

## **Medical Education Department**

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# CONFIDENTIALITY CODE OF CONDUCT

## INTRODUCTION

Confidentiality is the need to keep all information secure, whether it is patient information, or information about our staff or the organisation itself. All staff working within the Trust are bound by the Common Law Duty of Confidence which says:

***"Information given or received in confidence, obtained for one purpose, must not be disclosed or used for another purpose without the consent of the provider of the information"***

All staff must be aware of their responsibilities regarding confidentiality. Please read the Trust's Confidentiality Policy available on the intranet.

If Trust Policy is breached however, disciplinary action may be taken, and you could be held personally liable for court costs of up to £10,000 and up to two years in prison. One of the major changes to the Trust's Confidentiality Policy is the reinforcement that all members of staff are **NOT** permitted to access their own paper or electronic records or those of family, friends or colleagues. To enforce this, all clinical systems are now fully auditable and staff will be held personally liable for any inappropriate access to records.

Patients trust us with their information and they have to know that we will keep it secure. If patients do not trust us with their information, they may not tell us everything that we need to know in order to make an effective diagnosis and this could affect their treatment and well-being in the long term.

**YOU ARE RESPONSIBLE FOR YOUR DECISION TO DISCLOSE INFORMATION.**  
**IF YOU ARE IN ANY DOUBT PLEASE CONSULT YOUR LINE MANAGER AND/OR, IF NECESSARY, THE CHIEF EXECUTIVE OR THE INFORMATION GOVERNANCE TEAM**

## PERSON IDENTIFIABLE INFORMATION AND THE CALDICOTT GUARDIAN

### PERSON IDENTIFIABLE INFORMATION

This term refers to any electronic or paper information that is held in the trust about an individual, whether patient, employee or contractor. The following should be used as a guide to identifying person identifiable information:

- First or last name, full name
- Date of birth
- NHS number
- Kings Mill number
- Address

Staff are authorised to access person identifiable information on a 'need to know' basis in order to carry out their job role. Gaining access to information that you do not need to see as part of your job role is a breach of confidentiality, as is passing information onto someone who is not entitled to receive it.

The general principles underlying the use and sharing of person identifiable information follow the Caldicott Principles:

- Justify the purpose for using information
- Only use the information when necessary
- Use the minimum amount of information required for that purpose
- Access to the information must be on a strict 'need to know' basis
- Everyone must understand their responsibilities to protect information
- Everyone must understand and comply with the law

Carolyn White is the Caldicott Guardian for the Trust.

## PROTECTING INFORMATION

Breaches of confidentiality are more often than not accidental. Here are a few 'best practice' points in safeguarding information:

- Lock confidential information away when not in use and remember to remove the key for safe keeping
- Always activate your computer screensaver when you are not at your desk (Ctrl-Alt-Del buttons, and hold down together)
- If a door has a keypad, or access card entry, please do not leave it open and always change the code regularly
- When having a confidential discussion, remember sound travels
- Do not share computer passwords or Smartcards
- All laptops, PC's or other electronic devices that are used to process person identifiable information must be encrypted. Please contact the Information Governance department to discuss further
- Ensure that all transfers of information are secure and justified
- Do not disclose information unless you are certain the requestor is entitled to it
- Always seek advice if you are unsure and familiarise yourself with the Trust policies and procedures.

### **REMEMBER:**

**PROTECT YOURSELF  
PROTECT INFORMATION  
PROTECT THE TRUST AND THE NHS**

## RELEVANT LEGISLATION

### Data Protection Act (1998)

There are 8 Data Protection Principles which the Trust and all employees must adhere to.

Data must be:

1. Fairly and lawfully processed
2. Used only for specified and lawful purposes
3. Adequate, relevant and not excessive
4. Kept accurately and up to date
5. Not kept for longer than necessary
6. Processed in accordance with the rights of the data subject, including rights of access
7. Kept securely and protected against accidental disclosure, loss or damage
8. Not transferred outside of the EU to countries without adequate data protection legislation

### Human Rights Act (1998)

**Article 8:** Everyone has the right to respect for his/her private and family life, home and correspondence.

It is unlawful for a public authority to act in a way that is incompatible with a Convention right.

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## **COSHH**

Using or being exposed knowingly or unwittingly to hazardous substances can put people's health at risk. This could result in short term or long term damage to people's health. The Trust seeks to ensure that exposures to hazardous substances arising from the work of the Trust do not put people health at unnecessary risk and to protect both employees and others who may be exposed from work activities

### **Safe Systems of Work**

Safe Systems of Work shall be documented and implemented for all work activities and shall include good hygiene practice, safe handling and disposal procedures. Employees must be trained and supervised in the systems to maintain safety for themselves and others who may be affected by the work. All control measures must be followed and defects reported promptly to managers and if necessary to the Facilities Help Desk. Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=16447>

### **Policy on the Acceptable Use of the Internet and Electronic Mail**

E-mail and access to the Internet are provided for the Organisation's clinical and business related purposes. Users are encouraged to use e-mail and Internet and become competent in their use. The Organisation has a responsibility to monitor and control the use of these services and has implemented this Policy in order to define the limits of acceptable use.

The Organisation acknowledges the benefits and potential of these services and requires all users to behave responsibly and to comply with the guidelines set out in this document at all times.

The Organisation permits personal use of the Internet and e-mail within the users own time (i.e. outside of normal working hours and during authorised rest periods), where it complies with the Organisation's view of appropriate use, and where this is not misused or disruptive to work practices. Personal use of the internet within the Organisation's time (i.e. during normal working hours) will be deemed as a breach of this policy and will be addressed under the Organisation's Disciplinary Policy. A breach of this policy may also be referred to the Local Counter Fraud Specialist (LCFS) for investigation which may result in criminal action.

Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link

<https://www.sfh-tr.nhs.uk/media/4684/email-and-internet-policy-version-2.pdf>

## Dress Code Policy

### Objective

To make explicit to all groups of personnel on Trust Premises (either employees or students undertaking authorised placements) the smart, professional image which the Trust wishes to convey to patients, public and other visitors at all times.

To clearly define expectations regarding the wearing of uniform or own clothes when working for Sherwood Forest Hospitals Foundation Trust.

### General

Protective clothing including scrub suits must be removed before leaving wards, operating theatres or departments. Theatre scrub suits must not be worn outside of the operating theatres/diagnostic areas except in emergency situations.

### Identification

Appropriate identification should be visually worn at all times by all personnel when present at the hospital

### Uniform

Staff that are not required to wear a uniform should nonetheless be conscious of the image they present to the public and dress smartly but modestly. No sleeves to be worn below the elbows in clinical areas. No neck ties to be worn in clinical areas. Jeans and trainers, cropped trousers, low necked tops, very short skirts (more than 4 inches above the knee) long scarves and bare midriffs are not acceptable. During your placement you may be required to wear scrubs, please note: these are not to be worn off hospital premises.

### Make-up and Hair

Hair must be neat and tidy at all times.

All staff with direct patient contact should have their hair arranged off the face and collar.

Hair ornamentation should be subtle and kept to a minimum.

Male staff with beards should keep them short and neatly trimmed.

Make-up must be discreet and strong perfumes and aftershave should be avoided.

Fingernails must be short and neat. Clinical staff must not wear nail varnish.

False nails/nail extensions of any description are not acceptable in clinical areas.

### Jewellery

Wrist watches should be removed whilst carrying out clinical duties.

No Jewellery other than, if appropriate, a plain wedding band in clinical areas.

Other staff should ensure that their jewellery is discreet at all times.

Nasal studs and other facial jewellery are not allowed.

***Dr Nicola Downer – Associate Clinical Sub-Dean***

# Patient Safety/Whistleblowing/Complaints/Consent/IG Training

## Complaints

The Trust has a Complaints Policy which can be used by any patient, member of the public, student, member of staff, carers and relatives. It outlines the correct processes that need to be undertaken should a formal complaint regarding any aspect of their patient care or experience at the Trust.

Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link <http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=42358>

## Inclusivity and Diversity

Diversity and inclusivity is fundamental to all the hospital does, both in the way we provide services to our community and the way in which we manage our staff. The Trust is committed to treating all its service users and staff with dignity and respect.

Embracing diversity will ensure that we are providing effective services which meet the needs of our community and achieve excellent employment practices which allow all employees to have the opportunity to contribute to their full potential, progress and develop.

Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link <http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=5556>

## Whistleblowing

All of us at one time or another experience concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about patient welfare, clinical malpractice, health and safety or a possible fraud that might affect others or the organisation itself, it can be difficult to know what to do.

You may be worried about raising such a concern and may think it best to keep it to yourself, perhaps feeling it's none of your business or that it's only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the Trust. You may decide to say something but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The Board and Chief Executive of Sherwood Forest Hospitals NHS Foundation Trust are committed to running the organisation in the best way possible and to do so we need your help. We have introduced this policy to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have about malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern with a member of the Medical Education Team.

Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link <http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=55663>

## **Safeguarding**

Safeguarding adults is about identifying and dealing with concerns or allegations of abuse and neglect of Adults. Safeguarding Adults is an integral part of patient care and encompasses:

- Prevention of harm and abuse through provision of high quality care
- Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures
- Using learning to improve service to patients

This policy provides a framework which the Trust will work to in preventing and minimising the risk of abuse to vulnerable adults in Nottinghamshire, provide a consistent effective approach to dealing with concerns, allegations of abuse and neglect. This is based on the Nottingham & Nottinghamshire Safeguarding Adults – Policy and Procedure for Raising a Concern and Referring

Safeguarding children and young people is about identifying and dealing with concerns or allegations of abuse and neglect of children and young people. The Trust believes that all children and young people have an equal right to be safe and protected. As a Trust employee you have a responsibility to safeguard and promote the welfare of children and young people. This includes considering the ability of adult patients with child care responsibilities to safeguard and promote the welfare of the children in their care

Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link

### **Safeguarding Adults**

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=13344>

### **Safeguarding Children**

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=24176>

## **Patient Safety**

It is essential that you report all patient safety concerns that you may witness at the Trust in order for these to be investigated and where necessary for the appropriate remedial action to be taken. In this first instance you must report any patient safety concerns to your consultant, supervisor or anyone in the Medical Education Department. Please speak to a member of the Medical Education Team, complete the on inline DATIX reporting incident form which can be accessed through the following link <http://sfh-datixweb.nnotts.nhs.uk/datix/Live/index.php>

## **Consent**

*As above 'Raising Concerns and Whistleblowing Policy'*

## **Information Governance**

Why is Information Governance (IG) important?

Good Information Governance practice ensures necessary safeguards for, and appropriate use of corporate, patient and personal information. Information Governance packages are normally completed before starting your Clinical phases at Trusts. If you haven't already completed the package before attending KMH please advise the Medical Education Department.



## **Policy & Procedure for the Positive Identification of Patients**

This policy/procedure has been developed to assist all staff to positively and safely identify patients while taking account of key principles relating to privacy, dignity and confidentiality.

All patients must be treated with respect for their right to privacy, dignity and confidentiality. Although confidentiality is paramount within clinical professions' code of ethics and conduct (NMC 2004, NHSE 1999) it is important that confidentiality issues do not hinder the provision of prompt and effective patient care (NHSE 1999).

**Aim:** To ensure that patients are correctly identified on admission and prior to any assessment, investigation, treatment or care whilst under the care of Sherwood Forest Hospitals NHS Foundation Trust.

### **Objectives:**

- All staff must positively identify a patient prior to delivery of care or treatment
- All inpatients must wear a patient identification band
- All outpatients when undergoing invasive procedures under sedation and receiving intravenous medicines or receiving transfusion of blood components or blood products must wear an identification band.

Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link <http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=7461>

## **'Bare below the elbows' Policy**

**Application of Policy – applies to all staff working for the Trust in either a permanent or temporary capacity.**

This is a national policy and has been adopted by the Trust because it supports good clinical practice in relation to healthcare associated infections. Under the code, **all** staff should be 'bare below the elbows' when entering a clinical area. For clarity, this includes all wards, clinic areas and any other settings where clinical duties are performed.

All staff are required to adhere to this policy when entering clinical areas.

**The following requirements are compulsory:**

- Neck ties, if worn, **must be removed or tucked in** (other than bow ties) **when entering a clinical area;**
- Either wear short sleeved shirts or roll sleeves up above the elbow **when entering a clinical area;**
- Cardigans, jumpers, sweatshirts, jackets etc must be removed upon **entering a clinical area;**
- Do not wear any hand jewellery/wristwatch apart from a plain wedding band if desired/appropriate;
- Finger nails should be short, clean and well maintained; nail extensions and polish are not allowed

Although patient safety takes precedence in all decisions, there may be occasions and exceptions to this policy for those staff with disability i.e: the need to adapt clothing, or should staff believe that they have a genuine religious reason which makes them non-compliant with this policy, these concerns should be discussed with their line/department manager and guidance sought.

# Hand Hygiene



The spread of infection via hands is well established. Hand washing is one of the most important procedures for preventing the spread of disease. Hands are the principle route by which cross-infection occurs.

Routine hand washing removes most of the micro-organisms that are readily transferred to and from the hands (transient micro-organisms). It is essential to wash hands after they have become contaminated with micro-organisms and before contact with any susceptible site on the patient.

Hands **must** be washed:

## **Before start of a shift/working day**

- performing / assisting with invasive procedures
- between different caring activities for the same patients
- preparing, handling or eating food
- commencing drug rounds and during if applicable which may in some instance be between patients
- before each patient contact (Point of Care prompts by each bed to encourage hand washing behaviour: Clean Your Hands Campaign 2004)

## **After:**

- situations during which microbial contamination of hands is likely to occur e.g. contact with mucous membranes, blood or body fluids
- touching inanimate sources that are likely to be contaminated e.g. urine
- measuring devices, sputum pots or vomit bowls
- caring for a patient in isolation or an infected or colonised patient
- visiting the toilet or taking a patient to the toilet
- handling soiled or contaminated linen or waste
- hands become visibly soiled
- touching wounds, i.e. surgical, traumatic or associated with an invasive device
- after each patient contact after shift

## **Routine hand washing**

In most situations hand washing with soap and water is sufficient. Liquid soap, dispensed from disposable cartridges or washable, refillable containers, is preferable to bar soap

## **Surgical hand washing for theatres**

Surgical hand washing is essential before all operating theatre procedures

Aqueous antiseptic solutions e.g. Povidone-iodine or Chlorhexidine gluconate are available for surgical hand washing

## **Alcohol gels**

Alcohol is useful when there is a need for rapid hand disinfection

Alcohol is not a cleansing agent and a preliminary hand wash with soap and water is always required for physically soiled hands and for patients known to be *Clostridium difficile* positive

## Hand Washing Technique



1 Palm to palm



2 Right palm over left dorsum and left palm over right dorsum



3 Palm to palm fingers interlaced



4 Backs of fingers to opposing palms with fingers interlocked



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



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

**Do not forget to include wrists and dry well using paper towels**

## Policy for the Management of Work Related Violence and Aggression

**Violence and aggression** can be defined as: “Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, well-being or health” (EC 1997). This includes harassment, which is defined as “Unwanted, unsolicited and inappropriate words or conduct affecting the dignity of another”. Please speak to a member of the Medical Education Team, or the policy can be accessed through the link at the bottom of this page.

Sherwood Forest Hospitals NHS Foundation Trust attaches great importance to the wellbeing and welfare of its staff and the people who use its services.

The policy covers systems for reporting and responding to violent and abusive incidents using the Trust’s incident reporting procedures and reporting to the various authorities, which include the NHS Protect Service, Police and the Health & Safety Executive (HSE).

The guidance accompanies this Policy contains the Trust’s procedure for the Care of Individuals Who are Violent or Abusive and provides for the formal cautioning against aggressive individuals and includes the ultimate sanction of refusing treatment to offenders. This is sometimes known as the Trust’s yellow card/red card system. It is a way of escalating the response of the Trust to a violent situation.

The Trust recognises that there may be some instances where systems need to be put in place to protect staff from physical and non-physical assault where the withdrawal of treatment from a patient is not an option. Please speak to a member of the Medical Education Team, or the policy can be accessed through the link at the bottom of this page.

There is no universal solution to cover all eventualities; but all front line staff should familiarise themselves with the early signs of violence and aggression and the possible causes and measures that need to be taken to minimise the risk to themselves and the people that use the services of the Trust. The Conflict Resolution Training (CRT) course run by the Trust is an opportunity for staff to familiarise themselves with this. Please speak to a member of the Medical Education Team, or the policy can be accessed through the following link

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=18817;>

## **Legislation and further guidance**

- The Health and Safety at Work etc Act 1974 (HSW Act). Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their employees.
- The Management of Health and Safety at Work Regulations 1999. Employers must consider the risks to employees (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury, on incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work.

Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b) Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

## **Moving and Handling**

### **Introduction**

1.1 This policy is issued and maintained by The Executive Director of Nursing and Quality on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions. This policy refers to moving and handling within Sherwood Forest Hospitals NHS Foundation Trust. (SFHFT)

## **2 Policy Statement**

2.1 The purpose of the policy is to ensure all staff are aware of and comply with the relevant legislation, the associated guidance and professional standards concerned with moving and handling.

2.2 The Trust is committed to complying with accident prevention legislation (i.e. Health and Safety at Work Act (HASAWA) 1974 and Management of Health and Safety at Work Regulations (MHSAW) 1999, the Manual-Handling Operations Regulations (MHOR) 1992, the associated guidance and professional standards, together with a robust risk management process.

2.3 The Trust aims wherever practicable, to reduce the need for manual-handling either by eliminating such risks or by reducing the risk of moving and handling injuries by providing information, appropriate training, assessment and instruction on how to ensure the safe lifting, transportation of loads or patients in the workplace.

2.4 The Trust's commitment is supported through the implementation of a 'minimal lifting' policy that is promoted by the provision of information, equipment and training to all its employees by the Moving and Handling coordinator and the Link Trainers. This applies to both object and patient handlers

2.5 Object handling - Manual handling of inert loads/objects will be avoided or eliminated by the use of mechanical aids, or controlled as far as practicable by organisational means such as instruction, training and supervision.

A safer handling approach incorporating the principles of safe handling (POSH) will be applied to all load/object handling situations based on a risk assessment, which takes into account factors such as size, shape, weight and design of the load/object. Available equipment should be used whenever possible in effort to reduce risk for the handler.

## Appendix one

Whenever possible the risk of injury from load/object handling problems should be reduced by

~ Risk elimination and risk reduction strategies will follow the ergonomic approach using T.I.L.E. process (Task, Individual Capability, Load and Environment) as a basis for risk assessment. Appendix 1

### 2.6 Patient handling

Each patient will have an individual risk assessment taking into account their individual needs, capabilities and circumstances. The assessment will be completed as part of the in-patient assessment process, after transfer to a new area, or as the patient's condition changes. Appendix 2. Date Approved: 08/01/2014 – Moving & Handling Policy – Approved by: Risk Assurance Committee – Issue 7 Page 3 of 44

The risk assessment will follow a balanced decision making approach which considers ~The persons human rights, assessed needs and wishes as well as the need to protect staff from injury ~The person and, when appropriate those working on their behalf, will be actively involved in the moving and handling assessment and decision making process.

Where the person lacks mental capacity decisions will be made which reflects their rights under the MCA (Mental Capacity Act) 2005

~ The persons privacy and dignity will be respected when being moved ~A problem solving approach will be adopted which considers the use of a variety of handling methods and equipment to reduce the risk of injury. The independence of the person will be encouraged at all times.

~ Following assessment, a written individual handling plan will be produced which will be reviewed when circumstances change if the patient is transferred to another ward or after a period of 7 days if no changes occur. Appendix 2 (a)

~ The moving and handling risk assessment and the handling plan should be available to staff to access within the in patients nursing documentation ~Manual lifting of people, which involves taking the full body weight, will be avoided wherever possible by encouraging independence and the appropriate use of hoists, sliding aids and other specialised equipment.

~ There will be situations where handling equipment will not be required and manual handling techniques may be used based on an individual risk assessment provide they follow the principles of safe handling

~ High risk handling techniques e.g. manual handling of the full body weight may be required in a small number of cases particularly in exceptional circumstances or emergencies where a patient is at very high risk of harm.

~ Patients must be risk assessed for their handling needs during the admission process, or reviewed as their condition changes or after being transferred to a different ward/clinical area.

~ Patients will be encouraged to be as independent as possible during their stay. If this is not achievable then staff must use equipment that is appropriate to reduce the risk of falls or musculoskeletal injury for both staff and patients alike.

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=44917>

# Principles of Fire Safety in Hospital Buildings

**The basic principles of physical fire precautions and fire safety are very simple.**

These are to ensure:

- a) that if all possible, outbreaks of fire do not occur
- b) that fires that do occur are rapidly detected and an alarm given
- c) that the development and spread of fire is delayed and contained as long as possible
- d) that endangered areas are evacuated and
- e) that the fire is rapidly extinguished

When the alarm is activated the following events will simultaneously occur:

- a) the systems of alarms will sound continuously in the zones affected
- b) the system of alarms will sound intermittently **only** in areas designated to the task of assisting an affected area
- c) all electro-magnetic fire door holders will operate and fire doors will close in the affected area
- d) an alarm will sound on the main fire indication panel and zone panels and the area of alarm will be displayed
- e) the incident will be notified to the Fire Service Control Room by the telephone switchboard operator using the direct telephone number in accordance with current procedures.

## **Fire Marshal**

Each ward and department must have a designated member of staff assigned as a fire marshal whilst the area is occupied. For patient care areas the fire marshal will be the senior person on duty and responsible for the day to day management of the ward or clinical area. For non-patient areas the senior manager should designate a staff member with normal operational supervisory responsibilities.

## **Means of Escape**

The building is divided into fire tight compartments. All compartments link directly to an adjacent compartment and/or a hospital street which are designed as fire resisting compartments. Streets at all levels lead directly to either an escape stair or to external ground level.



# Hospital Waste Disposal

Container Type	Waste Description	Container Type	Waste Description
	<b>TIGER BAGS 18 01 04</b> Non-infectious recognisable healthcare waste, such as gloves, gowns, nappies and other items which are not contaminated with infectious bodily fluids, medicines, chemicals or amalgam.		<b>PURPLE LIDDED SHARPS UNIT 18 01 08</b> ONLY for cytotoxic / cytostatic sharps
	<b>ORANGE BAGS 18 01 03</b> Infectious or potentially infectious soft clinical waste contaminated with blood/bodily fluids e.g. dressings, swabs, wipes, gloves, gowns, masks, aprons, and blood bags.		<b>BLUE LIDDED SEALED UNIT 18 01 09</b> EMPTY bottles, blisters, IV bags with giving set attached, empty vials.
	<b>YELLOW BAGS 18 01 03</b> Infectious or potentially infectious clinical waste contaminated with chemicals.		<b>BLACK BAG</b> Food, Food contaminated packaging, Tea, Coffee.
	<b>RED LIDDED SEALED UNIT 18 01 03</b> Anatomical and placenta waste		<b>CLEAR BAG</b> Dry Mixed Recyclables, Paper, Cardboard, Drinks Cans, Plastic Bottles, Bubble Wrap, Clean food tins.
	<b>YELLOW LIDDED SHARPS UNIT 18 01 03/09</b> Needles, syringes and syringe barrels including those contaminated with medicines		<b>GREEN BIN</b> Partially used medicines (bottles, blisters, vials).
	<b>ORANGE LIDDED SHARPS UNIT 18 01 03</b> Sharps not contaminated with medicinal products for example phlebotomy sharps and blood sample vials.		<b>CONFIDENTIAL DESTRUCTION CONSOLE</b> When disposing of any documents or papers containing any private information, please use one of the consoles located throughout the hospital. Please refer to the Trust's Retention & Destruction Policy for more information on the disposal of sensitive information and records.

## Information for members of staff following a sharps injury

### **PLEASE READ THIS SHEET IMMEDIATELY**

If you have suffered an injury in which a small amount of a patient's blood or other body fluid may have entered your body through a wound in your skin.

A Datix report should be completed.

You should contact the Occupational Health department as soon as possible (King's Mill Site dept. 01623 622515 ext. 3780 or 3781 Monday-Friday 8.30-4.30, Mansfield Community dept. 01623 785135 ext 5135. Monday – Friday 9.00 am – 5.00 pm). If the injury has occurred outside normal office hours you should attend the Emergency Department as soon as possible at King's Mill or Newark Hospitals. In certain circumstances the incident may be reportable externally, for example RIDDOR via your manager.

The patient whose blood or body fluid was involved in your injury will be assessed by an appropriately trained health care worker as to whether they are likely to be carriers of any infection which could be passed to you. This will normally include the patient's blood being tested with their consent.

**If the patient is a known carrier (or at high risk of being a carrier) of HIV you should immediately read the section on HIV and post-exposure prophylaxis (PEP) overleaf.**

You will also be asked to give a sample of blood. If necessary your blood may be tested immediately to check your immunity to Hepatitis B. Otherwise your blood can be stored for up to 2 years and will be tested with your consent if you are later found to have an infection with Hepatitis B/C or HIV which may have been acquired from your sharps injury. You are advised to use condoms during sexual intercourse and not to donate blood until follow up blood test have been completed or you are advised otherwise. Blood tests are usually done 3 months and up to 7 months after known exposure for Hepatitis B and HIV (up to 12 months with known Hepatitis C exposure).

There are a number of viruses that can be transmitted by sharps injuries but the actual risk of you being infected is very small. Below and overleaf are further details of the 3 main viruses that can be passed on in this way.

### **Hepatitis B**

You may well have already been effectively vaccinated against Hepatitis B, in which case there is virtually no chance of you catching this infection. If you have not been vaccinated or the vaccination was unsuccessful and the patient in question is a known carrier of Hepatitis B, you will be advised about further treatment and vaccination that you need to be given as soon as possible. If the patient is not found to be a carrier of Hepatitis B or is not at high risk of such an infection, the risk of you yourself catching Hepatitis B from this patient is very low indeed. However you should contact the Occupational Health department as soon as possible to arrange a course of Hepatitis B vaccination to protect you in the future. They will also advise you about further blood tests that can be carried out if you are still worried about the possibility of infection with Hepatitis B.

### **Hepatitis C**

It is not possible at present to vaccinate against Hepatitis C. Similarly there is no specific preventative treatment available for people who receive sharps injuries from patients who are known carriers of Hepatitis C. Fortunately Hepatitis C is less infectious than Hepatitis B and so, even if the patient is known to be a carrier of Hepatitis C, the risk of you being infected is low. If you are advised that the patient is a known carrier (or at high risk of being a carrier) of Hepatitis C, you should attend the Occupational Health department as soon as possible. They will advise you further about Hepatitis C and about blood tests that can be carried out to check for infection.

## HIV

HIV infection is still quite rare in the UK despite the impression given by media coverage of AIDS and HIV. This means that it is most unlikely that the patient is a carrier of HIV and that the risk of you being infected by HIV is extremely low. Even if the patient is a known carrier of HIV, it has been calculated that someone receiving a sharps injury from such a patient has a less than 0.5% (1 in 200) chance of becoming infected themselves. This is a much lower chance of infection than, for example, the chance of Hepatitis B or C infection. Again it is not yet possible to vaccinate against HIV. However research has shown that post-exposure prophylaxis (PEP), commenced as soon as possible (ideally within an hour) after a sharps injury from a known carrier of HIV, can reduce even further the very low chance of infection. PEP may still be offered to a member of staff up to 72 hours after the injury or at the clinicians discretion. PEP is a combination of several drugs known to be effective against HIV, which are normally taken for a period of 4 weeks after exposure to HIV. If you have received a sharps injury **from someone who is a known carrier (or at high risk of being a carrier) or HIV**, you will be offered the opportunity to start a course of PEP.

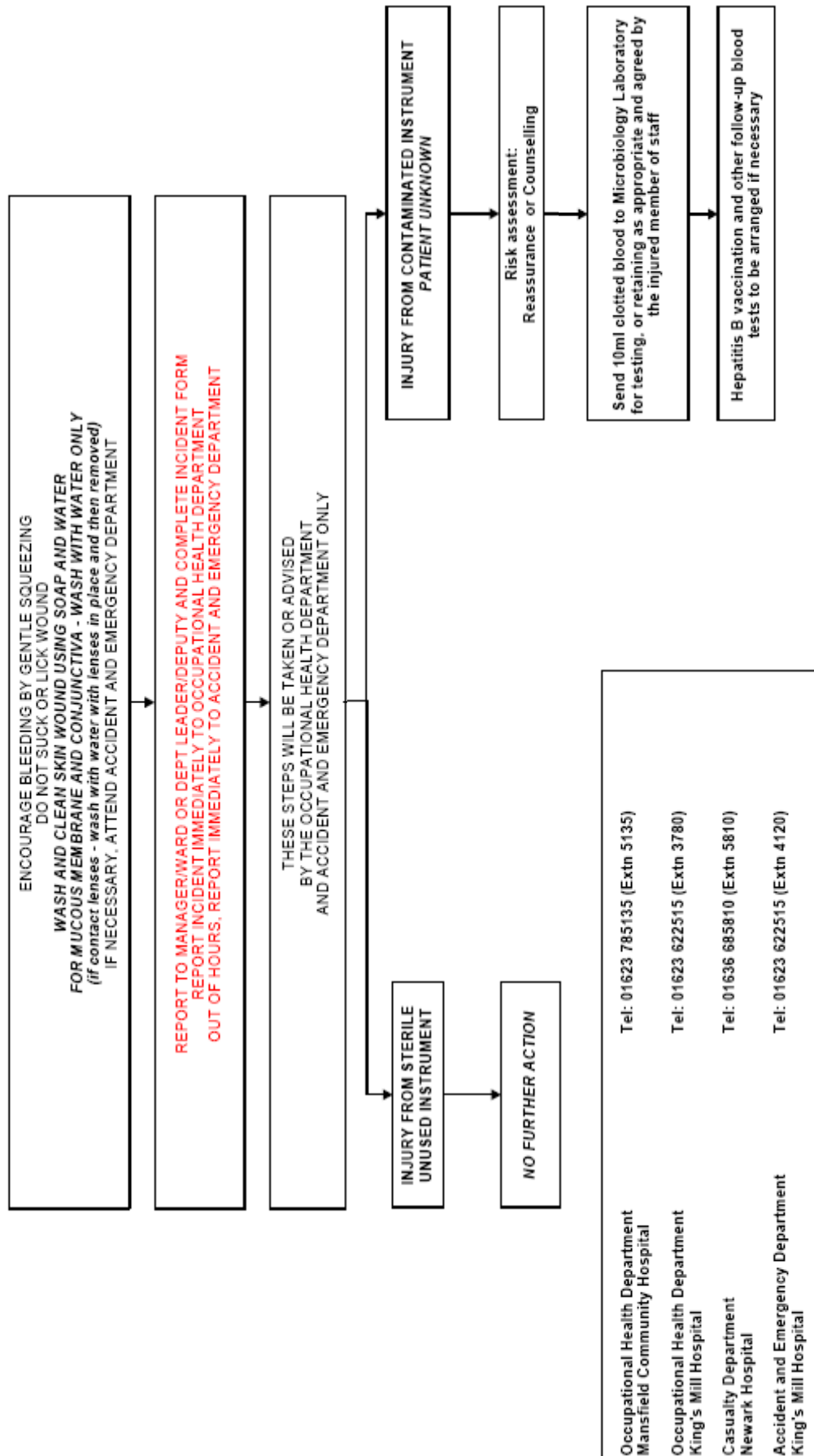
### **Deciding whether or not to take post exposure prophylaxis (PEP)**

- It will be your own decision as to whether or not you start a course of PEP. In deciding whether to take PEP you should bear in mind the following points
- Even without PEP, the chance of you being infected with HIV is very small (probably less than 1 chance in 200).
- Research has shown that this very small chance may be reduced by approximately 80% by a course of PEP, started preferably within an hour of the sharps injury. However the drugs involved are not yet officially licensed for this use.
- Temporary minor side effects (such as headaches, nausea, difficulty sleeping) are quite common with PEP. More serious side effects such as anaemia, liver disorders and suppression of the production of blood cells may occur but are very rare as PEP is taken for a relatively short period of time.
- If you do decide to take PEP, you will be advised to continue the drugs for four weeks, and you will be followed up during this period by a Consultant. You will later be offered blood tests for HIV infection.
- You can decide to take PEP for a short period of time until you have had a chance to discuss the matter further with a doctor in Occupational Health or a Consultant in Genitourinary Medicine. You will be given a few days supply of PEP to give you time to make an appointment to discuss with the doctor whether you wish to continue with the drugs.

**Further counselling about the risks or consequences of Hepatitis B/C or HIV infection can be obtained from the doctor in Occupational Health, King's Mill Hospital (Tel:01623 622515 ext 3780), Mansfield Community Hospital (Tel: 01623 785135 ext 5135) or the Consultants in Genitourinary Medicine (Tel: 01623 622515 ex 4095).**

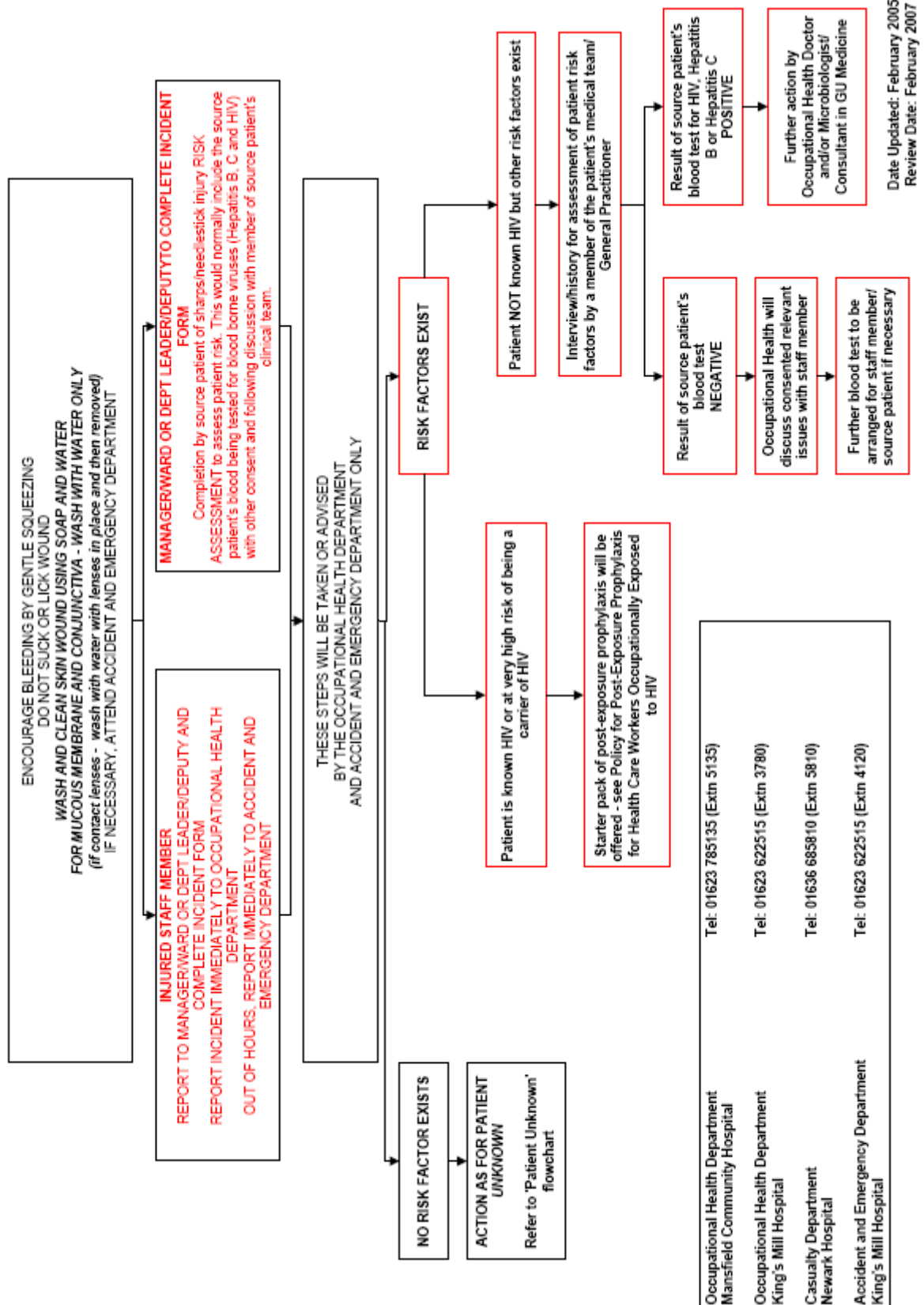
**N.B. If you develop an acute illness during the follow up period, medical advice must be sought.**

# Sharps Needlestick Injury Procedure (Patient Unknown)

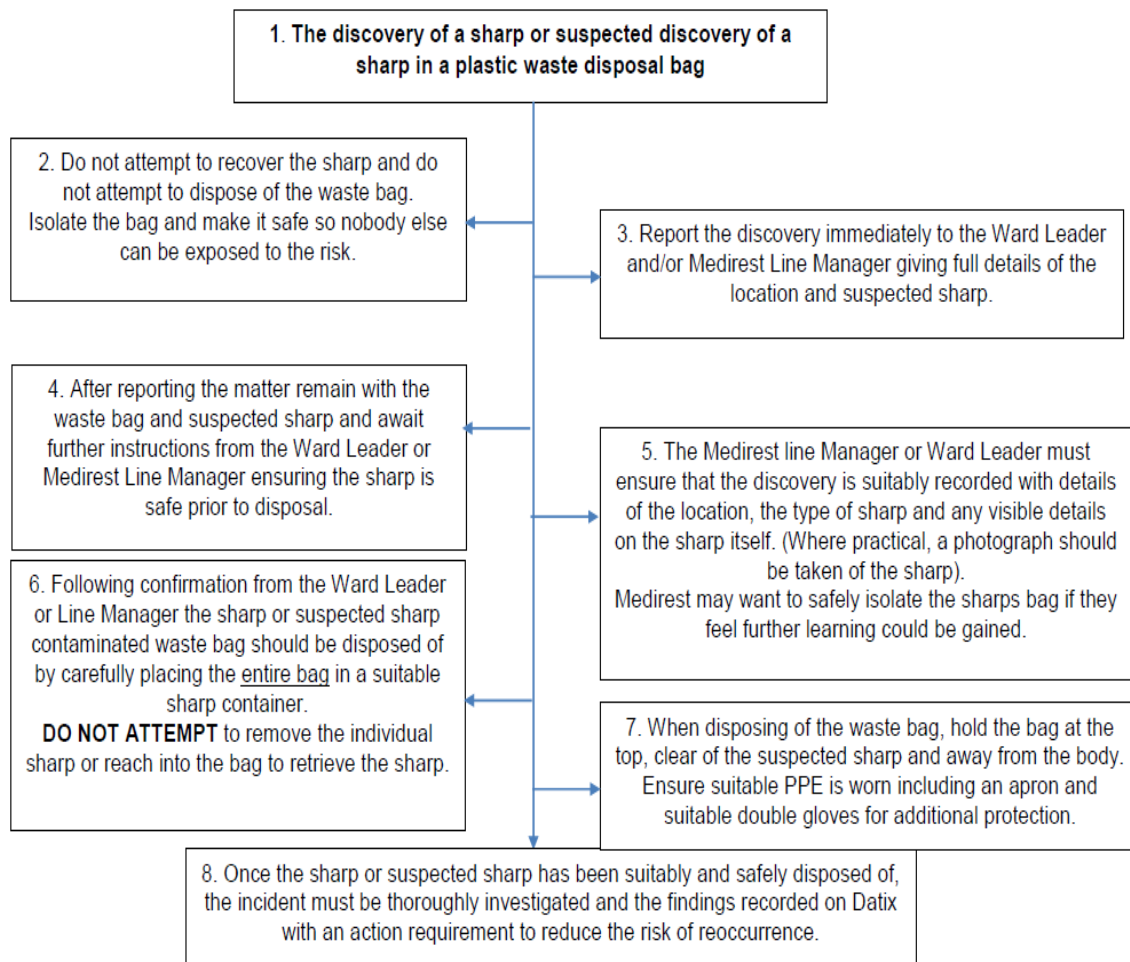


Updated: February 2005  
Review Date February 2007

# Sharps Needlestick Injury Procedure (Patient Known)



## Appendix G



## Appendix H – Hierarchy of control

- ▶ Remove the Hazard
- ▶ Isolate the hazard – protective devices/engineering controls
- ▶ Use needles that retract, sheath or blunt immediately after use
- ▶ Work practice controls and personal protective equipment (Hep B vaccination)

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Document control/ supporting information for this clinical document			
<b>Title:</b> <b>Sharps, Needlestick and PEP Policy</b> <b>(including disposal and any bodily fluid exposures or inoculation injury)</b>			
<b>Document category:</b>	Clinical Policies and Guidelines		
<b>Reference:</b>	CPG-TW-SNPEP		
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<b>Superseded document(s):</b> (Ref No., Version number, previous title if changed, date issued – review date)	<ul style="list-style-type: none"> <li>Sharps, Needlestick &amp; PEP Policy (including any bodily fluid exposures or inoculation injury), v5.0, Issued 16<sup>th</sup> May 2013 – RV May 2016</li> <li>Safe Disposal of Sharps Policy, v5.0, Issued 11<sup>th</sup> April 2013 – RV March 2016</li> </ul>		
Version History and Practice Changes/ Amendments			
Issue Date	Version	Comments	
24-03-2016	6.0	<ul style="list-style-type: none"> <li>Change in practice regarding PEP: the policy still states that PEP should ideally be given within one hour but it is now advised that it can be given up to 72 hours after the incident (rather than up to 2 weeks after the incident).</li> <li>Policy reviewed and updated to include new sections for:               <ul style="list-style-type: none"> <li>Safe working practices</li> <li>Transferring of blood from a syringe into a specimen bottle</li> <li>Blood gas syring</li> <li>Safety devices</li> <li>Pen injectable devices</li> <li>Lancing devices</li> <li>Venepuncture</li> <li>Sharps practice within a patient's home</li> </ul> </li> </ul>	
Sharps, Needlesstick and Post-Exposure Prophylaxis (PEP) Policy			
<b>Distribution (Circulation):</b>	<ul style="list-style-type: none"> <li>This document will be accessible via the Trust's intranet.</li> </ul>		
<b>Communication:</b>	<ul style="list-style-type: none"> <li>Information regarding the initiation and subsequent updates of this document will be communicated via the earliest weekly Trust staff bulletin/ nursing bulletin and/ or other agreed communication method.</li> </ul>		



# Radiology Department

## The Control of Medical Exposures

ie the exposure of patients and volunteer subjects to x-rays and radioactive substances (collectively known as 'ionising radiations')

### Information for Referrers within Sherwood Forest Hospitals

The process of medical exposure, which includes the requesting of X-rays, is subject to statutory control.

As an employer offering a radiology service the Trust has a statutory duty to ensure that guidance on the making of referrals is available to those entitled to make them.

This information is sent to you as part of that duty.

Overleaf you will find–

- information on the regulatory framework which controls the process of medical exposure;
- guidance on your responsibilities as a Referrer;
- information on where detailed referral guidelines for specific examinations may be found;
- details of issues to which the Trust specifically wishes to draw your attention.

Within Sherwood Forest Hospitals you are entitled to make referrals for X-Ray or Nuclear Medicine investigations if

- you are a registered or pre-registration medical or dental practitioner.

NB: i) referral for complex radiological procedures (eg CT) by junior practitioners is dependent on their degree of experience.

ii) GPs may only refer for plain film radiography, ultrasound, IVU or barium examinations

- you are a non-medical healthcare professional who is state registered and have INDIVIDUAL WRITTEN PERMISSION according to procedures established by the Trust Radiation Safety Committee.

For indications for the majority of investigations the Trust presently uses the guidance issued by the Royal College of Radiology (available on SFH intranet at:

<http://sfhnet.nnotts.nhs.uk/radiology2/deptbrowse.aspx?recid=4439&mode=new>

or

<http://guidelines.irefer.org.uk>

Referral guidelines for examinations not covered by the RCR guidance, or for which different guidance is more appropriate for local circumstances, may be made available to you from time-to-time.

Enquiries of a clinical nature should be directed to the relevant speciality or consultant.

## Introduction

The amount of radiation to which the population is exposed as a result of medical exposures continues to increase and yet as many as 30% of diagnostic examinations involving ionising radiation are unnecessary or do not result in commensurate benefit for the patient.

The main hazards from diagnostic examinations are the later development of cancer and genetic damage. The risk of inducing a fatal cancer is small but relevant and is related to the dose and the patient's age. For instance the additional lifetime risk of inducing a fatal cancer with a barium enema is approximately 1 in 3000. Genetic damage has not been observed in humans and the risk, which is quoted as not more than 10% of the cancer risk, has been estimated from various animal experiments. The foetus and children are at substantially higher risk from ionising radiation because of rapid cell growth and longer life expectancy. For a given radiation dose the risk of inducing a malignancy is 3 times greater for a 1 year old than that for the general population.

In order to minimise the risks from unnecessary and inappropriate examinations medical exposures are subject to statutory controls ('Ionising Radiation (Medical Exposure) Regulations 2000', or IR(ME)R – see later) which impose a duty to justify individually every exposure, to ensure that there is benefit to the patient which outweighs the risk.

## Minimisation of exposure

There are some important steps that you, as the referrer, can take to minimise radiation exposure for your patients.

- **Is the examination really necessary?**

Will the examination really answer your clinical question? For instance, a plain film of the abdomen in acute renal colic will neither confirm nor exclude the diagnosis of renal colic and will not exclude conditions that mimic renal colic.

- **Will the results alter your management of the patient?**

For instance radiographs of the coccyx after injury do not contribute to management because treatment will be the same whether or not there is evidence of coccygeal injury on the x-ray.

Some other examples of examinations that are often hard to justify are:

- Skull radiographs in headache, neurological problems, suspected pituitary problems and past trauma.
- Lumbar spine radiographs in patients aged 20 to 55 years with chronic, stable symptoms of back pain.

To help with this judgement the Royal College of Radiology (RCR) has published a set of clinical guidelines (iRefer), which is available to you via the Trust intranet at <http://guidelines.irefer.org.uk>. There are many other instances where plain film radiographs provide little information of value, which are listed in the RCR Guidelines. Justification of individual requests will be based on these guidelines.

- **Avoidance of repetition** - has the examination been done already?

- **Provide relevant clinical information**

Accurate clinical information helps to ensure that the correct examinations, or views, are performed in order to answer the clinical question. Provision of clinical information is necessary to justify the examination and is, therefore, a legal requirement.

- **Use, or refer for, a radiation free alternative when possible**

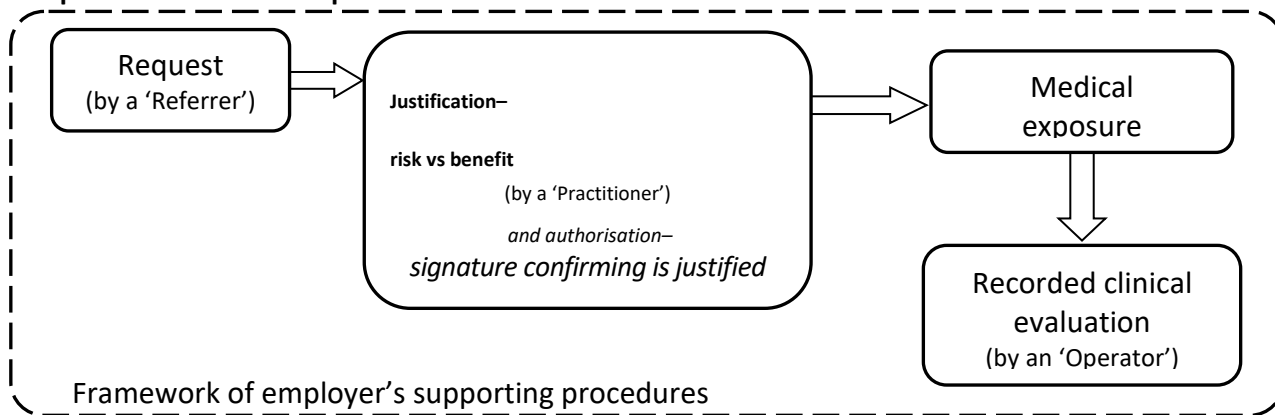
Eg ultrasound. The RCR guidelines include suggestions for appropriate imaging in many common clinical scenarios.

## An introduction to IR(ME)R 2000 for all those who make X-Ray or Nuclear Medicine requests (ie referrers) and an explanation of their responsibilities.

The medical exposure of human subjects (which includes exposure for research, screening programmes and medico-legal purposes) is controlled by the Ionising Radiation (Medical Exposure) Regulations introduced in 2000 and commonly referred to as IR(ME)R.

The purpose of this legislation is to protect patients and volunteers from unnecessary or inappropriate exposure, or exposure by equipment which is unsuited to the task. The Regulations seek to achieve this by requiring that individuals involved in the process of medical exposure, from referral through to reporting, have the training needed to properly carry out their duties and have received formal authorisation to undertake those duties from the Trust. The Regulations also make the Trust responsible for ensuring that there is a framework of procedures in place to address patient protection issues. The negligent or malicious failure to comply with these requirements is a criminal offence.

### The process for medical exposure



The regulations define the following duty holders, who must be identified in Trust procedures as being entitled to carry out their specific tasks–

**'Referrers'** – healthcare professionals who may make requests for X-Ray or Nuclear Medicine examinations (usually hospital clinicians and GPs; may be specially trained nurses or others where the Trust permits it in its written procedures). *See later for more information.*

**'Practitioners'** – healthcare professionals whose responsibility it is to justify that a particular radiological examination be undertaken for a given request, on the basis of the available clinical information. They must have specialist training as laid down in the IR(ME)R (usually Radiologists; may be Cardiologists, or others where the Trust permits it in its written procedures).

**'Operators'** – persons who carry out practical tasks related to the process of medical exposure. They must have specialist training as laid down in the IR(ME)R (e.g. radiographers, interventional radiologists, cardiologists, dark room technicians, clinicians reporting X-rays).

### Referrers

#### Entitlement to make requests for X-Ray and Nuclear Medicine investigations

The Trust entitles the following to act as Referrers:

- registered or pre-registration medical and dental practitioners;
  - ⇒ Consultants must note that when they ask junior staff, particularly pre-registration doctors, to write-up requests, they must ensure that the individual understands the request that they are preparing. The consultant will retain responsibility for the request according to the degree of supervision which would be expected.

Within this definition, individual Trust directorates or departments may place limitations on who may refer to them for their radiological services, or limitations on the scope of referrals (eg the types of examination for which a particular group may refer).

### **Referral guidelines**

Referral guidelines list the generally accepted indications for undertaking a particular radiological examination. They also indicate where certain investigations have been proven NOT to assist patient management. Radiology service providers are obliged to make referral guidelines available to referrers. For general x-ray requests the Diagnostic Imaging Directorate uses the Royal College of Radiology guidelines 'iRefer', with some modifications for local practice.

Requests which fall outside the guidelines may still be justified but will need additional clinical data to do so, or discussion directly with a practitioner (radiologist).

All requests received for medical exposure will be considered for their appropriateness. Inappropriate requests will be refused.

### **Referrer Duties**

If you make a request for an X-Ray or Nuclear Medicine investigation, you must:

- provide sufficient clinical information on the request to support its justification;
- provide sufficient information to unambiguously identify the patient or volunteer;
- provide the information in a legible format (preferably using e-requesting); and
- identify yourself and sign the request (if in paper format).

All medical exposures must be individually justified by a Practitioner. If the clinical information you provide does not justify the proposed examination then the request will be refused.

Please note that when you sign an x-ray request or complete an e-request, you take the legal responsibility for the information which it contains. If you cannot do this, do not sign or send it. In particular, requests MUST NOT be "pp'ed" and you MUST NOT pre-sign request cards (blank cheques).

Although MRI and ultrasound do not involve ionising radiation, the principles of good referring also apply to these modalities.

### **Screening for pathology**

Screening procedures for pathology in asymptomatic individuals that use ionising radiation are only justified if a national authority has determined that the radiation exposure during screening is low, the disease is sufficiently common and there is effective treatment available which is benefited by early detection. An example of such a screening program would be mammography in patients after the age of 50.

### **Examinations for legal and insurance purposes**

Examinations specifically for legal and insurance purposes should be limited or excluded. Careful consideration is required to ensure that such requests really are in the direct interest of the person concerned and in many cases this is not the case.

### **References**

'iRefer: Guidelines for Doctors. Published by the Royal College of Radiologists.

'Radiation and your Patient: A Guide for Medical Practitioners'. Published by the International Commission on Radiological Protection ([www.icrp.org](http://www.icrp.org)).