior Charge Nurses
- An Infection Control Doctor
- A Lead Nurse Infection Control
- A number of Infection Control Nurses

Policies

The [National Infection Prevention & Control Manual](http://www.nipcm.hps.scot.nhs.uk/) is used across Scotland. It is available on Health Protection Scotland web pages: <http://www.nipcm.hps.scot.nhs.uk/>

Infection Prevention & Control based enquires: Infection Prevention & Control Duty Nurse is available 7 days a week 08:30 - 16:00 for staff or others to seek additional or more specialised guidance they have been unable to source in the manual.

Telephone: 0131 536 3373 (extension 63373)

Email: InfectionControl@nhslothian.scot.nhs.uk

Medical microbiologists and virologists provide a 24-hour advisory service for treatment advice and urgent matters to all staff via the NHS Lothian switchboard).

Across Lothian

Head of Service (01506 523 779 (53779)

Lead infection and Prevention Control Nurse 01506 523 704 (53704) SJH

0131 537 1509 (34509) WGH or 07814 301 671

Infection Prevention and Control Policies & Procedures

Standard infection control precautions (SICP)

We advocate the use of standard precautions with all health care activities as a basic set of actions to protect you and everyone else. They include:

- Hand Hygiene
- Safe disposal of waste
- Personal protective equipment
- Needlestick injury
- Food Hygiene
- Environmental Cleaning
- Decontamination of medical equipment
- Patient Placement
- Safe use of linen
- Cough etiquette

The National Infection Prevention & Control Manual (a copy can be found in every ward/department), covers each of these precautions and we would encourage you to make yourself familiar with those that are relevant to the type of work you do.

1. Hand Hygiene – Policy

We advocate that staff and volunteers wash or alcohol hand rub their hands before they undertake their duties and when they finish. For those who have patient contact, hand hygiene must be undertaken in line with the World Health Organisation's 5 key moments for hand hygiene:

1. before touching a patient;
2. before clean/aseptic procedures;
3. after body fluid exposure risk;
4. after touching a patient; and
5. after touching a patient's immediate surroundings.

The second key moment does not apply to volunteers since they do not undertake clinical procedures.

Facilities for hand decontamination are provided, including alcohol hand rubs **however** hands must be washed using liquid soap and water if:

- hands are visibly soiled or dirty;
- you are caring for patients with vomiting or diarrhoeal illnesses; or
- you are caring for a patient with a suspected or known gastro-intestinal infection

Clinical staff looking after the patient will advise you when you must use soap and water for hand hygiene.

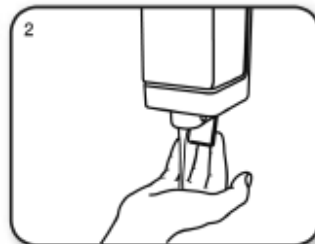
Hand hygiene should be carried out using the technique shown in the following step by step poster.

How to Hand Wash - Step by Step Images

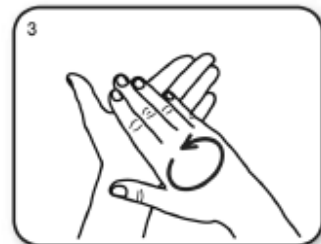
Source: World Health Organisation



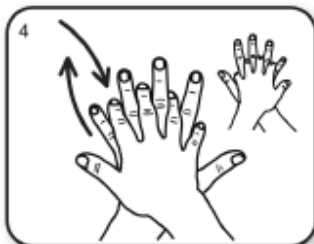
1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



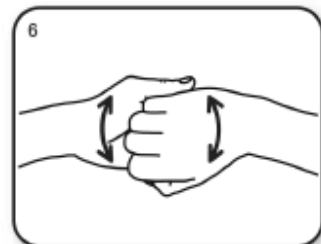
3 Rub hands palm to palm



4 Right palm over the back of the other hand with interlaced fingers and vice versa



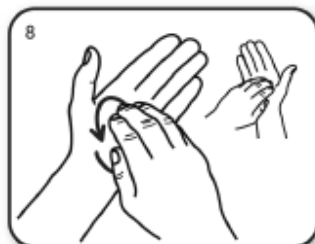
5 Palm to palm with fingers interlaced



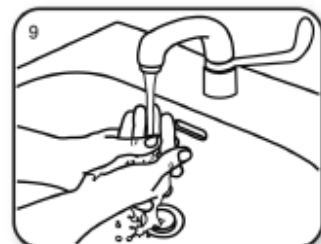
6 Backs of fingers to opposing palms with fingers interlocked



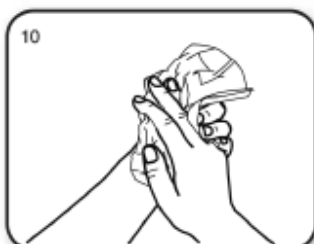
7 Rotational rubbing of left thumb clasped in right palm and vice versa



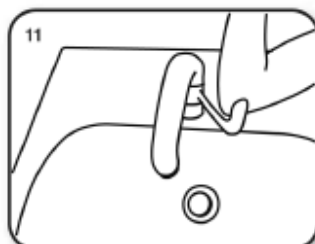
8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



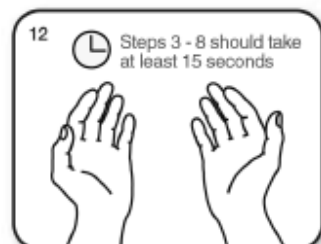
9 Rinse hands with water



10 Dry thoroughly with towel



11 Use elbow to turn off tap



12 Steps 3 - 8 should take at least 15 seconds

...and your hands are safe

Adapted from the World Health Organisation

2. Safe Disposal of Waste

There are a number of waste containers in clinical areas. The majority of waste will be segregated into one of two waste streams: domestic waste and healthcare waste. Domestic waste goes into a clear or black bag and is normal household waste that is not contaminated with blood/body fluid/infectious material e.g. paper, paper cups. Healthcare waste goes into orange waste bags and includes things such as wound dressings, disposable gloves and aprons. Please ensure you know how to dispose of the waste you generate. If you have any doubt, ask staff in the department / ward who will advise you.

3. Personal Protective Equipment

Protective clothing is available for staff in the NHS and is worn when there is a risk of contact with blood/body fluids and / or bacteria or viruses which may cause infection. They include disposable gloves, aprons, masks and face visors. Volunteers may be required to wear an apron and gloves for interaction with patients in isolation. Please speak to the nurse-in-charge for more information prior to entering an isolation room. On removing aprons and/or gloves dispose of them immediately into an orange waste bag and decontaminate your hands using soap and water or alcohol hand gel.

4. Needlestick and other sharps injury

It is important that you follow the policy immediately if you have a cut or needlestick injury with a contaminated sharp such as a needle or scalpel.

Step 1. Encourage bleeding but do not suck or squeeze. Wash site with warm running water and liquid soap. Dispose of sharp.

Step 2. Report to nurse-in charge of clinical area and / or line manager.

Step 3. Go immediately to the Occupational Health (OHS) or the local A&E Department (if OHS closed).

Step 4. A Datix form must be completed for the incident by the manager of the area where you undertake volunteer duties.

5. Decontamination of patient equipment

Microorganisms and or body fluid that cause infection can be carried on inanimate objects such as patient equipment, from one patient to another. It is essential that any equipment, including toys, games and ipads etc. are decontaminated between each patient. Detergent wipes are available for this in the clinical area. If there has been body fluid contamination, or if the patient is in isolation, it may be necessary to use a disinfectant. Please check with the nurse looking after the patient.

6. Dress Code

Hair: When in ward area we would encourage you to tie hair back

Clothes: Short or rolled up sleeves make it easier to wash hands and reduce risk to patients.

Jewellery: Volunteers are asked not to wear jewellery to their work placements (with the exception of a single plain band ring).

Moving & Handling

This guidance has been designed to provide volunteers with information in relation to Moving & Handling. For the purposes of this booklet, volunteers are treated in the same respect as employees. It is important to reinforce that volunteers should not be involved in lifting, carrying or assisting patients to move. Volunteer duties can sometimes involve pulling, pushing wheel chairs or lifting objects associated with certain tasks. MHOR (ref 1) Definition of a manual handling operation: 'A manual handling operation can be defined as any task involving supporting or transporting any load by human effort' including:

- Lifting
- Carrying
- Holding or supporting in a static posture
- Pulling
- Pushing
- Lowering a load

Manual Handling Operations Regulations 1992, amended 2004

Overall Aims of this section of induction information

- To increase the awareness of safer Manual Handling
- To introduce and reinforce the principles of Ergonomics and how they can be used to make suitable assessments to reduce the risk of injury
- To outline how to apply ergonomic principles to make suitable Assessments to decrease the risk of injury
- To introduce and reinforce the Safer Handling Principles to facilitate staff to apply them to all manual handling and postural activities
- To foster an approach to manual handling that promotes patient independence

Objectives

- To be aware of NHS Lothian's Manual Handling Policy and be aware of the controversial methods of handling
- To apply a Safe System of Work at all times when employed on work duties
- To know what to do when presented with a complex manual handling situation
- To state the main responsibilities of the employer and employee, as highlighted in the current relevant legislation
- To identify the main categories to be considered when making an ergonomic risk assessment and to be able to apply the principles to practical situations
- To know how to apply the safer handling principles to all manual handling situations
- To be aware of the benefits of exercise

Working with Computers

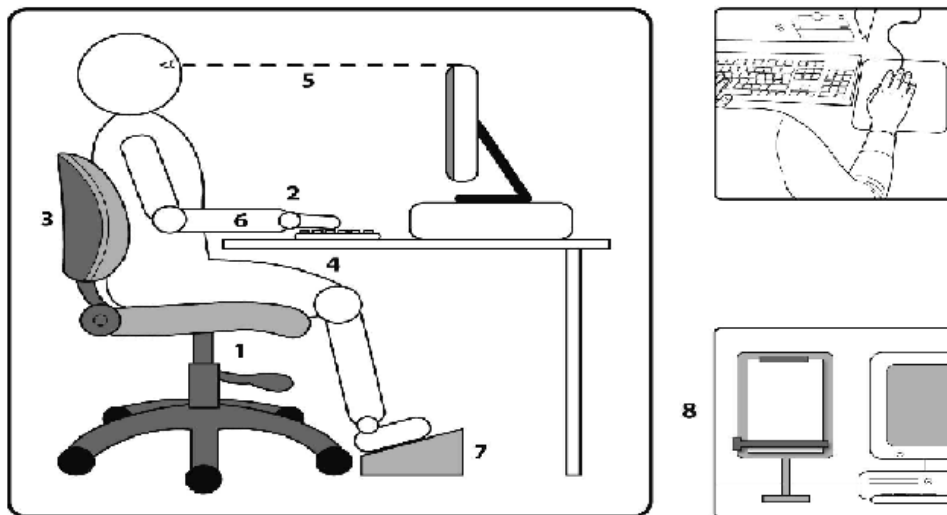
The use of computers is now an essential part of work and home for many staff and volunteers, not just administration and clerical staff.

Under the Health and Safety (Display Screen Equipment) Regulations (1992) employers must:

- Make a suitable and sufficient analysis of workstations
- Assess the health and safety risks to which those operators are exposed
- Reduce those risks to the lowest level reasonably practicable
- Review when changes in circumstances occur

The diagram below outlines the main points to consider to reduce musculoskeletal strain.

Key Points for Working at a VDU



1. The seat height should be adjusted so that the forearms are horizontal and the elbows approximately at right angles
2. There should be minimum bending of the wrists and hands when typing
3. Adjust the seat back so you are sitting upright with your lower back supported
4. There should be room under the desk to allow changes in posture (should be kept clear of obstacles.) If armrests for the seat are provided, these should not prevent you from moving your chair under the desk and should be adjustable in height.
5. The screen height and angle should be adjusted to allow comfortable head position with the top of the screen approximately at eye level
6. Ensure there is space in front of the keyboard to support your hands / wrists during pauses in typing
7. A foot support should be provided if your feet do not now rest comfortably on the ground
8. If you are copying from notes you should use a document holder, positioned at the same height and next to your screen

If you have a problem when working with computers, make an assessment of your workstation using the DSE risk assessment form on the Intranet.

Manual Handling Legislation

Manual Handling

Manual handling includes both transporting a load and supporting a load in a static posture. The load may be moved or supported by the hands or any other part of the body.

(Manual Handling Operations Regulations (MHOR) 1992, as amended)

What's the problem?

Days lost to Workplace Injuries

There were 8.8 million days lost due to work related musculo-skeletal injuries with each person affected taking an average of 16 days off. Work related musculo-skeletal disorders account for 34% of all working days lost due to work related ill health.

Information source: Health and Safety Executive

Health and Safety at Work Act 1974

Under this act, all **Employers** have a duty to:

“Ensure so far as is reasonably practicable the health, safety and welfare at work of all their employees”

They must:

- Assess and record all significant health and safety risks to staff
- Provide and maintain safety equipment and safe systems of work
- Provide appropriate training and instruction and supervision

Under this act, all **Employees** have a duty to:

“Take care of their own health and safety and that of others who may be affected by their acts or omissions”

They must:

- Correctly use any equipment or system of work that their employer has provided
- Co-operate with their employer
- Inform supervisors or line managers of any problems that mean they cannot perform their job to the best of their abilities, i.e. because of injury or pregnancy.

Manual Handling Operations Regulations 1992 (MHOR)

The Manual Handling Operations Regulations 1992 (as amended) supplement the Health and Safety at Work Act, 1974 (HSWA)

Manual Handling Operations Regulations:

Employers' responsibilities:

- **Avoid** manual handling tasks so far as reasonably practicable
- **Assess** any tasks which cannot be avoided
- **Reduce** the risk as a result of this assessment

Employees' responsibilities:

- Make full and proper use of any System of Work provided by his/her employer

Safe System of Work

NHS Lothian is committed to applying a Safe System of Work for any manual handling situation that carries a significant risk.

1. Identifying Risks

You should be aware of the risks of handling patients and other handling tasks that you do on a day to day basis. This is particularly important for patients with complex manual handling needs.

2. Making an Assessment of the Risk

There will be a generic manual handling risk assessment for your ward / department which your line manager will update annually or earlier if changes occur. Also, all patients who are not independently mobile will have a mobility assessment which will identify how they should be handled.

3. Organisation

Your manager will establish lines of communication, e.g. Manual Handling link, so that all staff can be involved thus ensuring that manual handling tasks are performed as safely as possible.

4. Monitoring

A competency assessment approach is used to monitor the standard of manual handling in NHS Lothian. Your manager will give you more information.

If you feel that you are not operating within a Safe System of Work, please bring it to the attention of your manager or the Manual Handling Service.

Other relevant manual handling legislation

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998

All machinery and accessories for lifting people must be marked with their safe working load.

Equipment for lifting people must be fully examined and tested annually.

If the equipment is being used frequently, a six-monthly service is required.

Provision and Use of Work Equipment Regulations (PUWER) 1998

Equipment provided for use at work must be suitable and safe for use, maintained in a safe condition and be used only by people who have received adequate instruction and training.

All employees have responsibility to check equipment before they use it.

Faulty equipment should be reported immediately and removed from service.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

All injuries must be recorded on DATIX / or in an accident book if DATIX is not available.

Both employers and employees are responsible for recording incidents and accidents.

The Health and Safety (Display Screen Equipment) Regulations 1992 (DSER)

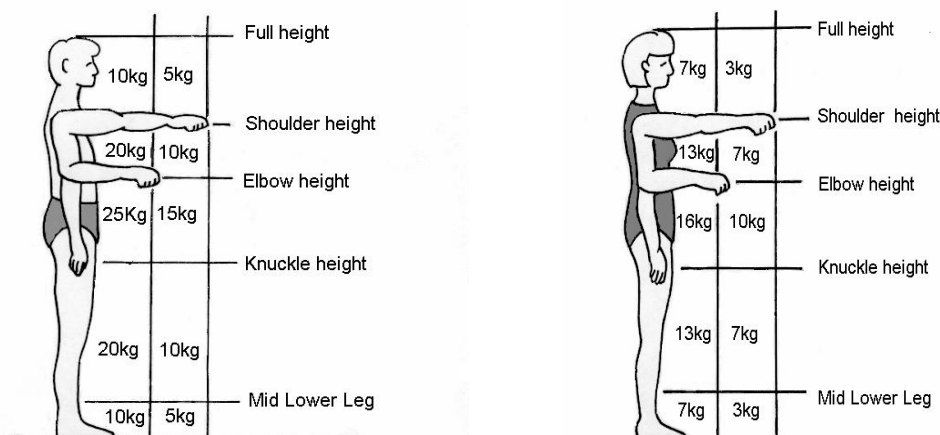
Employers are required to assess the risks that VDU operations are exposed to and then reduce those risks to the lowest level reasonably practicable.

See section "Working with Computers" page 34

Numerical Guidelines as recommended by the Health & Safety Executive (HSE)

The MHOR (1992, as amended) give no specific requirements such as weight limits.

These guideline figures (ref HSE) should not be taken as safe weight limits, but indicate when a more detailed risk assessment is necessary to reduce the risk.



Additional considerations:

- Twisting –The basic guidelines should be reduced if the handler has to twist to the side during the operation. The load should be reduced by 10% if the handler twists through 45° and by 20% if the handler twists through 90°.

It should be noted however that twisting should be avoided where possible.

- Frequent Lifting and Lowering - If the operation is repeated once or twice a minute the figures should be reduced by 30%.
- Carrying – The load should be held against the body, carried no lower than knuckle height and no further than 10m without a rest.
- Pushing and Pulling – If a load is to be slid, rolled or supported on wheels the guideline figures for starting or stopping the load is a force of about 20kg for men and 15kg for women.

The guideline figures for keeping the load in motion are approx. 10kg for men and 7kg for women.

The load should be pushed or pulled with the hands between knuckle and shoulder height.

Ergonomics

The MHOR (1992, as amended) state that an ergonomic approach to risk assessment should be used

Ergonomics aims to:

Fit the job to the person

The ergonomic process includes Risk Assessment and the identification and implementation of measures to reduce risk.

Has this person done a Risk Assessment?



Risk Assessment

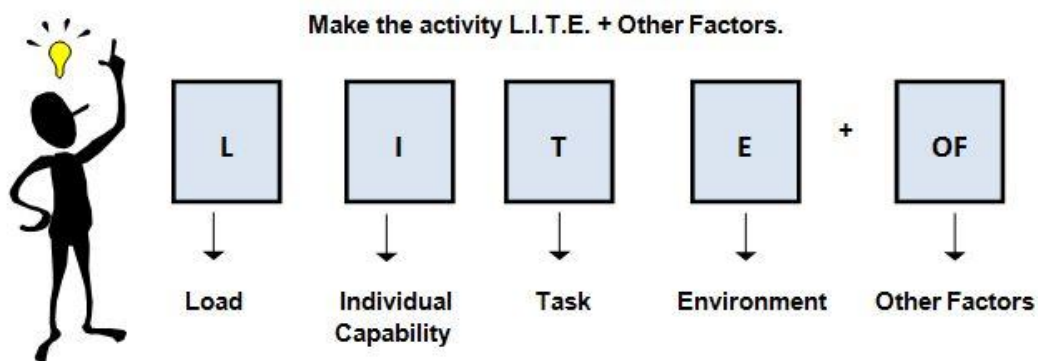
“A risk assessment is nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm” (HSE)

An Ergonomic Approach to Risk Assessment

In line with the manual handling legislation, remember to:

Avoid hazardous tasks
Assess those tasks which can't be avoided
Reduce the risk of injury as a result of the assessment

An ergonomic assessment concentrates on the following categories:



Other Factors

There are many factors that can increase an individual's risk of injury when moving and handling. Below are some of the questions we should ask ourselves when assessing the risk, as each one can increase that risk;

- Does the team work well / communicate frequently?
- Do I take my rest breaks?
- Do the work patterns create a risk?
- Is protective clothing required?
- Do I use the equipment provided?

Helping patients

No volunteer should be assisting a patient without consulting a member of the health care team first, remembering that the patient's condition may have changed since the last interaction and so in addition to checking the patient's mobility assessment an "on the spot" assessment from the healthcare practitioner is vital to give you information about the patient's current condition.

Care needs to be taken when assisting a patient and should only be undertaken following practical training.

Please do not use the drag lift. This should be avoided due to the risk to both the patient (their shoulder) and the person assisting (if the patient starts to fall).

Drag Lift – from a bed or a chair



If a patient collapses, no attempt should be made to support his weight as this poses a risk to both the patient and the handler.

If, whilst walking a patient, the handler feels the patient is about to fall, the handler shouldn't hesitate but MUST let the patient down, in a controlled manner, to the floor.

If there is any reason to suspect a patient may become unsteady or fall whilst being mobilised, do not assist them and seek assistance.

If the patient has collapsed to the floor, can time be given, get up independently and unaided, or with minimal guidance. If not seek further assistance.

Anatomy

In order to prevent injury to the body, some knowledge of human anatomy is useful. This section will concentrate on the aspects of the spine but the information provided on soft tissue structures, applies to all other parts of the body where they are found.

Spinal Curves

'S' shaped

The 33 vertebrae of the spine make up a series of **4 curves** - with the 4 curves in place the spine adopts an 'S' shape.

In this position the soft tissue structures, i.e. the ligaments and muscles are at their optimum length and therefore work most efficiently with minimal strain and effort.

'C' shaped

You are more vulnerable in this position so particularly **avoid:**

- Lifting (awkwardly)
- Twisting and reaching
- Staying in this position for any length of time

Good posture in standing



Good posture in sitting



Poor posture in sitting



Spine in "S" shape

Spine in "S" shape

Spine in "C" shape

Functions of the Spine

These are:

- **Movement**

The healthy spine has much more movement available than most of us imagine.

In fact the spine needs to move through its full range of movement regularly in order to keep healthy. This includes bending! When the spine is bending into a 'C' shape we just need to take care of how we are moving and what we are attempting to do.

- **Support**

The spine is the main support structure of the skeleton from which the limbs originate and gain stability. The head is balanced on top and weighs approximately 5 kg so it is important how that weight is carried.

- **Protection**

The spine protects the extremely delicate spinal cord.

- **Shock absorbency**

The four spinal curves act as a 'spring' and the intervertebral discs as cushions.

Prolapsed or Herniated Disc

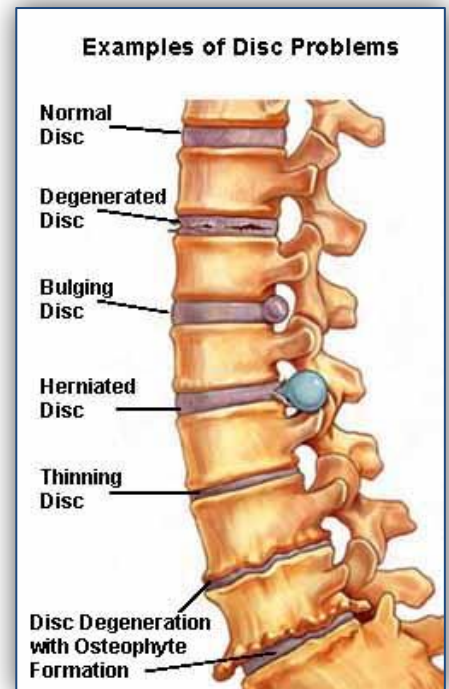
(commonly known as a slipped disc)

The most common type of back problem is caused by soft tissue injury. However, usually the most severe and chronic pain comes from damage to the intervertebral discs (Wilson, 1996).

Causes of Injury

People get injured through:

- Accidents – injuries caused by unforeseen or unplanned events.
- Cumulative strain – injuries caused by wear and tear over a period of time resulting in fatigue failure of body tissue.



This cartoon shows a man in an unbalanced / top heavy posture. This kind of posture will lead to cumulative strain and may ultimately result in injury.

When moving in a top heavy way:

- The upper half of the body moves first

- The knees tend to straighten and lock
- The head and shoulders move forward of the base area

Unbalanced postures and movements cause a huge amount of stiffening of muscles to stop you falling over, especially those in the calves, thighs and back.

Do you go top heavy when doing any of the following at work or at home?

- Making beds
- Removing washing from a machine
- Bathing people & cleaning the bath
- Ironing
- Helping patients to stand up
- Tying shoelaces
- Working at sinks, e.g. washing up

If so you are at risk of cumulative strain and injury.

Safer Handling Principles

Human movement requires a subtle blend of stability and mobility.

If you apply safer handling principles you will be more likely to stay in balance and move more easily and comfortably.

Safer Handling Principles

- 1. Keep the load close and adopt a stable position**
- 2. Ensure an appropriate hold**
- 3. Look ahead and move smoothly**

1 Keep the load close and adopt a stable position

Keep the load close: Getting close to the load before you move it reduces the likelihood of over-reaching.

Adopt a stable position: Place yourself at a slight angle to the load with one foot slightly in front of the other. Be prepared to move your feet to maintain a stable posture.

2 Ensure an appropriate hold

An appropriate, secure hold: Use an open hand hold and avoid gripping tightly with your hands.

3 – Look ahead and move smoothly

Looking ahead and moving smoothly at the point of effort helps to bring your spine into a natural 'S' shape as you come into an upright position.

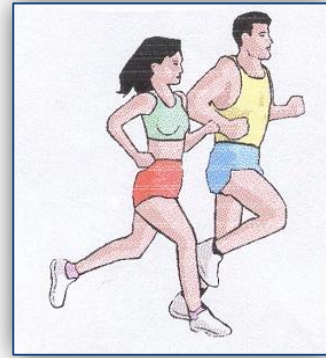
You will be taught how to apply these safer handling principles on the practical session of the course as well as how to deal with more complex handling situations.

If you find a load is too heavy or awkward as you start to move it:

STOP, put it down and reassess.

Benefits of Exercise

- ♥ Reduces the chance of:
Heart disease / Osteoporosis / Hypertension / Low Back Pain
- ♥ Improves energy and enhances mood
- ♥ Reduces stress and improves sleeping patterns
- ♥ Helps with weight control and improves physique
- ♥ Meet new people and raises self esteem
- ♥ Increases physical fitness making everyday tasks easier



Exercise Tips

- ♥ Build up gradually - don't do too much too soon
- ♥ Take the stairs
- ♥ How often? Approx 30 minutes, 5 times a week
- ♥ Vary the exercise to prevent boredom - try something new!!

Team sports, swimming, gym, yoga, tai chi, dancing, cycling, bowling

- ♥ Incorporate exercise into your daily routine:-

Walk short distances instead of taking the bus/car e.g. to work, the shops, the park with kids

- ♥ Exercise with friends and family - this will help you establish a routine and keep it going
- ♥ When exercising you should feel your breathing become faster but not so you're gasping for breath



Remember

- ♥ Pick an exercise you enjoy and are comfortable doing
- ♥ As your fitness improves build up gradually and vary your training to prevent boredom

♥ Sadly we lose fitness quickly when we stop exercising, so make exercise part of your lifestyle and stick at it!!

For more information online, visit the websites below.

- Healthy Working Lives
- BUPA <http://www.bupa.co.uk/individuals/health-information/directory/e/exercise-getting-started>
- A quiz to find out how healthy your life style is at www.checkmylifestyle.com
- Get Active – Healthier Scotland

Why not find out what's available near you?

Sources of Information

Backcare / National Back Exchange, 2011, The Guide to the Handling of People, 6th Edition
Publishers, Backcare, Middlesex

Health and Safety Executive (HSE)

The national independent regulator for work related health, safety and illness

The Back

Advice for Back Pain / Summary of NICE guidelines: Early management of non- specific low back pain
2009

National Back Exchange (NBE)

International organisation for professionals in the field of manual handling and the reduction of
musculoskeletal injuries

Chartered Society of Physiotherapy (CSP)

Source of information and leaflets giving physiotherapy advice to help keep staff safe and healthy at work

The Knowledge Network

A Scottish online knowledge and learning resource for health and social care

Information is also available on the Health and Safety Executive (HSE) website: www.hse.gov.uk

MANUAL HANDLING CONTACT NUMBERS

Royal Edinburgh Hospital Tel. 0131 537 6871 (Internal: 46871)

Royal Hospital for Sick Children Tel. 0131 536 0358 (Internal: 20358)

Royal Infirmary Tel. 0131 242 1750 (Internal: 21750)

St John's Hospital Tel. 01506 523463 (Internal: 53463)

Western General Hospital Tel. 0131 537 1599 (Internal: 31599)

Clinical Occupational Health Service

Occupational Health & Safety
Occupational Health Department
Morelands
Astley Ainslie Hospital
133 Grange Loan
Edinburgh
EH9 2HL

Telephone No: 0131 537 9361/9372

Fax No: 0131 537 9359

email: occhealthteam.info@nhslothian.scot.nhs.uk

(OHS) provides specialist advice to support you at work on all matters relating to your health and wellbeing.

We have a multidisciplinary team made up of Specialist Occupational Health Nurse Practitioners, Registered Nurses, Physiotherapists, Consultants and Specialist Registrars in Occupational Medicine and Administration staff along with links to a wider range of specialists.

OHS actively supports the Health Improvement Agenda with a key focus on Healthy Working Lives (HWL) and the delivery of the Staff Health Action Plan. As a key stakeholder of the Board our focus on proactive health improvement will indirectly support the Board's aspirations for the health and wellbeing of the wider community.

We operate under a strict code of confidentiality and your records are kept separate from all other NHS records.

How to access the service

The OHS is based at the Astley Ainslie Hospital

There are four main sites within OHS.

Astley Ainslie Hospital

The Royal Infirmary of Edinburgh

Western General Hospital

St John's Hospital

Employees can be referred to the service by their manager or can self refer for advice, support or treatment should they wish to do so. The OHS can be contacted 0131 537 9361/9372 where our administration team will be able to arrange an appointment or direct your call to the appropriate person.

Occupational Health work closely with Human Resources,

Infection Control, Health and Safety and local Management to ensure appropriate measures are in place to protect your health at work.

Our range of services

- Occupational Health Nurse & Physician Services
- Pre-employment health assessments
- Occupational immunisation assessment
- Advice about treatment following needlestick injury or other blood borne virus exposure.
- Health surveillance
- Workplace visits
- Reviews of health, work fitness and rehabilitation after absence
- Health promotion in the workplace including Healthy Working Lives

Advisory Services to Occupational Health

- Infection control
- Moving and Handling
- Health and Safety
- Accident investigation
- Stress management

The following are also specialist advisers who are not part of the Occupational Health and Safety Service.

Sign Off from Volunteer Induction Book

I confirm that I have read and understood the information contained in this booklet.

Print Name:.....

Signature:.....

Date:.....

Prior to signing, I would prefer to receive further explanation in relation to the following topic(s) contained in this booklet.* (please tick)

Topic	Signature	I would like further explanation
Adult Protection		
Child Protection		
Confidentiality		
Data Protection		
Equality & Diversity		
Fire Safety		
Health & Safety		
Infection Control		
Moving & Handling		
Occupational Health		

*Staff responsible for the recruitment of volunteers should progress additional support on behalf of volunteers if required to do so – this should be organised on a site to site basis.