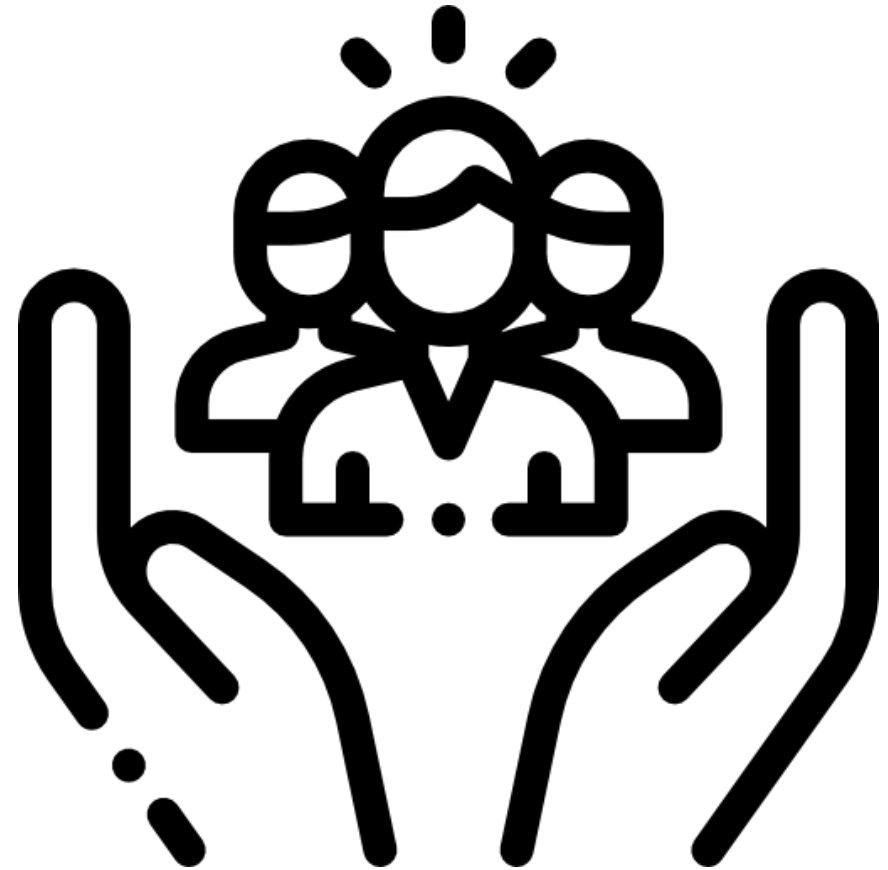# R032 H&SC revision book

What you need to know for Topic 1:
The rights of service users in health and social care settings

1.1 Types of care settings
- Health care
- Social care

1.2 The rights of service users
The right to:
- Choice
- Confidentiality
- Consultation
- Equal and fair treatment
- Protection from abuse and harm

1.3 The benefits to service users' health and wellbeing when their rights are maintained
- Empowerment
  - Encourages independence and being self-reliant
  - Feeling in control of their lives
  - Gives service users choice, control and independence
- High self-esteem
  - Feeling valued
  - Feeling respected
  - Positive mental health
- Service users' needs are met
  - Appropriate care or treatment such as mobility aids provided, or dietary requirements met
  - Results in good/improving physical or mental health
- Trust
  - Reassured that service providers will not harm them
  - Confident that service providers have service users best interests in mind
  - Confident in the care they receive

The rights of service users in health and social care settings

Examples of settings

Examples of health care settings:

- GP surgery
- Health centre
- Hospital
- Nursing home
- Optician
- Walk in centre

Examples of social care settings:

- Community centre
- Day centre
- Food bank
- Homeless shelter
- Residential and retirement home
- Social services department
- Support groups

Rights of service users

Rights	What does this mean?	Give an example of it
Choice	Everyone has the right to make their own choices about their own life and care	Discuss all options available. Encourage questions about the different options available. Can refer to type of treatment, who treats them, where they are treated etc
Confidentiality	Everyone has the right to have their personal information kept private	Information is protected and kept private unless there is a safeguarding concern
Consultation	Everyone has the right to information that is clear and can be understood	Use of clear language, fully explain difficult ideas, be approachable so service users don't feel intimidated and feel able to ask questions
Equal and fair treatment	Everyone has the right to having their different needs met	Everyone is treated the same where possible. No discrimination is shown.
Protection from abuse and harm	Everyone has the right to feel safe and protected from hurt	Service users feel secure. They don't feel vulnerable or at risk.

How rights help to benefit service users

Benefits	What does this mean?	Give an example of it
Empowerment	Allowing service users to ask questions and give them control of their care	Giving service users the opportunity and allowing them to take responsibility for decisions about their care
High self-esteem	Allowing service users to feel valued and respected	Service providers enabling service users to feel good about themselves
Service users' needs are met	Recognising that every service user is unique	Checking what needs a service user has and then trying to ensure these are met, e.g., treatment, care, etc
Trust	Ensuring the service user feels safe and comfortable	Service users will feel confident about the care they have from service providers. They'll feel service providers have their best interests at heart

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What you need to know for Topic 2: Person Centred Values

2.1 Person-centred values and how they are applied by service providers

- Person-centred values
  - Individuality
  - Choice
  - Rights
  - Independence
  - Privacy
  - Dignity
  - Respect
  - Partnership
  - Encouraging decision making of service user

- Qualities of a service practitioner, the 6Cs
  - Care
  - Compassion
  - Competence
  - Communication
  - Courage
  - Commitment

2.2 Benefits of applying the person-centred values

- Benefits for service providers of applying person-centred values
  - Provides clear guidelines of the standards of care that should be given
  - Improves job satisfaction
  - Maintains or improves quality of life
  - Supports rights to choice and consultation
  - Supports service practitioners to develop their skills

- Enables the sharing of good practice Benefits for service users of having the person-centred values applied
  - Ensures standardisation of care being given
  - Improves the quality of care being given to the service user
  - Maintains or improves quality of life for the service user
  - Supports service users to develop their strengths

2.3 Effects on service users' health and wellbeing if person-centred values are not applied

- Physical effects
  - Pain if medication or treatment is not given
  - Illness may get worse
  - Malnutrition/illness due to lack of food for special dietary needs
  - Dehydration due to lack of regular fluids
  - Injury
- Intellectual effects
  - Lack of progress or skills development
  - Failure to achieve potential
  - Loss of concentration
  - Lack of mental stimulation
- Emotional effects
  - Depression
  - Feeling upset
  - Low self-esteem/feeling inadequate
  - Anger/frustration
  - Stress
- Social effects
  - Feeling excluded
  - Feeling lonely
  - Lack of social interaction/poor social skills
  - Become withdrawn

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Person Centred Values (Part 1)

What are person centred values?

Choice
ALLOWING SERVICE USERS TO MAKE THEIR OWN DECISIONS

Example: Doctor discusses different medication and treatment options with a patient

Dignity
MEANS TO TREAT SERVICE USERS IN A KIND WAY AND TREAT THEM WITH RESPECT

Example: Nurses treat a service user behind a screen so they are not exposed.

Decision making
TO PROVIDE INFORMATION AND SUPPORT SO SERVICE USERS CAN MAKE THEIR OWN INFORMED DECISIONS

Example: Service providers giving full information about different options available, e.g., treatment or medication

Independence
TO LET SERVICE USERS SO AS MUCH FOR THEMSELVES AS THEY CAN

Example: Encouraging a patient to walk or feed themselves

Individuality
ENCOURAGING SERVICE USERS TO BE THEIR OWN INDIVIDUAL PERSON

Example: Allowing own choices to be made, even if they are different to others choices

Partnership
SERVICE USERS AND SERVICE PROVIDERS WORKING TOGETHER

Example: surgeon discusses surgery options with a patient and their family

Privacy
RESPECTING A SERVICE USERS' PERSONAL SPACE AND INFORMATION

Example: Service providers not sharing private medical information with those who do not need to know

Respect
TO VALUE A SERVICE USERS' OPINION AND RIGHTS

Example: service provider not being patronising towards a service user and not using language that belittles them

Rights
TO HELP A SERVICE USER KNOW WHAT THEY ARE ENTITLED TO

Example: ensure that legislation is met, e.g., Equality Act 2010

The 6Cs

Care
SERVICE PROVIDER WILL DO WHAT THEY CAN TO PROVIDE APPROPRIATE TREATMENT OR SUPPORT

Example: service provider placing needs and best interests of the service user first

Commitment
WHEN THE SERVICE PROVIDER IS DEDICATED TO MEETING SERVICE USERS' NEEDS

E.g., support worker learning sign language so they can support service users better

Communication
LISTENING CAREFULLY AND SPEAKING CLEARLY SO EVERYONE UNDERSTANDS

E.g., a doctor listening carefully when a service user is expressing their needs and wants

Compassion
CARE AND SUPPORT GIVEN WITH KINDNESS AND EMPATHY

E.g., a mental health nurse supporting a service user with empathy and kindness when they are struggling

Competence
SERVICE PROVIDERS PROVIDE HIGH QUALITY CARE DUE TO KNOWLEDGE, TRAINING AND SKILLS

E.g., a social worker completes specialised training so they can support service users they work with

Courage
BEING BRAVE AND SPEAKING UP WHEN CONCERNED. BEING HONEST

E.g., a care worker suggests a change to visiting times in a care home as they think it would benefit service users

Person Centred Values (Part 2)

How person-centred values benefit service providers (SPs)

Provides clear guidelines of the standards of care that should be given	**E.g., SPs know how to deliver care effectively / they know what best practice looks like and will try to meet those high standards**
Improves job satisfaction	**E.g., SPs feel pride in their work and that they are making a difference**
Maintains or improves quality of life	**E.g., SPs are looked after with care and compassion (job satisfaction)**
Supports rights to choice and consultation	**E.g., listening to the service user and what they want means that they will be satisfied with care and treatment received**
Supports service practitioners to develop their skills	**E.g., full training means full competence so will be able to meet service user's needs.**
Enables the sharing of good practice	**E.g., Partnership allows good practice and leads to better understanding and development of skills**

How person-centred values benefit service users (SUs)

Ensures standardisation of care being given	**E.g., All SUs will receive the same high standard of care and it will meet their needs.**
Improves the quality of care being given to the service user	**E.g., SUs will have a positive experience and will have effective care and treatment.**
Maintains or improves quality of life for the service user	**E.g., SUs needs will be met so they can be as healthy and independent as long as possible.**
Supports service users to develop their strengths	**E.g., SUs will be empowered, and their self-esteem and confidence will be better.**

Effects on PIES

Physical effects:
- **Pain medication is not correct - Would experience pain and suffering, may have trouble sleeping and getting on with their daily life.**
- **Dietary needs not met - A SU could develop malnutrition if they are not fed properly / don't eat the correct food for their condition.**

Intellectual effects:
- **Cause issues with problem solving skills - They might find problems are overwhelming and can't face them**
- **Cause issues with communication skills - They might withdraw and not want contact with others**

Emotional effects:
- **Cause low self-esteem - Harm mental health and could lead to other issues, e.g., anxiety and depression**
- **Cause stress - Could cause frustration and worry**

Social effects:
- **Cause issues with trust - Breakdowns in relationships and worries about being let down**
- **Feeling unvalued - Believe that others dislike them, they aren't listened to or negatively judged**

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3.1 The importance of verbal communication skills in health and social care settings
- Adapting type/method of communicating to meet the needs of the service user or the situation
- Clarity
- Empathy
- Patience
- Using appropriate vocabulary
- Tone
- Volume
- Willingness to contribute to team working

3.2 The importance of non-verbal communication skills in health and social care settings
- Adapting type/method of communicating to meet the needs of the service user or the situation
- Eye contact
- Facial expressions
- Gestures

3.2 The importance of non-verbal communication skills in health and social care settings (continued)
- Positioning
  - Space
  - Height
  - Personal space
- Positive body language, no crossed arms/legs
- Sense of humour

3.3 The importance of active listening in health and social care settings
- Active listening skills
  - Open, relaxed posture
  - Eye contact, looking interested
  - Nodding agreement
  - Show empathy, reflecting feelings
  - Clarifying
  - Summarising to show understanding of key points

3.4 The importance of special methods of communication in health and social care settings
- Advocate
- Braille
- British Sign Language
- Interpreters
- Makaton
- Voice activated software

3.5 The importance of effective communication in health and social care settings
- Supports the person-centred values and individual's rights:
  - Empowerment
  - Reassurance
  - Feeling valued
  - Feeling respected
  - Trust
- Helps to meet service users' needs
- Protects the rights of service users

3.5 The importance of effective communication in health and social care settings (continued)
- The impact of good communication skills
  - Well informed service users
  - Actively listening to service users' needs, concerns, and opinions enables them to feel valued and respected
  - Using appropriate vocabulary/no jargon aids understanding so service users feel reassured
- The impact of poor communication skills
  - Misunderstanding if information not clearly explained
  - Errors or danger to health due to inaccurate record keeping
  - Distress/upset if service user feels patronised
  - If speech is too fast the listener will not have time to take it all in

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Verbal communication

WHAT IS IT?
Verbal communication includes the spoken word and sound. It can include:
Conversations, phone calls, asking or answering questions, discussing treatment, recorded messages

ADAPTING COMMUNICATION TO MEET NEEDS

Service providers have to use a range of communication skills for different situations, e.g. finding out about a person's symptoms, explaining test results and giving bad news

CLARITY

Service providers should speak clearly. Information should be clearly stated and understandable.

EMPATHY

Service providers should imagine themselves in another person's situation and understand how they feel. Empathy helps a service provider consider another person's experience. Shows care and compassion.

PATIENCE

To ensure a service user does not feel pressured.
Means to give service users time to communicate

USING APPROPRIATE VOCABULARY

Jargon should be avoided.
Service providers should give straightforward information.
Service providers should also avoid using terms like 'love' or 'darling' (it's not professional)

TONE

Service providers should use a positive and even tone of voice that is too loud or too quiet, is friendly, calm and reassuring

VOLUME

Service providers should choose a volume suitable, i.e., speaking too loudly can be assertive or domineering and can breach confidentiality if people can overhear.

PACE

Important information can be missed if a service provider speaks too quickly.
Too fast a pace: might not understand
Too slow a pace: may come across as being patronising

WILLINGNESS TO CONTRIBUTE TO TEAM WORKING

Teams of staff often communicate through conference calls, patient records, emails and telephone calls. Information shared has to be clear, respectful and service users should be listened to if not meeting face to face.

Non-verbal communication

WHAT IS IT?
Non-verbal communication includes the way people communicate without using words

ADAPTING NON-VERBAL COMMUNICATION

Changing the type and method of communication to suit the service user, e.g., not show negative emotions through body language, or show neutral body language.

EYE CONTACT

Eye contact shows that the service provider is paying attention.
It can hep service providers work out how a service user is feeling.

FACIAL EXPRESSIONS

Facial expressions often reveal our feelings. Service providers have to learn how to read facial expressions so they can respond appropriately.

GESTURES

Movements made with hands and arms when communicating, e.g., waving and pointing.
Some gestures can be insulting in other cultures, e.g., thumbs up.

POSITIONING: SPACE

Making sure that the area has enough space for the service user and provider to be comfortable. Allows for privacy.

POSITIONING: HEIGHT

Height should not be used to make a service user uncomfortable, intimated, overwhelmed or self-conscious.

POSITIONING: PERSONAL SPACE

Refers to how close a service user and service provider is physically and how comfortable they are about it.
Too close = intimidating and uncomfortable. Too far away = uninterested.

POSITIVE BODY LANGUAGE, NO CROSSED ARMS/LEGS

Our bodies give 'messages' depending on what position they are in. Attention will be paid to body language to 'read' it. Crossed arms and legs = closed defensive body language. Uncrossed arms and legs = open body language.

SENSE OF HUMOUR

Humour can reduce tension and help someone feel at ease. Can create a relaxed atmosphere and reduce anxiety and stress.
Sometimes it is not appropriate, e.g. delivering bad news

Types of communication

Active listening skills

Open, relaxed posture

- Creates positive atmosphere
- Helps service user feel secure and comfortable
- More likely to engage

Eye contact, looking interested

- Shows a service user they are being listened to and service provider is paying attention
- Shows needs and opinions are valued

Nodding agreement

- Shows understanding and agreement.
- Service user will feel listened to and understood.
- Service user may engage more

Show empathy, reflecting feelings

- Shows feelings are understood and respected.
- Service user feels more able to express feelings without judgement.

Clarifying

- Means to check understanding and that all information has been shared.
- Questions are used to check details.

Summarising key points

- At the end of an interaction: service providers summarise what has been discussed to check understanding and next steps.

Special methods of communication

Advocate

- Person who supports a vulnerable or disadvantaged person.
- May speak on their behalf and may give independent advice.

Braille

- Raised dots used by blind or partially sighted people.
- Gives them important information, e.g., about medication.

British Sign Language (BSL)

- Used by deaf and hearing-impaired people.
- Uses hand gestures, facial expressions and body language to communicate.

Interpreters

- Someone who can speak 2+ languages.
- Used to explain to service user what a service provider is saying.
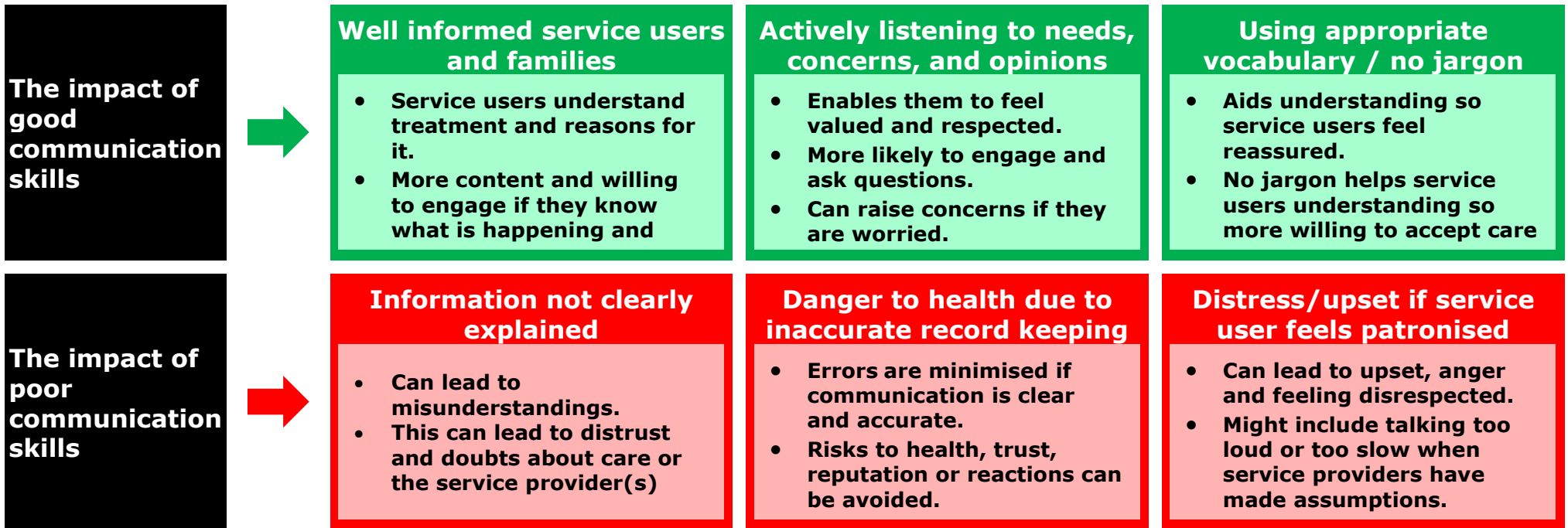- Ensures care meets needs.

Makaton

- Simplified version of BSL.
- Uses signs, symbols and speech to communicate.
- Usually used by those with communication difficulties.

Voice activated software

- Computer software that responds to commands.
- Some are designed for those who have problems speaking so they use muscles in their face.

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Importance of effective communication

Supports the person-centred values and individual's rights and makes them feel...

Empowerment

- The amount of control a service user feels they have over their care.
- Gives self esteem and they feel they are part of decisions.

Reassurance

- To remove fears or doubts.
- Helps a service user feel secure and safe.
- More willing to engage in care.

Feeling valued

- Opinions, beliefs and wishes are listened to and understood.
- More likely to accept care, support and treatment offered.

Feeling respected

- Mutual respect can lead to trust and honesty.
- Service provider needs to use encouragement and patience to develop respect.

Trust

- To have confidence in someone.
- Trust has to develop between a service user and provider.
- Helps reduce fear

The impact of good communication skills

Well informed service users and families

- Service users understand treatment and reasons for it.
- More content and willing to engage if they know what is happening and

Actively listening to needs, concerns, and opinions

- Enables them to feel valued and respected.
- More likely to engage and ask questions.
- Can raise concerns if they are worried.

Using appropriate vocabulary / no jargon

- Aids understanding so service users feel reassured.
- No jargon helps service users understanding so more willing to accept care

The impact of poor communication skills

Information not clearly explained

- Can lead to misunderstandings.
- This can lead to distrust and doubts about care or the service provider(s)

Danger to health due to inaccurate record keeping

- Errors are minimised if communication is clear and accurate.
- Risks to health, trust, reputation or reactions can be avoided.

Distress/upset if service user feels patronised

- Can lead to upset, anger and feeling disrespected.
- Might include talking too loud or too slow when service providers have made assumptions.

4.1 Safeguarding

- Service users who need safeguarding:
  - Vulnerable groups – e.g., homeless people
  - Children
  - People with physical and learning disabilities
  - People with mental health conditions
  - Older adults in residential care settings
  - People who have a sensory impairment – sight loss, hearing loss
  - People in residential care dependent on carers: children, older adults

- Impacts for service users of a lack of safeguarding
  - Physical impacts
  - Intellectual impacts
  - Emotional impacts
  - Social impacts

4.1 Safeguarding (continued)

- Safeguarding procedures in care settings
  - Safeguarding policy
  - Designated Safeguarding Lead (DSL) person with responsibility for safeguarding

- Safeguarding training for all staff so that they:
  - Are aware of their duty to report a serious concern
  - Know the care settings procedures for reporting a disclosure of abuse or serious concern
  - Can recognise possible signs of abuse or harm
  - Know who to report to

- Disclosure and Barring Service (DBS) checks for all staff
  - Standard checks
  - Enhanced checks
  - The barred list

4.2 Infection prevention

- General cleanliness:
  - Use anti-bacterial sprays on surfaces
  - Clean toys and play equipment regularly
  - Mop floors and vacuum carpets daily
  - Clean and disinfect toilets frequently
  - Correct disposal of hazardous waste in health and care settings

- Personal hygiene measures:
  - Hair tied back/covered
  - Open wounds covered
  - No jewellery
  - No nail polish
  - Correct hand washing routine
  - Regular showering and hair washing
  - Regular brushing of teeth
  - Appropriate use and disposal of tissues/antiseptic wipes/sanitiser

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4.2 Infection prevention (continued)
- PPE (personal protective equipment)
  - Disposable aprons
  - Disposable gloves
  - Rubber gloves
  - Face masks
  - Hairnets or hygiene hats
  - Overalls
  - Overshoes
  - Surgical garments/scrubs

4.3 Safety procedures and measures
Safety procedures for reducing risk/danger and promoting good practice:
- First aid policy
- Risk assessments
- Staff training programmes for:
  - equipment use
  - Moving and handling techniques
  - First aid
- Emergency procedures:
  - Fire drill
  - Evacuation
- Equipment considerations:
  - Fit for purpose
  - Safety checked
  - Reporting system for damage
  - Risk assessed

Safety measures:
- Displaying a fire safety notice
- Using warning signs
  - A 'wet floor' sign
  - 'No entry' sign

4.4 How security measures protect service users and staff
Security measures
- Identifying staff
  - ID lanyards
  - Staff uniform
- Monitoring of keys
  - Limits number of people with access to keys
  - List of keyholders – know who has the keys
- Receiving and monitoring visitors
  - Staff on duty at entrance monitors access
  - Signing in and out book for visitors, know who is there and who has left
  - Issuing visitor badges
- Reporting of concerns to line managers
  - Appropriate action can be taken by senior staff
- External doors, restricting access
  - Electronic swipe card entry system
  - Buzzer entry system
  - Security pad with pin code
- Window locks and restraints
  - Keeps vulnerable service users safe – prevents falling out of open window or strangers entering

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Safeguarding – who needs it?

Means to protect the health and wellbeing of everyone to live free from harm, neglect and abuse.	➡	To protect against harm from: • Other people • Unsafe settings	➡	Harm can be: • Accidental • Deliberate

Service users who need safeguarding:

	Vulnerable groups	e.g., homeless, don't live in secure place, those who don't have access to support from family and friends, weak older adults. Can potentially cause harm to themselves or damage
	People with physical disabilities	service users might need carers to help, e.g., washing and dressing. Abuse can happen is they can't report it or are pressured into not reporting it. May not understand risk or safety issues.
	People with sensory impairment	e.g., sight loss, hearing loss. May not always be aware of risks and hazards so might not receive important information.
	Children	if a child isn't cared for (referring to PIES) this is neglect. Young children can be vulnerable if they can't report neglect. Can also be pressured by adults to do or say things they don't want to.
	People with mental health conditions	those with mental health conditions might struggle with day to day lives, e.g., making reasoned decisions.
	People in residential care	Those dependent on carers. May not be able to make decisions so others have to make the decisions for them and these may not be in their best interest.
	Older adults in residential care	may not be able to care for themselves independently - might be due to physical or cognitive reasons (e.g., dementia). Might be risks from hazards, e.g., trips and falls.

Lack of safeguarding and the impacts

Physical impacts

Short term effects
- Dirty /smelly and wearing unwashed clothes
- Weight change
- Hide body to cover bruises or injuries

Long term effects
- Self-harm
- Pressure sores
- Physical damage

Intellectual impacts

Short term effects
- Reluctant to seek support
- Confusion, lack of concentration or focus
- Difficulties in making decisions

Long term effects
- Delayed language development
- Thinking they lack intelligence
- Don't take opportunities

Emotional impacts

Short term effects
- Pretending to be ill to avoid others
- Feeling anxious or worried all the time
- Flinching when approached

Long term effects
- Depression
- Loss of trust
- Feelings guilty

Social impacts

Short term effects
- Few or no friends
- Don't want to seek help
- Isolated from others

Long term effects
- Difficulties forming relationships
- Not involved in social opportunities
- Long term isolation

Possible signs of abuse or harm

Physical signs	Financial signs	Sexual signs	Emotional signs	Neglect	Domestic violence
Burns, scolds	Having less money than usual	Itching or discharge in genitals	Self-harm	Malnutrition or hunger	Injuries
Bruising	Missing possessions	Torn or bloody underclothing	Distress	Inappropriate clothing for season or weather	Bruising and cuts
Injuries	Unexplained withdrawals of money	Withdrawing from relationships	Changes in behaviour	Poor personal hygiene	Low self esteem
Slap marks			Sleep issues		Withdrawing from friends and family
Finger marks					

Safeguarding procedures

KEY SAFEGUARDING POINTS

Safeguarding procedures cover:

Processes for recruiting staff	Safety of everyone
Training staff	How to report concerns

Safeguarding policies

Policies are reviewed every year.

To meet legislation, policies must:

- identify the role of employees and volunteers
- outline a reporting system for concerns
- publish whistleblowing procedures (when a member of staff needs to report wrongdoing in the workplace)

DBS (Disclosure and Barring Service)

Three types of checks:

Barred list – lists those not allowed to work with children and vulnerable adults (because of a serious crime)

⬆

Enhanced checks – checks criminal record and local police records.

⬆

Standard checks – checks for a criminal record, convictions, cautions or reprimands

ALL WORKPLACES SHOULD HAVE:

DSL (Designated Safeguarding Lead)

Named person responsible for safeguarding.

They:

- Train all staff to recognise abuse and neglect
- Ensure all staff know how to raise a safeguarding concern
- Monitor service users at risk
- Ensure records are up to date and secure
- Refer concerns to relevant services or agencies

Safeguarding training for staff

All staff should have safeguarding training.

All staff and volunteers should know:

- signs of abuse or neglect
- how to report concerns

ALL STAFF SHOULD FOLLOW:

Reporting procedures

All service providers have a duty to report serious concerns to protect service users. This is to keep everyone safe and protected from harm

⬇

All staff have a duty to report any disclosure of harm or abuse using the correct procedures

⬇

Confidentiality – personal information should be kept private but if there is a safeguarding issue, staff may need to break confidentiality to the DSL.

⬇

DSL then decides action that needs to be taken to protect the service user.

Infection prevention

Infection can be spread through:	Inhalation – breathing it in	Ingestion – swallowed	Broken skin – cuts or grazes	Cross infection: infection passes from one person to another

Health and social settings have to minimise the risk of cross contamination. This is done through:

General cleanliness:

General rules:
- Wash hands with soap and water removes germs and bacteria. Alcohol gel removes germs.
- Antibacterial spray prevents spread of germs. Surfaces should be cleaned regularly, e.g., tables and worktops
- Clean toys and play equipment, e.g., board games and balls. Bacteria and viruses can spread through toys
- Mop floors and vacuum carpets to kill bacteria, viruses and wash away dirt
- Clean and disinfect toilets regularly. Flushing a toilet can spread germs. Others surfaces in a toilet should also be cleaned.

Dispose of hazardous waste correctly:
Includes:
- cleaning fluid
- Items in contact with bodily fluids
- Used disposable gloves
- Soiled incontinence pads
- Used dressings
- Used needles

Should be placed in correct waste disposal:
- Clinical waste: in yellow bags and bins, e.g., used dressings
- Hygiene waste: e.g., used disposable gloves

Personal hygiene

Includes:
- Tie hair back / cover hair – prevents hair falling into service user
- Cover open wounds – prevents germs or infections, prevents cross contamination
- No jewellery – prevents germs and makes it easier to wash and dry hands
- Short nails / no nail varnish – germs grow under longer nails, nail varnish chipping
- Correct hand washing – to prevent germs
- Regular showering and hair washing – bodies are clean and free of germs
- Teeth brushing – reduces plaque, gum disease and bad breath
- Disposal of tissues, wipes and sanitiser – prevents germs and cross contamination

Personal Protective Equipment (PPE)

- Disposable gloves – prevent germs, maintain cleanliness and avoid cross contamination
- Overalls – prevents staff carrying bacteria on clothes when working with infectious service user

- Rubber gloves – used for cleaning, protects skin from harsh chemicals
- Hair net / hygiene hat – prevents hair falling onto sterile surfaces

- Face masks – protects from airborne infections, protects when treating an infectious service user
- Disposable apron – protects service providers clothes to avoid infection passing on

- Overshoes –Prevents dirt and bacteria in sterile areas.
- Surgical garments / scrubs – prevents germs entering sterile areas through clothing.

Safety procedures

Safety measures are actions which are taken to reduce the risk of harm

Safety procedure 1
First aid policy

A policy is a document that details what course of action should be taken.

First aid policies include:

- Who to call for help?
- Who will take control of the situation?
- Who will record details of an accident or injury?
- Who will inform managers?
- Who will maintain first aid equipment?
- Where first aid boxes are kept

First aid boxes usually contain:

- Plasters and antiseptic wipes
- Triangle bandage
- Sterile water
- Scissors and safety pins
- Gloves

Safety procedure 2
Risk assessments

Risk assessments:

- Identify hazards that could cause harm
- Identify actions to avoid the risk of harm
- describe ways to manage risks so they are less dangerous

Safety procedure 3
Emergency procedures - Fire drills

Everyone should know:

- Different exit points
- How to behave when leave the building (calm)
- Key procedures to follow (close doors and not use lifts)

Safety procedure 4
Emergency procedures - Evacuation

Might happen in a bomb threat or other event, e.g., gas leak or flooding

Service providers should:

- Know the correct procedures for evacuation
- How to support service users who need additional support for leaving the building, e.g., wheelchair access

Safety procedure 5
Equipment

All equipment should be:

- assessed before use to check it is safe and suitable for service users.
- risk assessed to identify any hazards with using it with actions to follow to use it safely
- checked it is not damaged
- reported if damaged or not safe

Safety procedure 6
Staff training

Staff should be trained in:

- How to use equipment: how to use resources safely. How to check it is in good condition, e.g., checking a hoist before lifting a patient.
- Moving and handling techniques: could include lifting and handling equipment or service users. Staff learn how to do it safety and not injure themselves. Trained how to use equipment that helps with lifting and handling.
- First aid training: some staff will be nominated first aiders and fully trained with in depth, detailed training. Other staff will be trained in basic first aid

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Safety measures and security

Safety measures are actions which are taken to reduce the risk of harm

Safety measure 1
Fire drill notices
Should be displayed in every room in a setting. Fire exits should be clearly signed and kept clear at all times.
Should include:
- **What to do in the event of a fire**
- **Nearest assembly point**
- **Nearest fire exit points**
- **Best routes**

Safety measure 2
Warning signs
Most common signs are:
- 'No entry' signs: warns where people are not allowed to enter a particular area, e.g., because of risk of infection or hygiene
- 'Wet floor' signs: might be used to avoid slipping hazards if it has rained, if floors have been cleaned

Security measure 1
Identifying staff
ID lanyards
- staff wear ID badges on lanyards so they can be identified.
- usually includes a photo, name and role in organisation
- can improve security by checking a person is a member of staff

Staff uniforms
- many staff wear uniforms that can identify them to service users
- essential in situations where staff need to be recognisable
- different uniforms sometimes show different roles

Security measure 2
Keys
- Settings should record which staff members have different keys so that breaches in security can be monitored.
- Lost or stolen keys should be reported straight away to prevent someone unauthorised, getting into a building or having access to resources, information or equipment.
- Limiting access to keys improves security.

Security measure 3
Visitors
Settings will have many different people coming in and out, including:
- **Family and friends of service users**
- **Health care professionals**
- **Social acre professionals**
- **Religious support workers**
- **Tradespeople (electricians, plumbers, etc)**

These can be monitored through:
- **Staff on duty at entrances and exits** – settings may have receptionists to monitor those who sign in and out and to issue visitor badges.
- **Visitor books** – provides a written record of all visitors. Usually records, name of visitor, who they are visiting, time of arrival and leaving, car registration and signature.
- **Visitor badges** – badges are given to show that permission has been given for them to be ion the setting. Usually includes the date and the name of the visitor and who they are there to see. Should be returned when they visitor leaves.

Security measure 4
Reporting concerns
- Service providers should report all concerns to line managers who can take appropriate action if needed

Concerns might include:
- **Unidentified person entering setting**
- **Service user becoming violent**

Security measure 5
Access
- **Doors** - Settings must restrict access through external doors so only authorised people can go get access.
- **Entry systems** – includes swipe cards, buzzer entry and security pads with PIN numbers. These should allow access for authorised staff only.
- **Window locks and restraints** – prevent a window from opening fully to protect vulnerable service users. Prevents people falling out of a window or intruders breaking in.