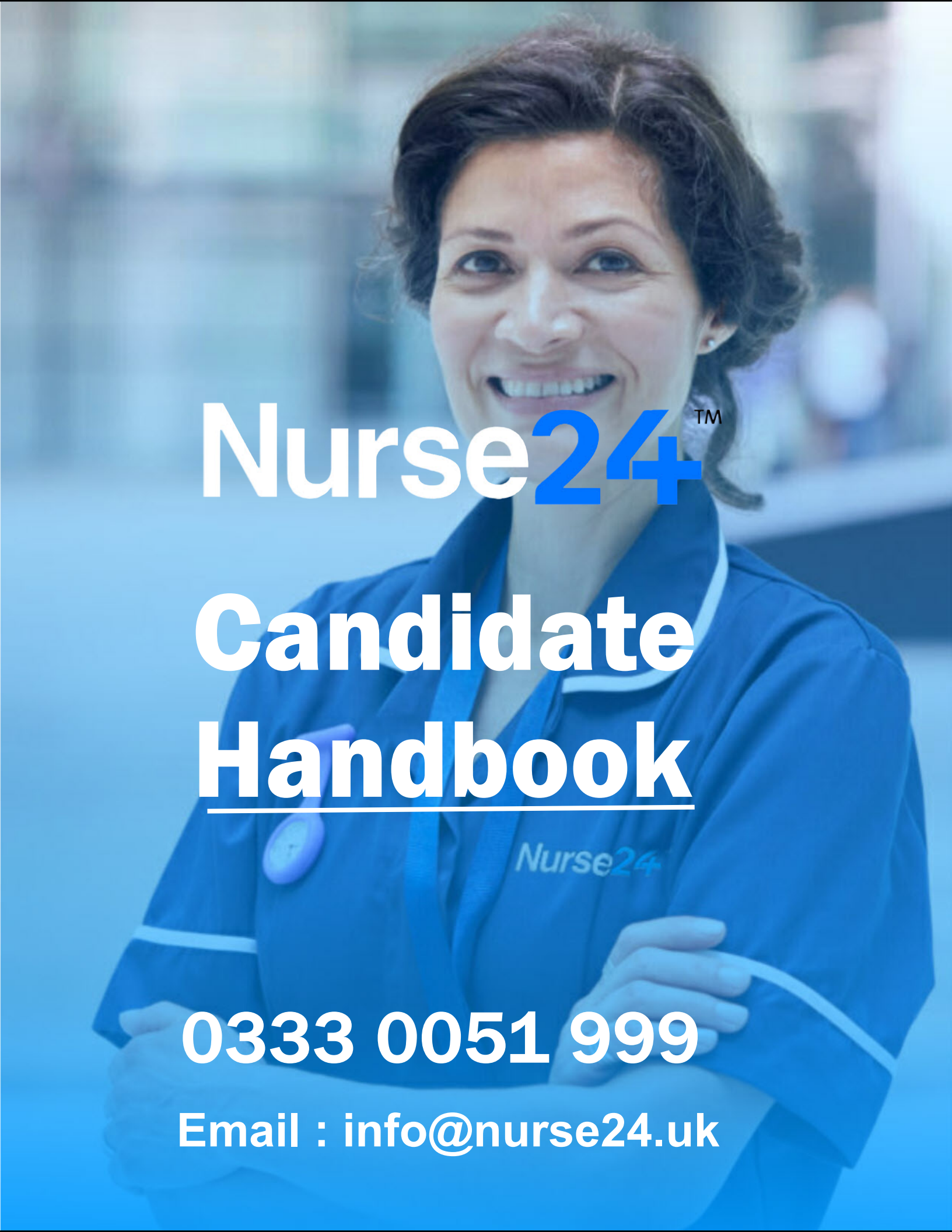

Nurse24™
Candidate Handbook
0333 0051 999
Email : info@nurse24.uk

CONTENTS

1.0 Welcome to Nurse24™

Welcome to Nurse24™!

We are delighted that you have chosen to join our company and that you wish to undertake agency work with us. Our clients consistently commend us on the high standard of the workers we provide them on a regular basis.

Your satisfaction is important to us, as we believe as a company it helps build strong working relationships and shows you are a valued member of the Nurse24™ Team. We look forward to working with you and wish you every success with Nurse24™.

During your registration you will receive your candidate handbook. The handbook is designed to provide you with all the information you will need to know whilst working with Nurse24™ including guidelines and standards essential to the delivery of safe high quality healthcare services.

Please read the handbook carefully and if you have any questions please ask your compliance officer or consultant.

2.0 General Information

2.1 Contacting us

Nurse24™ operates 24 hour On Call Service 7 days a week, which means if you require any guidance or advice you will get the support you need round the clock

Our main office hours are between 9am- 5pm Monday- Friday with our out of hours' team covering all out of core hours, ensuring you are able to speak to a member of the Nurse24™ team, day or night, 365 days a year. If you need to contact Compliance or Payroll please call between the hours of 9am-5pm Monday - Friday.

2.2 Arriving for work

On arrival to a new placement or workplace, please take the opportunity to familiarise yourself with the local policies and procedures.

For example, please be aware of the following where applicable:

- Fire procedure
- Crash call procedure
- Violent episode policy
- Procedure for alerting security staff
- Policy for administration and assistance with medication
- Health and Safety
- Information Governance
- Patient confidentially

If you have any queries regarding correct local procedures or are at all uncomfortable carrying out any of the duties you have been asked to perform, please raise these issues with your Nurse24™ Clinical Lead Nurse.

2.3 Rest time

You must always ensure that you are having adequate rest time between your shifts. You are entitled to 11 consecutive hours in each 24 hour working period and an uninterrupted 24 hours in under no circumstance should you work directly before or after a waking night shift. If you have any doubts or queries regarding rest time, please contact your consultant.

2.4 Working Hours

If you are employed by Nurse24™ in accordance with the Working Time Regulations 1998, employees of Nurse24™ are not permitted to work more than 48 hours per week on average, over a 17-week period.

Nurse24™ will automatically opt you out of the working time directive. You have an opportunity to opt in when completing your registration form or at any point by contacting Nurse24™ .

2.5 Absence

If you are unable to attend work for any reason, please contact your recruitment consultant immediately so we are able to inform the client and arrange a replacement. Please avoid late cancellations and ensure you familiarises yourself with process of out of hours' cancellations.

2.6 Personal Professional Indemnity Insurance

Temporary workers working in the NHS, as an agency worker, will be covered by the Clinical Negligence Scheme for Trusts (CNST) programme. The NHS CNST pays for only cases of medical negligence that occurs within NHS Hospitals and does not provide support for a variety of other situations including criminal cases, NMC or disciplinary hearings and good Samaritans acts.

Temporary workers working outside of the NHS as agency workers will need their own insurance i.e. RCN or from another suitable insurer.

Self-employed ageny workers or those working via a limited company must obtain their own insurance through RCN or another suitable insurer.

Nurse24™ would strongly recommend that all agency workers obtain their own medical insurance. Registered nurses will have to declare that they have indemnity insurance in place when revalidating through the NMC. Nurse24™ recommends that you are a member of a Trade Union or professional organisation so you are supported if you are faced with a disciplinary investigation and/ or hearing.

2.7 Appraisals

We will invite you for an appraisal every year, which will be arranged with you by one of our clinical team members either by phone or email. These appraisals give us an opportunity to review your performance at work, as well as providing you with an opportunity to raise any concerns or issues you may have. Appraisals are based on feedback received from clients. They cover the following areas;

- General levels of service including punctuality, attitude and ability to carry out practical tasks,
- Clinical performance,
- Any incidents or complaints,
- Training need and individual professional development,
- CPD activity
- Patient and colleague feedback
- Reflection
- Any other issues including progress since the last appraisal

Evidence of an annual appraisal will be necessary for all register nurses for revalidation purpose.

2.7.1 Nurse Revalidation

All registered nurses are required to revalidate every three years with the NMC. The requirements are:

- **450 practice hours-** Over the three years prior to the renewal of your registration.
- **35 hours of continuing professional development (CPD)-** Must be relevant to your practice as a nurse and over three years prior to the renewal of your registration. 20 hours must be through participatory learning.
- **Five pieces of practice- related feedback (at least)-** Feedback can be informal/ formal, written or verbal and from a number of sources including patients, services users, students and colleagues.
- **Five written reflections and one discussion-** On the Code, you CPD and practice- related feedback. You must discuss these reflections with another NMC- registered nurse.
- **Health and character declaration.**
- **Professional Indemnity Arrangement.**
- **Confirmation from a third party-** An appropriate third party Confirmer is your line manager or an NMC registrant which you work with.

Nurse24™' clinical team can assist regular agency workers with the revalidation process and if necessary can act as a Confirmer.

We recommend you:

Download a copy of the Revalidation guide on the NMCrevalidation website.
Register your interest for your **free RCNi Portfolio account** where you will find huge amount of support towards revalidation.
For any questions, speak to a member or the team or emailrevalidation@nurse24.uk

2.8 Quality Assurance

To ensure service standards are being met, Nurse24™ has policies and procedure on all aspects of quality assurance monitoring. This is facilitated through service visits, telephone quality calls, spot checks and in-house monitoring through quality assessment questionnaires.

Records of quality monitoring will be kept secure. Should we receive negative feedback on the quality of your work, you will be informed.

2.9 Agency Workers Regulations (AWR)

The AWR came into force on the 1st October 2011 and gave agency workers the right to the same basic terms and conditions as if the hirer (our client), had employed you directly to do the same job.

The AWR gives you two specific sets of entitlements: Day 1 Rights, which apply from the first day of your assignment, and Week 12 Rights which come after you accumulate 12 qualifying weeks on assignment.

It is important to remember the AWR does not alter your employee status in any way. You remain an agency worker engaged by Nurse24™ under your current terms. However, please be aware that it is unlikely that you will be covered by the AWR legislation if you are genuinely self- employed.

Day 1 Rights will affect all agency workers from the first day of the assignment. Previously you may have had restricted access to those on-site facilities enjoyed by permanent staff of our clients such as the canteen, car parking, childcare facilities, or staff common room, the AWR now ensures that you will have no less favourable access to them than comparable employees.

As part of your Day 1 Rights you are also entitled to be notified of any relevant opportunities for employment with the client, although it is still the client's decision who they employ.

The AWR only give you the same rights of access as those employed directly. It doesn't enhance your rights any further. So while you cannot be prevented from using the on-site canteen, if the client provides subsidised meal to their permanent employees; the subsidy will not necessarily extend to you. Similarly, if there is a waiting list for access to facilities such as the car park, AWR will allow you to join the waiting list, it does not give you automatic right to a car- park space.

Once you have accumulated 12 qualifying weeks working with the same hirer in the same job, you will be entitled to the same basic terms and conditions of employment as if you had been employed directly by the client.

The Week 12 Rights ensure that you receive the same:

- Basic pay,
- Paid annual leave,
- Rest periods and rest breaks,
- Overtime and shift premiums,
- Performance-related bonus.

As if you had been recruited directly by the client to, do the same job, with the same skills and qualifications. You acquire a single qualifying week each time you do any work within a seven-day calendar week after the start of your assignment. This can be a full week or only a few hours, and it can be through more than one agency, so long as you are doing the same job for the same client.

To help us ensure you receive your full rights it is essential you inform your dedicated Nurse24™ contact if you have worked for a client through another recruitment agency. You are not legally required to give us this information, but if you do not, we will not know when you have qualified and ensure you receive your full rights under the AWR.

You will lose any qualifying weeks:

- If you begin a new assignment with a new client,
- If you change your job role, grade or specialty with the same client,
- If there is a break in the assignment of over six weeks,
- Breaks in your assignment will not necessarily prevent you from completing your 12 week qualifying period.

Your qualifying clock will be paused where there is a:

- Break for any reason where the break is no more than six calendar weeks,
- Break of up to 28 weeks because of sickens or injury,
- Break of up to 28 weeks to perform jury service,
- Planned shutdown of the workplace by the hirers or by a strike, a lock out or any other industrial action at the hirer's establishment.

Upon your return to work, the qualifying clock will then continue as usual. If the reason for the break is for family reasons, such as maternity or paternity leave, you may continue to accumulate qualifying weeks even though you are not on assignment.

Nurse24™ works closely with our clients to gather all the necessary information regarding pay and benefits of the comparable staff, to ensure you receive your full rights. Where a client has informed us you are entitled to a change in pay or other entitlements relating to the AWR, we will liaise with the client to arrange the appropriate amendments.

In cases where the client is already offering the same rate of pay- parity as part of your Day 1 Rights, after your twelfth week on assignment no further changes will be made.

If you have any further questions relating to this information, please contact your Nurse24™ recruitment consultant.

3.0 Disclosure and Barring Service

All public and private organisations request that an Enhanced Disclosure/ Check is obtained for all health professionals, acquired from the Disclosure and Barring Service or Disclosure Scotland. Your DBS will be required to be on the update service and will be reviewed annually. We can assist you at all stages of the process.

You are required to inform us if you have been subject to a prosecution by the police after the check has been undertaken.

3.1 Overseas healthcare workers

If you currently reside outside of the UK, please forward your original police check from your country of origin. This must be no more than three (3) calendar months old when you arrive in the UK. In addition to your police check, you must also hold a Nurse24™ Enhanced Disclosure or a DBS status check if your DBS check portable. This can be applied for prior to your arrival in the UK.

3.2 Criminal convictions

Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, applicants for the healthcare professional position are not entitled to withhold information about convictions which, for other purposes, are 'spent'. Healthcare workers are expected to provide Nurse24™ with a statement of any criminal convictions police investigations or cautions, and include written permission to disclose this information to clients. Please note that having a criminal record will not necessarily bar you from working as a healthcare worker through Nurse24™.

Nurse24™ is bound by the Code of Practice of the Disclosure and Barring Service and has policies on the Rehabilitation of Offenders and Secure Handling and Storage of Disclosure information which can be found at the rear of this handbook.

4.0 Occupational health requirements

4.1 Health declaration

On applying to work with Nurse24™, you will be required to complete a health declaration form and TB information form, in order that our Occupational Health can assess what if any, modification might be required in either the working process or environment to ensure your continued good health. You will also be required to complete an annual health review to ensure that your health status is maintained.

Should you not undertake placements through Nurse24™ for a period of three months or more, you will be required to complete a new health declaration form and TB information form.

4.2 Immunisation requirements

The Department of Health require that all agency healthcare workers provide documented evidence of their immunity to, or freedom from, a number of common illnesses/ infections in order to protect the healthcare worker, their patients and colleagues from infection.

All agency staff must provide evidence of immunity to/ immunisation for the following:

Hepatitis B,
Rubella,
Measles,
Varicella (chickenpox)
TB.

4.3 General requirements (all posts)

Hepatitis B: Please provide evidence of your vaccination course dates, along with your post vaccination surface antibody blood test results (titre levels). A course is three vaccinations.,

Hepatitis B five-year booster: As per the Department of Health's 'green book', a booster should be given five years after your primary course of vaccination.

Rubella: Please send in evidence of either your serology showing you are immune to Rubella, or evidence of vaccinations. If you had a combined vaccination e.g. MR or MMR, you need to show evidence of the two vaccinations,

Measles: Please send in evidence of either your serology showing you are immune to Measles, evidence of vaccinations. If you have had a combined vaccination e.g. MR or MMR, you need to show evidence of the two vaccinations,

Tuberculosis: Please send in evidence that your BCG scar has been seen by either your practice nurse, GP or Occupational Health department. Alternatively, you can provide evidence of a Heaf/ Mantoux test, or evidence of having had a BCG vaccination,

Varicella: A personal declaration demonstrating that you have had chickenpox. Alternatively, you can provide evidence of your serology showing your immunity. If you are not immune, we need to have evidence that you have had two vaccinations.

The evidence provided must be on headed note paper, signed by the issuing Occupational Health Department, GP or Clinic and be stamped with their organizational stamp.

For those wishing to undertake work in exposure prone areas such as surgery, theatre/ scrub, dentist or A&E, refer to section 4.4.

4.4 Additional requirement for EPP workers

Hepatitis C
HIV
Hepatitis B surface antigen.

The above must be taken in line with the Department of Health Document HSG (93) 40, and the results must be from a UK laboratory and should include evidence that the healthcare worker's identity was confirmed at the time the sample was collected. This is achieved by the individual presenting photo ID such as a driving license or passport, and that this is recorded on the issued laboratory result. We will be unable to issue an EPP certificate without UK IVS reports.

Your GP or your present/ previous NHS employer's Occupational Health Department should be able to assist you in obtaining the above evidence. Please note, any costs for the above evidence are to be met by yourself. If your medical practice is unable to offer you the service, you will need to find a private clinic. We may be able to assist you with this.

If you require further clarification, please contact Nurse24™ during office hours.

4.5 Fit to practice

For your own health, and for those in your care, it is important that you are fit to practice on each assignment; therefore, you are required to declare you are fit to practice prior to each assignment. You must not declare that you are fit to practice if you are suffering from any of the following conditions or any other condition that a responsible healthcare professional would consider impinged their fitness to practice;

Vomiting,
Diarrhoea,
Rash,
Upper respiratory infection.

Always inform Nurse24™ if you become injured or are diagnosed with any condition. You should also inform your recruitment consultant if you become pregnant because of any potential risks to the unborn child. Please contact us immediately, should you become concerned that an assignment might involve risk to your health, safety or fitness, or that of your unborn child.

Nurse24™ reserves the right to request a certificate of fitness to practice from your GP or an occupational health department or service. Clients of Nurse24™ may also ask that you undergo a medical examination prior to assignment and future placements may be dependent on your compliance and the outcome of the examination, provided the request is made with good reason.

5.0 Timesheets and payroll

5.1 Timesheets

For the majority of trusts/ clients, you will have one timesheet per client. It is your responsibility to ensure that the timesheet is correctly completed and signed by the authorised signatory. All timesheets should be emailed to timesheets@nurse24.uk.

Timesheets must be completed in full as below:

- Name as per your passport in block capital- do not use nicknames
- Payroll number
- Your band
- Place worked including ward/ unit (use one timesheet per ward/unit/assignment)
- Date and times (use 24hr clock) of assignment with breaksdocumented
- Sign your timesheet and gain approval
- Please keep a copy of your timesheets for your own records
- Name of authorising signatory

Once your timesheet is complete please either:

- Scan a PDF document and email it to timesheets@nurse24.uk
- Post it to the address listed at the top of the timesheet for attention of Payroll.

Please be aware we are unable to accept photographs of your timesheet.

Please also take notes of a few additional requirements to help with prompt accurate payment:

- Some hospitals/care homes also require internal timesheets to be filled in as well as the Nurse24™ timesheet. Certain clients use their own systems to prevent fraud, such as reference number and unit stamps. Before attending a new assignment for the first time or after an absence, please discuss such requirements with your recruitment consultant,
- Never make corrections on timesheets after the client has taken their copy or after the client has signed the timesheet. Any changes made must be countersigned by the client,
- Never sign a client's name, or sign on a client's behalf.

5.2 Payments

Payslips are sent out to our agency workers each time they are paid.

If you have any queries regarding your payslip, please contact our payroll department.

5.3 Limited company payments

Further to informing Nurse24™ of your intention to be paid via a Limited Company, you will be provided with a request to supply us with your company details. Once we've received this we will send you a contract to sign and return. Only upon receipt of a signed contract, will limited company payments to your account begin.

Please note that if you create your own Limited Company you will be required to provide a relevant Limited Company Invoice along with each timesheet submitted for payment.

What your invoice should include as indicated on the HMRC website:

The word 'invoice' must be clearly displayed on the document, A unique identification number,
Your company name, address and contact information,
The company name and address of the customer you'reinvoicing, A clear description of what you're charging for,
The date the goods or service were provided (supplydate),
The date of the invoice,
The amount(s) being charged,
VAT amount if applicable,
The total amount owed.

We can provide you with an invoice template which takes into account all of the above for your convenience should you need it.

How to submit your invoice:

Once your invoice is completed you can either:

Scan and email it to payroll@nurse24.uk
Post it to the address listed at the top of the timesheet for the attention of Payroll.

All non PAYE workers (i.e. those working through their Personal Service Company (PSC) or an umbrella company) must ensure that they are IR35 compliant. HMRC provides information regarding IR35 compliance on https://www.gov.uk/guidance/ir35-find-out-if-it-applies and all non PAYE workers should ensure that they seek professional advice from their accountant as they are responsible for both IR35 compliance and ensuring that the correct Tax and NI is paid for their work through Nurse24™.

5.4 Banking arrangements

Your earnings are paid directly into your bank account. Therefore, it is essential that you complete your bank details in the appropriate section of the application form accurately.

If you have any questions or wish to change the bank account you initially gave us, your recruitment consultant will be happy to assist you.

5.5 Tax code queries

Whilst Nurse24™ may process your pay and deductions, we are not responsible for your tax affairs. Please contact your local tax office.

6.1 Your responsibilities

Your dedicated recruitment consultant works hard to match you to the right type of assignments, and will be in contact with you regularly to discuss your options. We receive a high volume of assignments every week and we ask you to keep us updated with your availability, or any changes in contact details. We would also ask that you remain in regular communication with Nurse24™ to ensure that you are the first choice for all placements we submit you for.

In addition, we also ask that you;

- Ensure that your nursing/care practice is of the highest quality,
- Comply with professional, legal and ethical requirements,
- Abide by your professional codes of practice/ conduct,
- Act as an advocate for all service users and clients in managing their care,
- Be courteous and polite at all times,
- Be on time,
- Wear the appropriate uniform and your Nurse24™ ID Badge
- Do not wear the uniform, protective clothing, photo ID badge or use the equipment on the authority's premises unless fulfilling the terms of the agreed of your assignment,
- Do not arrange or provide a substitute worker yourself if you cannot attend, that's what we are here for,
- Give your recruitment consultant a much notice as possible of any annual leave,
- Tell us if you: fall ill, get injured or become pregnant,
- Do not report for an assignment if you are medically unfit,
- Give at least one week's notice if you will be leaving an assignment early where possible,
- Let us know if a trust/ client offers you a permanent role,
- Ensure you have requested, read and understood the Health and Safety, Crash Call, Violent Episode and Security procedures for each assignment, including trusts/ clients where you have worked previously,
- Inform us of any new training you have undertaken and update your CV,
- Cooperate in the removal of any discrimination in service provision,
- Inform us of any disciplinary proceeding, suspensions or investigations immediately,
- Inform us of any NMC/ HCPC on-going or new referrals/ investigations,
- Keep your professional registrations up to date,
- Understand and comply with the relevant security measures,
- Do not make unnecessary use of authority in connection with the discharge of the provision of services and assignment instructions,
- Do not misuse or abuse the authority's property,
- Do not at any time be, or appear to be, in possession of firearms or other offensive weapons,
- Let us know your thoughts on the service we provide, be it positive or negative. Without your feedback, we cannot continue improving out service,
- Will not transport any services users in the worker's own car, and will not use or be a passenger in the service user's car.

Please note any information provided to Nurse24™ declared by yourself can be shared with the trusts to ensure the trust is fully aware of your current professional status and any change in your circumstances in relation to the work you will be carrying out.

7.0 Policies and procedures

7.1 Data Protection

The Data Protection Act 1998 allows a patient to see the contents of his/her medical records.

Below is a summary where all the patients/ representatives are given access to all relevant health information. However, there are a few circumstances where it may not be appropriate:

Any patient record should be complied with the assumption that a patient may see the contents,
Within the Act there is no provision that prohibits informal voluntary arrangements to allow patients access to their records,
Provisions within the Act that refer to the formal access of records, a patient should be given the informal access arrangements literature.

A definition of records relates to the physical or mental well-being of a patient, who could be identified from the information in the file which has been made by or on behalf of a Health Professional in connection with the care of the patient. This includes independent clinical/ departmental files as well as the central medical record. The holder of the record is the individual with whose care the record in connection has been made. The patient is the individual with whose care the record in connection has been made.

The Health Professional is a Registered Medical Practitioner, Dentist, Optician, Pharmaceutical Chemist, Nurse, Midwife or Health Visitor, Chiropodist, Dietician, Occupational Therapist, Orthoptist, Physiotherapist, Clinical Psychologist, Child Psychotherapist, Speech Therapist, NHS Art or Music Therapist and Scientists who are Head of Departments.

The following have the right to access, the patient or if a patient is unable to access the information themselves they must give an authorised person the right to access by a written letter with their signature, or any person appointed by the court to manage the affairs of a patient. If the patient has died, the patient's immediate next of kin or any person having a claim arising from the death.

There are a few exceptions where the applicant is entitled to inspect or to be supplied with a copy of the whole record or an extract of the record. Under the terms of the Act Health Professionals, with two exceptions cannot withhold their consent to access the record. The exceptions of this are as follows:

1. Where in the opinion of the Health professional, giving access would disclose information likely to cause serious harm to the physical and mental well-being of the patient or any other individual.
2. Where giving access would in the opinion of the Health Professional disclose information relating to or provided by an individual other than the patient who could be identified from the information. However, access can be given where the individual who could be identifies who could be identified has consented to the disclosure. The rule does not apply if the individual who could be identified is a Health Professional involved in the care of the patient.

NB the right of access is granted to a patient or a person authorised in writing by the patient. The holder of the record may deny an applicant's request for access when the Health Professional has formed the view that the patient authorising the access has not understood the meaning of the authorisation.

In addition, patients who are children (i.e. persons under 16 years of age) who in the view of the appropriate Health Professional are capable of understanding what the application is about may prevent a person having parental responsibility from having access to the record. Where in the view of the Health Professional the child patient is not capable of understanding the nature of the application, the holder of the record is entitled to deny access if it were not felt to be in the child's best interest.

Where the patient has died, the Act enable such a patient before death to request that a note could be included in the record that he/she does not wish access to be given on application.

If a record contains terminology that is not understood that is not understood by the patient, the Health Professional concerned must give an explanation. Although a lay administrator may supervise inspection of records that individual may not comment on or discuss the contents.

In the event that an applicant required an explanation the lay administrator will contact the Health Professional. If he/ she is not available, the administrator will seek an appointment with the Health Professional for the patient.

If the applicant has a correction for his/ her records he/she can ask for any inaccuracies in the record to be corrected. The Heath Professional/ Lay Administrator should either make the necessary correction or make a note in the relevant park of the record that is alleged to be inaccurate.

There are statutory time limits to process the request. If the individual has previous notes that are older than 40 days, the holder has 40 days from receipt to process the request. If the individual is a new patient or previous notes are less than 40 days old, there is 40 days from receipt to process the request. For written applications there is a 14- day period during which time the Trust must request any proof of credentials or identity. The time limit restarts from the date of receipt of further information.

NB All time limits are calendar days not working days.

Charges can be made under the terms of the Act. The Trust is entitled to collect a fee not exceeding £10.00 for access to a record where the patient has not been seen within 40 days. In addition, they are entitled to levy a charge for photocopies of notes supplied on request, based on a current tariff of 23 pence per sheet, with a maximum charge of £50.00.

Applicants have the right to apply to the High Court or County Court if the holder of the record appears to have failed to comply with the Act.

7.2 Information

Information is a vital asset, both in terms of the clinical management of individual service users and the efficient management of services, resources and performance management.

Nurse24™ recognises the need for an appropriate balance between openness and confidentiality in the management and use of the information. Nurse24™ also recognizes the need to share information with other relevant organisations and agencies, such as the NHS and local authorities in a controlled manner consistent with the interests of the patient and in some circumstances, the public interest. Equally important is the need to ensure high standards of data protection and confidentiality to safeguard personal and commercially sensitive information.

Underpinning this is the integrity need for electronic and paper information to be accurate, relevant and available to those who need it. Staff must ensure at all times that high standards of data quality, data protection, integrity, confidentiality and records management are met in compliance with the relevant legislation and Day Webster & Care Providers guidance. It is the responsibility of all staff to familiarise themselves with this policy and adhere to its principles.

Nurse24™' Caldicott Guardian is our responsible officer and the Information Governance Lead is our Clinical Lead Nurse.

7.3 Equality and Diversity

As a service provider, Nurse24™ is committed to implementing the provisions of the Equality Act 2010 and to promoting equality of opportunity for all staff, candidates, clients, customers and suppliers.

We are all opposed to all forms of unlawful and unfair discrimination. All job applicants, employees, other people who work for us and visitors, clients, candidates, customers and suppliers will be treated fairly and will not be discriminated against on any of the characteristics protected under the Equality Act 2010 Decisions without unlawful discrimination.

We do not discriminate against staff, visitors, candidates, clients, customers and suppliers on the basis of age, disability, gender reassignment, martial or civil partner status, pregnancy or maternity, race, colour, nationality ethnic or national origin, religion or belief, sex or sexual orientation.

We are committed to:

- Promoting equality of opportunity for everyone,
- Promoting an environment where all the employees, candidates, visitors, clients, customers and suppliers are treated with respect,
- Preventing occurrences of unlawful direct, indirect, perceived, or associated discrimination, harassment or victimisation,
- Fulfilling all our legal obligations under the equality legislation and associated codes of practice,
- Prompt and efficient action to deal with discrimination whenever it occurs,
- Identifying and removing any barriers to equal employment opportunity through appropriate training and communication,
- Taking lawful affirmative or positive action, where appropriate,
- Valuing diversity.

The principles of non-discrimination and equality of opportunity also apply to the way in which we expect our staff and candidates to behave. All staff have a duty to act in accordance with the above and treat colleagues, patients, visitors, clients, candidates, customers and suppliers with dignity at all times, and not to discriminate against or harass other members of staff, patients, visitors, clients, candidates, customers and suppliers regardless of their status. All those with protected characteristic can expect to be treated with dignity and respect in relation to all our services.

7.4 Code of conduct

Please conduct yourself in a professional manner and abide by your professional organisations standards of practice (NMC/ HCPC/ GMC) at all times when working through Nurse24™. In particular, we ask you to pay special attention to;

- Punctuality,
- Standards of dress and courtesy,
- Quality of care and clinical procedures,
- Consideration and respect for clients, colleagues and supervisors,
- Confidentiality and integrity.

Nurse24™ expects professionalism at all times and we ask all our agency workers to live our values in the workplace:

- We care,
- We are innovative,
- We take accountability,
- We deliver with excellence,
- We act with integrity.

You are responsible for your own actions when completing an assignment and, in cooperation with your colleagues and nurse in charge/line manager, for the care of your service users. You should comply with all reasonable requests using your professional judgement at all times. If you have any questions or concerns about your work, please try and resolve these locally at first. You should not attend work under the influence of alcohol or any illicit substances, or smoke at work.

7.5 Induction

At your interview you will be given an induction into the policies and procedures of Nurse24™.
The induction provided will cover issues such as timesheet submission, on-call procedures, immunisation, care standards and legislation. Induction/ mandatory training will also cover;

- Health and safety, including R.I.D.D.O.R and C.O.S.H.H policies,
- Fire safety,
- Complaints handling procedure,
- Caldicott Protocols,
- Handling of aggression and violence procedure,
- Risk incident reporting procedure,
- Lone worker procedure,
- Equality and diversity,
- Medication policy,
- Nurse24™ policies and procedures,
- Moving and handling,
- Infectious Diseases (MRSA and C.Diff)
- Safeguarding.

7.6 NHS induction

All healthcare workers should ensure they receive an NHS environment and local policy and procedure induction at the start of any new shift.

7.7 Mandatory annual training

Please keep up to date with all relevant clinical guidance as well as attending to CPD requirement. In particular, you must have received mandatory training in the following and this training must be updated annually by Nurse24™
Please speak to your Clinical Lead Nurse about how you can access the training;

- Moving and handling,
- Fire safety, Medication policy,
- Health and safety, including R.I.D.D.O.R and C.O.S.H.H,
- Life support, relevant to their field of work,
- Infection control,
- Handling aggression and violence procedure,
- Caldicott Protocols,
- Equality and diversity,
- Lone worker policy,
- Data protection,
- Food hygiene,
- Complaints handling,
- Safeguarding of vulnerable adults to level 2,
- Safeguarding of children to level 2,
- Safeguarding of children to level 3- for A&E, theatres and paediatrics positions only.

7.8 Fraud awareness

The NHS has a plan to reduce the amount of fraud in the health service and, as a results, has established the *Counter Fraud and Security Management Service.* It is important all NHS/agency workers are made aware of what constitutes fraudulent behaviour and the action they should take if they are aware of any fraudulent behaviour taking place.

Fraud

Any deliberate intent to deprive an employer of money or goods through falsification of any records or documents (e.g. submission of false invoices, inflated time records or travel claims, the use of orders to obtain goods for personal use).

In accordance with the NHS Counter Fraud Charter with UNISON, this definition is intended to clarify the crucial distinction between deliberate fraud and unintentional error, removing wherever possible any confusion or ambiguity.

If you suspect any case of fraud, it must be reported and brought to the attention of the Local Counter Fraud Specialist (within England). Alternatively, you may report any of fraud in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).

Below you will fine examples of known typed of NHS fraud.

7.8.1 Fraud committed by pharmacists

Conspiring with a GP, a pharmacist submitted bogus prescriptions for reimbursement with a value of over £1million,

Some pharmacists have made significant amounts of money by substituting an expensive drug with a cheaper alternative, by claiming payment for the more expensive one. In other cases, items havebeen added to prescriptions, or the amounts of the drugs prescribed have been altered, so as to increase payments made to pharmacists,

Fraudulently generating fees from emergency opening, one pharmacist claimed to have been called out over 400 times in one month.

7.8.2 Fraud committed by doctors

A dispensing GP issued bogus prescriptions for residential home patients over several years, with a value of more than £700,000,

Following a doubling of the amount paid for night visits, one GP's claims rose from under 200 visits, per year to 500 when the average was only 60 but the additional visits had not been made,

Claims were made relating to 23 patients supposedly living in a one bedroomed flat owned by GP involved,

A doctor refused to see his patients at his surgery only to claim £150,000 in night visits fees to visit them at their homes.

7.8.3 Fraud committed by hospital consultants

A senior specialist falsified employment agency timesheets while working full time for an authority, generating £46,000 in fraudulent income over five years,

A consultant recorded private patients as NHS patients in order to avoid making the appropriate payments to the hospital,

Fraud involving the procurement of drugs orservices,

During a period of one year, a storeman accepted gifts as payment for placing 40 years' worth's of ordered from a supplier,

A manager colluded with suppliers to produce invoices for £25,000 worth of goods which were delivered,

One investigation revealed £73,000 worth of catering and stationery supplies misappropriated within a

health authority.

7.8.4 Fraud committed by administration staff

An investigation at one NHS trust revealed over £380,000 in claims for duty payments and hoursworked, with no evidence that the work had been done,

A manager forged the signatures of authorised cheque signatories and submitted a number of false invoices to support reimbursement requests. The estimated value of the fraudulent payments was £34,000.

A travel claims officer submitted false claims which replicated genuine claims and manipulated BACS payment details to divert the payment into his bank account. The losstotalled £60,00 over four years.

7.8.5 Fraud involving patients' income

A community living scheme manage stole over £12,000 from two disabled service users whose finances he was responsible for managing.

A nurse persuaded service users with learning disabilities to let him hold their building society books and misappropriated over £9,000.

7.9 Record keeping

Good record keeping is essential to your work as an agency healthcare professional. Nurse24™ expects all healthcare professionals to abide by the following guidance as noted in the NMC code:

1. Keep clear and accurate record relevant to your practice.
2. This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice.

To achieve this, you must:

Complete all records at the time or as soon as possible after an event, recording if the notes are written sometime after the event,

Identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need,

Complete all record accurately and without any falsification, taking immediate and appropriate action of you become aware that someone has not kept to theserequirements,

Attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation,

Take all steps to make sure that all records are kept securely, and 9.6 collect, treat and store all data and research finding appropriately.

7.10 Computers

If you are granted access to a client's computer system, this must only be used as authorised and not for the purpose of gaining access to other programs or data. Please ensure that you;

Adhere to the client's policy/ procedure,

Maintain password security,

Log off after use.

7.11 Managing harassment

Nurse24™ will provide you with the same level of support in accordance with the relevant policy whether the person harassing you is a client, service user or a colleague. Any alleged incidents of harassment should be reported in accordance with the Complaints Procedure.

7.12 Alcohol

Under no circumstances should you attend work if you are under the influence of drink or drugs that would preclude you from driving. If personal medication is required during work hours, please advise the client and follow their recommendations.

7.13 Smoking

No smoking on any trust/ clients premises except where it is expressly permitted.

7.14 Mobile phones

Mobile phone must be switched off during work hours. If you need to use your mobile phone, please ensure this is done on you break and in an appropriate and safe area.

7.15 Telephones

You are not normally allowed to use a client's telephone for personal calls. However, in an emergency, please gain consent from an authorised person and keep the call as brief as possible.

7.16 Security

Please ensure that you comply with the client's security measures. Keep confidential information, valuables, equipment and materials adequately secured at all times. Report suspicious incidents or loss of items immediately to your recruitment consultant. You must never be in unauthorised possession of any client, service user or Nurse24™ property, including cash. Please follow any instructions relating to the wearing of security badges or identity cards.

7.17 ID cards/ badges

You will be provided with a Nurse24™ photo ID badge. Please carry this with you, or ensure it is visible on your uniform, whenever you are working on behalf of Nurse24™ and produce it whenever requested. You must carry evidence with you that you are on the register of the relevant professional body (unless you are a healthcare assistant) and you are able to practice as a registered healthcare worker.

7.18 Personal appearance

Nurse24™ complies to uniform policies in individual hospitals. We expect you to dress in appropriate uniform, which can be obtain from Nurse24™. Presenting a professional image is very important;

- Female agency workers should aim to wear a plain tunic with blue or black trousers. Stocking or tights should be neutral in colour and should be worn with dresses. Make-up should be kept to a minimum,
- Male agency workers should aim to wear a plain tunic with blue or black trousers unless otherwise advised,
- Jewellery should be kept to a plain wedding ring, wrist watches should not be worn,
- Shoes should be black or brown,
- Hair must be clean and neat and if long, must be tied back,
- Follow Trust dress code policy.

7.19 Whistle blowing

Whistle blowing can be described as a process of reporting matters of concern and covers:

- Poor quality care,
- Malpractice of Care,
- Criminal Offences,
- Fraud or corruption,
- Negligence,
- Other Civil Law issues, such as racial, sexual or disability discrimination,
- Miscarriage of Justice,
- Danger to Health and Safety,
- Environment issues (e.g. pollution)

Please not that this list is not exhaustive.

Nurse24™ take malpractice seriously and provide guidance and support to all our agency workers about malpractices at work and we actively encourage all agency workers to raise any concerns in the right and appropriate way.

Nurse24™ will support you if you raise a genuine concern in good faith under our guidance and you will not be at risk any detriment of suffer any form of penalty as a result even if you are mistaken. We do not however extend this assurance to someone who maliciously raises a matter they know to be untrue and may result in Disciplinary action.

Please be assured that we will not tolerate any harassment or victimisation of anyone raising a genuine concern. We do however recognise that you may wish to raise a concern in confidence.

If you ask us to protect your identity by keeping your confidence, your identity will not be disclosed without your consent. If the situation arises where we are not able to resolve the concern without revealing your identity, then an agreement will be reached about whether and how to proceed.

Please not that, if you raise concerns anonymously, it will be much more difficult for the matter to be looked into and for feedback to be provided. While we will consider concerns raised anonymously, any possible actions may be limited because of the anonymity of the person raising the concern.

As a Nurse24™ agency worker you have a duty of care to ensure that the best care and treatment is provided to all patients. In addition, you are expected to be open and honest and if you believe that you have witnessed care or treatment that falls below the standards expected by Nurse24™, the trust you are working for or any professional body standard either due to the action of an individual or a group or due to a lack of resources, then you have a duty to alert senior staff to such concerns.

The best way to let us know of your concerns is via our secure event reporting inbox complaintsteam@nurse24.uk. Please use whistle blowing as the subject matter.

Once a concern has been raised to us, our Clinical Team will investigate and make an initial assessment of what action should be taken. This may involve an internal inquiry or a more formal investigation. We will tell you the name of the person who is handling the matter, how they can be contacted, how the matter will be dealt with, the timeframe for a response and whether further assistance may be needed.

Please remember that we may not be able to tell you the precise action taken, where this would infringe a duty of confidentiality to someone else.

If you wish to raise a concern you may bring a friend, or a member of the Trade Union or professional representative (not acting in an official capacity) to any interviews that may be arranged, provided that the person is not involved in the area of work to which the concern relates.

It should be noted that this person should attend to provide personal support only and will not be allowed to become involved in the proceedings.

The Public Interest Disclosure Act 1998 (often referred to as the 'Whistleblowers Act') gives you protected rights to flexible workers who wish to raise concerns in specific areas, such as health and safety or malpractice. It is important to be aware that, any member of staff, who discloses information about matters of patient care, to be media or the public, without the following the correct procedure is outside the protected rights for public disclosure under the Public Interest Disclosure Act and may be subject to disciplinary action.

Further information is obtainable through the National Whistleblowing helpline website, www.wbhelpline.org.uk

You can also contact:

- Your Trade Union or professional association,
- The independent charity 'Public Concern at Work' on 0207 404 6609; their lawyers can give you confidential advice about raising a concern about serious malpractice at work,
- The NHS Fraud and Corruption Reporting Line on 0800 020 4060

While we cannot guarantee that we will respond to all matters in the way you might wish, we will try to handle the matter fairly and property. If you are worried that your concern has not been taken seriously or your concern has not been dealt with appropriately, you may escalate your concern with a relevant regulatory body (referred to as a prescribed person or prescribed body).

We would strongly recommend that you seek further advice before escalating concerns externally.

Extensive guidelines on how to raise a concern and how to escalate a concern, where appropriate, with regulatory bodies, can also be found on the following website:

- British Medical Association (BMA)- guidance for doctors and medical student, www.bms.org.uk,
- General Medical Council (GMC)- guidance for doctors on raising and acting on concerns, www.gmc.org.uk,
- Nursing and Midwifery Council (NMC)- guidance and toolkits for nursing and midwifery, www.nmc-uk.org,
- Health and Care Professions Council (HCPC)- guidance for healthcare professionals, www.hpc-uk.org,
- Care Quality Commission (CQC)- guidance for health and care staff about how you can escalate a concern with the CQC, www.cqc.org.uk,
- The Royal College of Nursing- guidance for qualified and unqualified nursing staff, www.rcnn.org.uk.

7.20 Confidentiality statement

As an agency worker working through Nurse24™ you will, in the course of your duties, have access to personal information. It is vital that you treat any information in a discreet and confidential manner and you ensure that;

- Written records and correspondence are kept securely at all times,
- No information regarding the assignment, client or service user is disclosed to unauthorised persons,
- Where information is requested no details should be given and you should refer the request to your recruitment consultant,
- Do not hold conversations relating to confidential matters affecting the client/ service user or Day Webster & Care Providers in situations where they may be overheard, i.e. in corridors, reception areas, lifts etc.
- Confidentiality must be preserved in dealing with matters relating to other agency workers,
- Disclosures of confidential information without consent should be made only where they can be justified in the public interest. Usually where disclosure is essential to protect the client/ service user or someone else from risk of death or serious harm or where disclosure is required by law or order of court,
- Any breach of confidentiality will be regarded as unacceptable conduct, and if proven, will result in your removal from the Nurse24™ register.

For further information, please refer to the Nurse24™ policies and procedures section regarding

data protection and Caldicott Protocols.

7.21 Social Media

The following section of this policy provides healthcare workers with common sense guideline and commendations for using social media responsibly and safety and applies to both open and private sections of sites. Social media policies vary from trust to trust and healthcare workers **must** comply with the specific social media policy of the trust they are working at.

This policy deals with the use of all forms of social media, including (this list is not exhaustive): Facebook, LinkedIn, Twitter, Wikipedia, Google+, Four Square, all other social networking sites, all other internet posting including blogs.

Social networking sites provide a great way for people to keep in touch with friends and colleagues. However, through the semi-open nature of such sites it is also possible for third parties to collate cast amounts of information.

Healthcare workers should be mindful of the personal information they disclose on social networking sites, especially with regards to identity theft. Making information such as your date of birth, your place of work, and other personal information publicly available can be high risk in terms of identity theft.

8.0 Guidelines for working in service user homes

8.1 Code of practice

The purpose of this code is to set down the responsibilities of Nurse24™ in ensuring suitably qualified practitioners enter a service user's home to deliver the prescribed treatment and care identified for that service user. The purpose of this is to protect and promote the well-being of service users in their own homes and to protect the professionalism and safety of agency workers.

The code is intended to complement rather than replace or duplicate existing policies and it forms part of the wider package of legislation, requirements and guidance that relate to the recruitment of staff and the provision of care service identified within this handbook.

8.2 Status

To meet Nurse24™' responsibilities in relation to protecting service users in their home and the agency worker, Nurse24™ will;

- Make sure that agency workers are suitably trained and are registered with relevant professional body and therefore understand their roles and responsibilities,
- Have written policies and procedures in place to enable agency workers to meet the standards upheld by Nurse24™,
- Provide training and development opportunities to enable agency workers to strengthen and develop their skills and knowledge,
- Put in place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice,
- Promote Nurse24™' codes of practice for agency workers and service users.

Before placing agency workers into service user's homes, Nurse24™ will check they have adequate skills and competencies to perform the roles and responsibilities required. This includes;

- Using rigorous and thorough recruitment and selection processes, focused on making sure that only people who have the appropriate knowledge and skill and who are suitable to provide healthcare are recruited to Nurse24™,
- Checking criminal record, relevant registers and indexes,
- Seeking and providing reliable references,
- Giving staff clear information about their roles and responsibilities, relevant legislation and the organisational policies and procedures they must follow in their work,
- Managing the performance of staff and the organisation to ensure high quality services and care,
- Having systems in place to enable agency workers to report inadequate resources or operational difficulties which might impede the delivery of safe care and treatment within the service user's home to allow Day Webster & Care Providers to inform the relevant authorities to address the identified issues.

Whilst working in the service user's home, the agency work will;

- Ensure a risk assessment has been completed of the environment, especially in the area where treatment is to take place,
- Ensure they have the right resources' available to them to perform treatment,
- Remember to obtain the service user's permission to undertake the prescribed treatment,explaining exactly what they are going to do,
- Ensure they are performing the correct procedure as prescribed by the relevant medial practitioner,
- Document on the care plan all activity undertaken with outcomes and report any significant changes to the relevant care professionals,
- Maintain and respect the dignity of the service users at all times,
- Remember it is the services user's own home, therefore respect their property.

8.3 Lone Worker

Lone worker can be defined as any work activity which is intended to be carried out in isolation from other workers by an individual or a small team of people.

Nurse24™ has a duty of care to its agency workers to ensure their health, safety and welfare is not compromised when given work placements. Agency workers also have responsibilities to take reasonable care of themselves and other people affected by their work, and to cooperate with Nurse24™ in their obligations.

Lone workings can occur;

- During normal working hours at a remote site whether within the normal workplace or off site,
- When working outside of normal working hours,
- As a mobile worker working away from their fixed base.

All agency workers will have undertaken mandatory training and will therefore be aware of the objectives set out in that module;

- All agency workers will be able to identify how to maintain communication with other colleagues when working alone,
- All agency workers will be able to identify potential medical conditions an agency worker may have, which may put the worker more at risk,
- All agency workers will be aware of how to raise the alarm in the case of an emergency, in their usual work based environment,
- All agency workers will be able to assess the risk of violent confrontation i.e. will have completed the module for handling aggression,
- All agency workers will report any incidents where it is considered to beunsafe,
- All agency workers will be able to carry out risk assessments, determining if the substance, procedure, equipment or person can be handled alone,
- All agency workers will have an awareness of basic first aid including basic life support,
- All agency workers will be able to site partner particular areas of maintaining personal safety including but limited to;
    - Parking in an appropriate space,
    - An awareness of safe entry and exit points,
    - Leaving any situation when feeling vulnerable,

Other policies and procedures relevant to agency workers working in a services user's own homes can be found within this handbook.

9.0 General policies

9.1 Manual handling

It is your responsibility, under current legislation, to take reasonable care for your safety and that of colleagues and patients, while handling people or load. It is also your responsibility to use all equipment in accordance with training and instructions received and to comply with existing policies on handling.

Risks you should be aware of;

- Lifting patients,
- Working in an awkward, unstable or crouched position, including bending forward, sideways or twisting the body,
- Lifting loads at arm's length,
- Lifting with a starting (or finishing) position near the floor, overhead or at arm's length,
- Lifting an uneven load with the weight mainly on one side,
- Handling an uncooperative or falling patient (a careful assessment made in advance can minimise risks).

You should consider the risks involved in any manual handling exercise and you should also follow the basic handling rules in every case;

- Prolonged loading of the spine should be avoided. Those who are inescapably exposed to prolonged spinal loading may require time to recovery,
- Always lift within the area of stability dictated by foot position and never risk a handling movement when off balance,
- Any heavy work done with the spine rotated or laterally flexed is dangerous,
- Loads for lifting should always be held close to the body,
- Never lift in front of the knees or to one side of them, lift between the knees,
- The vertical 'dead lift' must be avoided,
- Seek assistance if you cannot move the load safely,
- If you are a pregnant employee, report any concerns you have and seek assistance,
- Use appropriate moving and handling, or lifting aids and report any shortfall or defects to the appropriate manager.

Further information and guidance can be found at http://www.hse.giv.uk/healthservices/moving-handling-do.htm.

9.2 Caldicott Protocols

A review was commissioned in 1997 headed by Dame Fiona Caldicott, to map how service user identifiable information is used within the NHS. This was reviewed in April 2013.

The Chief Medical Officer of England commissioned this review, owing to increasing concern about the ways in which service user information is used in the NHS in England and Wales and the need to ensure that confidentiality is not undermined. This concern was largely due to the development of information technology in the service and its capacity to disseminate information about service users rapidly and extensively.

A key recommendation of the report was to establish a network of Caldicott Guardians of service user information throughout the NHS and social care. They are responsible for agreeing and reviewing internal protocols governing the protection and use of service user identifiable data and for ensuring that the information is used in a fair and consistent manner.

The Report also sets out the following Caldicott Principles;

- Justify the purpose. Every proposed use or transfer of service user identifiable information within or for an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed by an appropriate guardian,
- Don't use service user identifiable information unless it is absolutely necessary. Serve user identifiable

information items should not be included unless it is essential for the specified purpose of that flow. The need for service users to be identified should be considered at each stage of satisfying the purpose,
Use the minimum necessary service user identifiable information. Where use of service user identifiable information is considered to be essential, the inclusion of each individual item of information should be considered and justified, so that the minimum amount of identifiable information is transferred or accessible as is necessary for given function to be carried out,
Access to service user identifiable information should be in a strict need-to-know basis. Only those individuals who need access to service user identifiable information should have access to it, and if they should only have access to the information items that they need to see. This may mean introducing access controls or splitting information flows where one information flow is used for several purposes.
Everyone with access to service user identifiable information should be aware of his or her organisation handling service user information should be responsible for ensuring that the organisation complies with legal requirements including data protect.
Understand and comply with the law. Every use of service user identifiable information must be lawful. Someone in each organisation handling service user information should be responsible for ensuring that the organisation complies with legal requirements.

9.3 Infection control and management of infectious diseases

The purpose of this policy is to reduce the risk of cross infection by all healthcare workers to all patients, in order to minimise the transmission of micro-organisms from both recognised and unrecognised sources of infections, especially in hospital acquired infections such as MRSA and Clostridium Difficile.

This policy is intended to be used alongside, and not replace, any local NHS or Care Home policy and procedure. Please familiarise yourselves with local infection control policies in every new assignment. Best practice in infection control applies to the care of all service users regardless of diagnosis or presumed infection status, where there is possible contact with;

Blood,
Any body fluids,
Mucous membranes,
With the exception of sweat, all other secretion and excretions,
Non-intact skin lesions.

To maintain the control of infection the following observations must include;

Risk assessment prior to any procedure,
Hand washing,
Personal and protective equipment,
Safe disposal of sharps,
Safe disposal of infected linen and waste materials,
Communication between all staff, patient's/ services users, relatives andvisitors.

9.4 Risk assessment

A clinical risk assessment is undertaken first of all to ensure any risk to patient's/ service users and staff is kept to a minimum and potential risks are identified, analysed, controlled and reviewed. If an issue does occur, it must be reported to the line manager in charge of the area and an incident form must be completed.

All healthcare workers must abide by the requirements of the *HSE 1998/226 Guidance on the Management of AIDS/HIV Infected Care Workers and Patient Notification* and subsequent amendments. To assist you, more information is available via the Department of Health website.

9.5 Personal protective equipment

Selection of personal protective equipment (PPE) should be based on an assessment, according to local guideline, of the risk of transmission of micro-organisms to the patient/ service user, and the risk of contamination of your clothing and skin by patient's/ service user's blood, body fluids, secretions or excretions.

Gloves must be worn for invasive procedures, nursing infected patient's/ service users in isolation, contact with sterile sites and non-intact skin or mucous membranes. Gloves must also be worm for activities that been assess as carrying risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.

Gloves must be worn as single- use item. They must be put on immediately before an episode of patient/ service user contact or treatment, and removed as soon as the activity is completed. Gloves must be changed between caring for different patient's/ service users, and between different care or treatment activities on the same patient/ service user.

Gloves must be disposed of as clinical waste and hand decontaminated after the gloves have been removed.

Your sensitivity to natural rubber latex as well as the patient's/ service users must be documented, and alternatives to natural rubber latex gloves must be available. If you have a latex allergy you must inform your recruitment consultant at Nurse24™ as soon as possible.

Disposable plastic aprons should be worn when nursing infected patient's/ service users in isolation and there is a risks that clothing may be exposed to blood, body fluids, secretion or excretions, discounting sweat.

Plastic aprons should be worn as a single-use item, for one procedure or episode of patient/ service user care, and then discarded and disposed of as clinical waste.

Full body fluid repellent gowns must be worn where there is a risk of extensive splashing of blood, body fluids, secretion or excretions, onto your skin or clothing.

Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into your face and eyes.

9.6 Management of the infected patient: barrier nursing

Patients will ideally be nursed in a single room with dedicated hand hygiene and toileting facilities,
Ensure that there is a clear sign on the door or wall to alert both staff and visitors that strict control of infection procedures are in place,
Ensure that doors to the isolation facilities are always kept closed,
High standards of hand decontamination minimise the risk of cross infection. It is vital to perform hand hygiene before and after each patient contact, regardless of glove use and use of other protective measures,
Wherever you work, there should be adequate hand washing facilities and hand rub/ gel available for use before and after you contact the patient.
Disposable aprons should be worn by all staff assisting in the care of the patient or having contact with immediate environment,
Disposable gloves should be worn where there is contact with bodily fluids and handling of contaminated items, e.g. dressings, but the use of gloves does not replace the need to decontaminate hands,
Fans should not be used to control the patient's temperature ifpyrexial,
Notes and charts should be kept outside the room/ bay/ areas,
Where possible equipment should be single patient use,
All waste should be categorised as hazardous waste and disposed of in line with the Clinical Area policy in conjunction with the Department of Health (2006) Infection controlmeasures.

Where the patient/ service user is in protective isolation, local guidelines and policy must be followed also.

9.7 Safe use and disposal of sharps

Sharps must not be passed directly from hand to hand, and handling should be kept to a minimum. Needles must not be recapped, bent, broken or disassembled before use or disposal.

Used sharps must be discarded into a sharps container at the point of use by the user. These sharps containers must not be filled above the mark that indicated that they are full.

If a needle stick injury occurs, you should immediately;

Encourage the wound to bleed,
Wash under running water,
Cover with a waterproof dressing,
Report immediately to the line manager in charge of the clinical area who will organise appropriate action,
Fill in an accident form,
Report the accident also to your recruitment consultant.

9.8 Communication between staff, patients or service users, relatives and visitors

Effective communication must take place between staff, patient or service users, relatives and visitors where there is risk to everyone connected to the patient, especially if that patent has an infectious condition and extra precautions are being taken in particular where MRSA or Clostridium Difficile or other such infections are prevalent.

9.9 Hand washing

Hands must be washed immediately before and every episode of direct patient/ service user contact or care and after any activity or contact that could potentially result in hand contamination, including after the removal of protected gloves.

Hands that are visibly soiled, or potentially grossly contaminated with dirt or organic material, must be washed with soap and water.

Hands must be decontaminated, preferably with a non-alcohol hand rub between each patent/ service user contact and also between different care activities for the same patient/ service user.

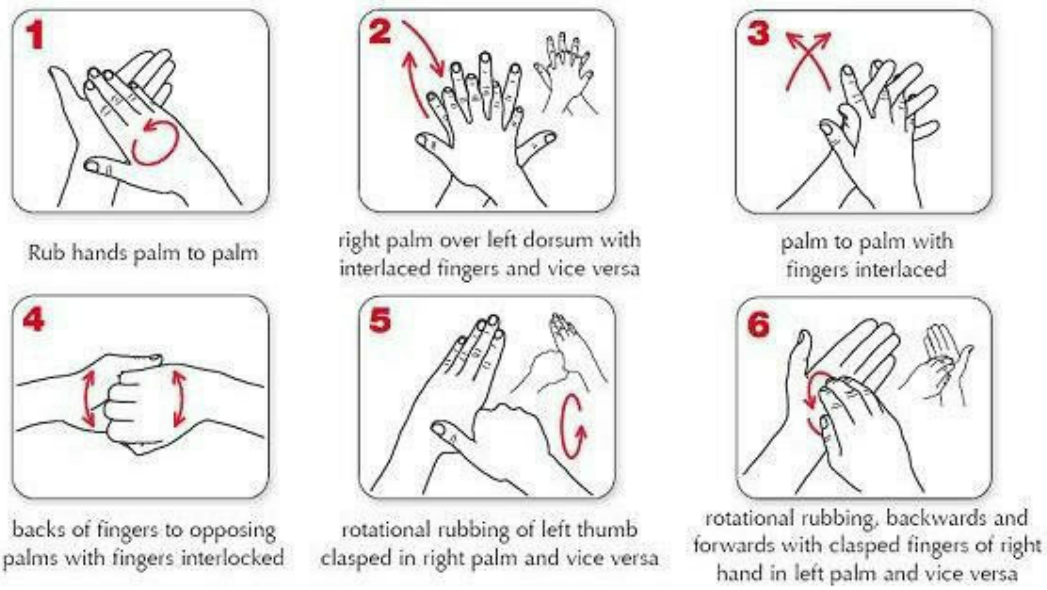
Only a plain wedding ring may be worn as hand jewellery. Wristwatches and bracelets must not be worn. Cuts and abrasions must be covered with a waterproof dressing. Fingernails must be kept short, clean free from nail polish. False nails and extensions must not be worn.

There are three stages to an effective decontamination technique: preparation, washing hands and rinsing and drying as shown in the following diagram. Preparation is the wetting of hands under free flowing tepid water before applying liquid soap or an antimicrobial preparation. The hand wash solution must come into contact with all of the surfaces of the hands. The hand washing should last for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers. Hands should be rinsed thoroughly before drying with a paper towel.

When decontaminating hand using a non-alcohol hand rub, hands should be free from dirt and organic material. The hand rub solution must come into contact with all surface of the hand. The hands must be rubbed together vigorously, paying particular attention to the fingers, the thumbs and the areas of the skin between the fingers, until the solution has evaporated and the hands are dry.

It is recommended that all emollient hand cream is applied, at the end of a shift to protect the skin from the drying elements found in some particular antimicrobial hand washes/ alcohol. Be aware of any skin allergies that could occur by using certain products.

Non-alcoholic hand rubs are used in preference to alcoholic hand rubs due to the risk of dealing with alcohol dependant patient's/ service users in the majority of healthcare establishments.



9.10 Safe waste management

Waste produced as a result of healthcare activities is classified as healthcare waste. Healthcare waste includes no/minimal risk hygiene waste as well as items which pose a risk either due to their potentially infections nature or contamination with pharmaceutical products. These are known as hazardous waste. Hazardous waste is subject to additional controls as specified in the Hazardous Waste (England and Wales) Regulations 2005.

The healthcare establishment's local policy on waste disposal, spillages and other relevant areas must be followed,
Issues or difficulties on following the policy should be reported to the nurse in charge of the ward or department,
Waste should be disposed of as close to the point of use as possible, and immediately after use,
Identified bag holders should be used wherever possible in healthcare settings. These should be hands free/ pedal operated lids, hard bodied, containing appropriate waste bags, so that hands do not become contaminated during waste disposal e.g. by having to touch the lid to open,
Unapproved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment/ incineration and disposal should always be used depending on the waste being generated,
Bags should be no more than ¾ full,
Never dispose of waste into an already full receptacle,
Never touch the waste receptacle itself, e.g. the lining of the outside of the bags/ containers,
Where patients can dispose of their own waster (e.g. tissues) they should be encouraged to do so and provided with appropriate waste receptacles for this,
Items containing fluid, particularly those containing blood/ body fluids that have to be disposed of should first have the contents solidified in order that they are safe to transport. Seal all bags/ containers appropriately before disposal/ transporting/ processing in accordance with local guidance.

9.11 Laundry

The local policy on dealing with dirty/ contaminated laundry must be followed,
Any issues or difficulties in following the policy should be reported to the nurse in charge of the ward/

department,
Every day soiled linen i.e. bed linen should be deposited into a white linen skip or white plastic bag, Heavily contaminated/ infected linen i.e. bed linen/ pyjamas go into a red skip, which may have an alginate red sack inside,
Always follow the hand washing procedure.

9.12 MRSA

9.12.1 What is MRSA?

The organism Staphylococcus Aurous is found on many individual's skin and seems to cause no major problems. However, if it gets inside the body, for instance under the skin or into lungs, it can cause serious infections such as boils or pneumonia. Individuals who carry this organism are usually totally healthy, have no problems whatsoever and are considered simply to be carriers of the organism.

The term MRSA or Methicillin Resistant Staphylococcus Aurous is used to describe those examples of this organism that are resistant to commonly used antibiotic. Methicillin was an antibiotic used many years ago to treat patients with Staphylococcus Aurous infections. It is now no longer used except as a means of identifying this particular type of antibiotic resistance.

Individuals can become carries of MRSA in the same way they can become a carrier of ordinary Staphylococcus Aurous, which is by physical contact with the organism. If the organism is on the skin, then it can be passed around by physical contact. If the organism is in the nose, or associated with the lungs rather than the skin then it may have passed around by droplets spread from the mouth and nose. We can find out if and where Staphylococcus Aurous is located on a patient by taking various samples, sending them to the laboratory and growing the organism. Tests done on any Staphylococcus Aurous grown from such specimens can then decide how sensitive the organisms are to antibiotics and id it is a Methicillin Resistant (MRSA) organism. These tests usually take two or three days.

9.12.2 Why bother with MRSA?

MRSA organisms are often associated with patients in hospitals, but can also be found on patients not in hospital. Usually it is not necessary to do anything about MRSA organisms. However, if MRSA organisms are passed on to someone who is already ill, then a more serious infection may occur in the individual. When patients with MRSA are discovered in hospital, the hospital will usually try to prevent it from passing around to other patients. This is known as infectious control.

9.12.3 How do we prevent the spread of MRSA?

Measures to prevent the spread of organisms from one person to another are called isolation or infection control. The type of infection control or isolation required for any patients depends on the organism found on a patient. The most important type of isolation required for MRSA is what is called Contact Isolation. This type of isolation required everyone in contact with the patient to be very careful about hand washing after touching either the patient or anything in contact with the patient. If the organism is in the nose or lungs it may also be necessary to have the patient in a room to prevent spread to others by droplet spread. Because dust and surfaces can become contaminated with the organism, cleaning of surfaces are also important. This usually occurs after the patient leaves the hospital.

9.12.4 What do visitors need to do?

Provided relatives and friends of patients with MRSA are healthy there is no restriction on visiting and it carries no risk. Visitors are not required to wear special clothing, but would be asked to help prevent this organism spreading around hospital by keeping the patient's door closed at all time and always washing their hands when leaving the room.

See Control of Infectious Diseases for further guidance.

9.13 Norovirus

9.13.1 What are Noroviruses?

Noroviruses are a group of viruses that are the most common cause of gastroenteritis (stomach bugs) in England and Wales. In the past, noroviruses have also been called 'winter vomiting viruses'.

9.13.2 How do they spread?

The virus is easily transmitted from one person to another. It can be transmitted by contact with an infected person, by consuming contaminated food or water or by contact with contaminated surface or objects.

9.13.3 What are the symptoms?

The symptoms of norovirus infection will begin around 12 to 48 hours after becoming infected. The illness is self-limiting and the symptoms will last for 12 to 60 hours. They will start with the sudden onset of nausea followed by projectile vomiting and watery diarrhoea. Some people may have a raised temperature, headaches and aching limbs. Most people make a full recovery within one or two days, however some people (usually the very young or elderly) may become very dehydrated and require hospital treatment.

9.13.4 The spread of Norovirus

Norovirus often causes outbreak because it is easily spread from one person to another and the virus is able to survive in the environment for many days. Because there are many different strains of Norovirus, and immunity is short-lived, outbreaks tend to affect more than 50% of susceptible people. Outbreaks usually tend to affect people who are in semi-closed environments such as hospitals and nursing homes.

It is impossible to prevent infection, however, taking good hygiene measures (such as frequent hand washing) around someone who is infected is important. Certain measures can be taken in the event of an outbreak, including the implementation of basic hygiene and food handling measures and prompt disinfection of contaminated areas, and the isolation of those infected for 48 hours after their symptoms have ceased.

9.13.5 Controlling the spread of Norovirus

Outbreaks can be difficult to control and long-lasting because Norovirus is easily transmitted from one person to another and the virus can survive in the environment. The most effective way to respond to an outbreak is to disinfect the contaminated areas, to initiate good hygiene measures including hand-washing and to provide advice on food handling. Those who have been infected should be isolated for up to 48 hours after their symptoms have ceased.

9.13.6 Treatment of Norovirus

There is no specific treatment for norovirus apart from letting the illness run its course. It is important to encourage infected patients to drink plenty of fluids to prevent dehydration and maintain a Fluid Balance Chart.

9.13.7 Who is at risk of being infected?

There is no one specific group who are at risk of contracting Norovirus as it affects people of all ages. The very young and elderly who become infected, should be closely monitored as dehydration is more common in these age groups. Outbreaks of Norovirus are reported frequently in semi- closed institutions such as hospitals, residential and nursing homes. Anywhere that large numbers of people congregate for periods of several days provides an ideal environment for the spread of the disease.

Healthcare settings tend to be particularly affected by outbreak of Norovirus. A recent study shows that outbreaks are shortened when control measures at healthcare settings are implemented quickly, such as closing wards to new admissions within four (4) days of the beginning of the outbreak and implementing strict hygiene measures.

9.14 C. difficile

9.14.1 What is C. difficile?

C. difficile is an abbreviation of Clostridium Difficile and it is the major cause of antibiotic- associated diarrhoea and colitis, an infection on the intestines. It is part of the Clostridium family bacteria, which also includes the bacteria that cause tetanus, botulism and gas gangrene. It is an anaerobic bacterium (i.e. it does not grow in the presence of oxygen) and produces spores that can survive for a long time in the environment. It most commonly affects elderly patients with other underlying diseases.

9.14.2 C. difficile- background and a short history

Although C. difficile was first described in the 1930s, it was not identified until the late 1970s as the cause of diarrhoea and colitis following antibiotic therapy. Even once this was recognised, laboratory diagnosis was difficult and the number of cases was not monitored.

Lab tests have identified over 100 different types of C. difficile. One of these, type 027, is particular concern because it causes a greater proportion of severe disease and appears to have a higher mortality. It also seems to be very capable of spreading between patients. Type 027 was found to be the main cause of infection on the outbreaks of C. difficile at Stoke Mandeville Hospital and elsewhere that has been investigated since 2005.

Since January 2004, C. difficile has been part of the mandatory surveillance programme for healthcare associated infections.

9.14.3 What does C. difficile cause in patient?

C. difficile can cause diarrhoea, ranging from a mild disturbance to a very severe illness with ulceration and bleeding from the colon (colitis) and, at worst, perforation of the intestine leading to peritonitis. It can fatal.

Most of those affected are elderly patients with serious underlying illnesses. Most infections occur in hospitals (including community hospitals), nursing homes etc., but it can also occur in primary care settings.

9.14.4 How do patients become infected?

C.difficile bacteria can be found living in the large intestine of a small proportion (less than 5%) of the healthy adult population. It is also common in the intestine of babies and infants. It is normally kept in check by the 'good' bacterial population of the intestine. But when these good bacteria have been killed off by antibiotic, C. difficile is able to multiply in the intestine and produces two toxins that damage the cells lining in the intestine. The result is diarrhoea.

Because it develops in this way, the patients who are most at risk of infection with C. difficile are those who have been treated with broad spectrum antibiotics (those that affect a wide range of bacteria, including intestinal bacteria).

Although some people can be healthy carriers of C. difficile in most cases the disease develops after cross-infection from another patient, either through direct patient to patient contact, via healthcare staff, or via a contaminated environment. A patient who has C. difficile diarrhoea excretes large numbers of the spores in their liquid faces. These can contaminate the general environment around the patient's bed including surfaces, keypads and equipment, the toilet areas, sluices, commodes, bedpan washers etc. They can survive for a long time and be a source of hand-to-mouth infection for others. If these others have also been given antibiotics, they are at risk of C. difficile disease.

9.14.5 What can we do to prevent infection?

Always wash your hands after you have had any physical contact with apatient,
Do not rely solely on alcohol gel as this does not kill C. difficile spores,
To keep cases of C. difficile down, healthcare workers should look to avoid prescribing broad spectrum antibiotics, as far as possible, so that patients' natural protection is not weakened,
If you suspect infection, there is a simple diagnostic test that can be done on a sample of diarrhoeal faeces

to see if C. difficile toxins are present. It gives result within a few hours,

In outbreaks, or for surveillance of the different strains circulating in the population, C. difficile can be cultured from faeces and the isolates sent to the Anaerobe Reference Laboratory (National Public Health Service, Wales; Microbiology, Cardiff) or HPA Regional Laboratories for typing and testing from susceptibility to antibiotics,
Infected patients should be isolated and healthcare workers dealing with them should wear gloves and aprons, especially when with bedpans etc,
Environments should be kept clean at all times. When there are cases if C. difficile infection, a disinfectant containing chlorine or other sporicidal agent should be used to reduce environmental contamination with the spores.

9.15 Ebola

Ebola, previously known as Ebola Haemorrhagic Fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains.

Ebola viruses are found in serval African countries and were first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola virus remains unknown. However, on the basis of evidence and the nature of similar viruses, researcher believe that the virus is animal-borne and that bats are the most likely reservoir. Four of the five virus strains occur in an animal host native to Africa.

9.15.1 The symptoms of Ebola

Fever,
Severe headache,
Muscle pain,
Weakness, Fatigue,
Diarrhoea,
Vomiting,
Abdominal (stomach pain)
Unexplained haemorrhage (bleeding or bruising),

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least ten years.

9.15.2 Transmission

When an infection does occur in humans, the virus can be spread in several ways to others. Ebola is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with blood or body fluids (including but not limited to urine, saliva, sweat, faces, vomit, breast milk and semen) of a person who is sick with Ebola, objects (like needles and syringes) that have been contaminated with the virus infected by fruit bats or primates (apes and monkeys).

Ebola is not spread through the air or by water, or in general, by food.

Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids of sick patients.

9.15.3 Healthcare workers returning to the UK

If you have visited West Africa, Guinea, Liberia or Sierra Leone, and you are returning back to work, you must inform your recruitment consultant at Nurse24™. Please adhere to the Nurse24™
Control of Infection Policy.

9.16 Zika Virus

Zika virus is mainly spread by mosquitoes. For most people it is a very mild infection and isn't harmful.

However, it may be more serious for pregnant women, as it has been linked to birth defects- in particular abnormally small heads (microcephaly).

Zika does not naturally occur in the UK. Zika outbreaks have been reported in the Pacific region, and the virus has now spread to South and Central America and the Caribbean.

Experts expect the Zika virus to spread to all countries in the Americas (including the Caribbean), with the exception of Chile and Canada.

People travelling to affected areas should seek travel health advice before their trip.

It is recommended that pregnant women to postpone non-essential travel to areas with active Zika virus transmission. These are areas where cases of Zika virus disease have been acquired locally, through mosquitoes, and reported by health authorities within the last two months.

If you travel to an
area, you can reduce your risk of catching the virus by using insect repellent and wearing loose clothing that covers your arms and legs.

10.0 Medication policy

10.1 Introduction

The control of medicines in the United Kingdom is primarily through the Medicines Act (1968) and associated British and European legislation. The administration of medicine is an important aspect of professional practice (NMC 2008). The Nursing & Midwifery Council recognises that it is not a mechanistic task to be performed in strict compliance with the instructions of the prescriber but requires thought and the exercise of professional judgement (NMC 2007).

The administration of medicines has been demonstrated to encompass many areas for potential error. Almost 60,000 medication incidents were reported to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System between Jan 2005 and June 2006. The 3 most frequently occurring types of medicine error (wrong does/ strength/ frequency of medicine; omitted medicine and wrong medicine) accounted for over half (57.3%) of all reported incidents and of these the most common was wrong dose/ strength/ frequency of medicine (28.7%) (NPSA 2007).

10.2 Applicability

This policy applies to all staff involved in the administration of medicines to patients while carrying out assignments for Nurse24™ (Nursing) in any healthcare setting including Acute, Primary Care & Community
NHS Trusts.

10.3 Scope

It is not intended to replace local NHS Trusts' policies and guidelines, which must be adhere to. All NHS Trusts are required to have a Medicines Management Policy (NHSLA 2005). Nurse24™ workers should
familiarise themselves with their local Trust documents.

For Registered Nurses, Midwives and Health Visitors this guidance is also intended to be used alongside, and not to replace, Nursing & Midwifery Council guidance (NMC 2008).

The scope of this policy does not include the Doctors prescribing or dispensing of medicines.

10.4 Nurse24™ Guidelines

i. It is essential that you confirm which parts of the medicines administration process you may participate in as a Nurse24™ Healthcare worker under the policy of hospital you are working in. Even
when permitted to do so, you must only undertake those aspects of care in which you have been trained and competent.
ii. Before administration IV medications all Nurse24™ Healthcare workers must provide
evidence of competence.
iii. Please note that any registered nurse who are qualified non-medial prescribers **must not** use this qualification whilst working as an agency nurse as they not be commissioned in this capacity by the Trust.
iv. At interview, each healthcare worker will be requested to sign a form as a record of their signature and initials, to be kept on their personnel file, if required by the clinical establishment.
v. Healthcare Care Assistants (HCA) will not participate in any way in a Trust with the administration of drugs, IV's, Rectal drugs, naso-gastric or peg feeds or any type of gases.
vi. HCAs may not dispense medicines. They can assist only or prompt the patient in taking the medication.
vii. The Registered Nurse before administrating any type of medication must obtain the consent of the patient. The Nurse must be familiar with the Trust's policy on withholding of consent from the patient.
viii. Record keeping in line with the relevant professional body guidelines must be adhered to, and therefore clear records are maintained in the patient's notes or care book on any abnormality in the administration of

giving medication via any route, this is refusal to take medication, concerns about patient's health or medication. These issues besides accurate records must be reported to the nurse in charge as soon as possible. The Agency Worker on Induction will have been made aware of the Incident Reporting Policy which includes maladministration of medicines.

10.5 NMC Guidance for Registered Nurses, Midwives and Health Visitors

As a Registered Nurse or Midwife you are accountable for your actions and omissions. In administering medication, you should think through issues and apply your professional expertise and judgement in the best interests of patients (NMC 2008).

If you have any concerns or queries regarding your own competence, you should contact your Day Webster & Care Providers consultant.

You must be aware of the inter-relationship with the multidisciplinary team in the administration of medicines, for example in theatres. Even where there is joint involvement, you remain accountable for your actions and omissions.

You must be aware of the patient's plan of care (care plan/ pathway) (NMC2008).

You must know the therapeutic use of the medicine to be administered including normal dosage, side effect, precaution and contra-indications (NMC 2008).

You should follow clear procedures to ensure the right patient receives the right drug, in the right does, by the right route, at the right time (DoH 2004).

You must check that the prescription or the label on the medicine dispensed is clearly written and unambiguous (NMC 2008). If you have any uncertainties about the prescription, you must check with the prescriber or another authorised prescriber and clarify the prescription before administering the medication.

You must be certain of the identity of the patient to whom the medicine is to be administered (NMC 2008).

You must check the expiry date (where it exists) of the medicine to be administered (NMC 2008).

You must check the patient is not allergic to the medicine before administering it (NMC 2008).

You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine (NMC 2008).

Where complex calculations are required to ensure the correct volume or quantity of medication is administered, you are strongly advised to have a second practitioner to check the calculation independently. This will help to minimise the risk of error (NMC2008).

You must clearly countersign the signature of the student when supervising a student in the administration of medicines (NMC 2008).

As a Registered Nurse you have a duty of care and are professionally and legally accountable for the care you provide including those tasks you delegate to non-registered workers. If expecting non- registered worker to administer medicines, for example according to a local protocol in a primary care setting, you must endure they are competent to do so safely (DoH 2005).

You must not administer medication under a patient group directive unless you have been trained and are named under the directive in accordance with local Trust policy.

Specific legislation exists in relation to controlled drugs such as morphine or ketamine as well as barbiturates (Misuse if Drugs regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973 (visit www.opi.gov.uk for further details). As a Registered Nurse, Midwife or Specialist Community Public Health Nurse you should be aware of this legislation and ensure you are familiar with the local Trust policy regarding the ordering, collection, storage and administration of controlled drugs.

You must not leave any medicines unsecured and must ensure all medicinal products are stored in accordance with the patient information leaflet and in accordance with any instruction on the label (NMC 2008).

The keys of the medicine cupboards, drug refrigerators and the medicine trolley must be kept by the Nurse in Charge of the clinical area in line with local Trust policy. You must ensure that you returned the drug keys to the nurse in charge at the end of your shift.

You must **not** prepare substance for injection in advance of their immediate use or administer medication drawn into a syringe or container by another practitioner when not in their presence (NMC 2008). An exception to this is an already established infusion, which has been instigated by another practitioner or medication prepared under the direction of a pharmacist from a central intravenous additive service and clearly labelled for that patient (NMC 2008).

You must **not** administer intravenous or epidural medication unless you have received additional training and have a documented competence assessment in accordance with local Trust policy. Where you are working outside your usual area of work, your competence must be assessed in that area prior to administering intravenous medication. You must have the knowledge and skills for safe and effective practice when working without direct supervision (NMC 2008). You cannot check IV drugs for administration with another flexible worker; these must be checked with a permanent member of staff within the clinical area.

You must **not take any part in prescribing, collection, storage or administration of cytotoxic agents** unless you have received appropriated training (HSE 2003). This must be recorded in accordance with local Trust policy.

You must **not check intrathecal chemotherapy drugs prior to administration or take any part in the prescribing, collection, storage or administration of intrathecal chemotherapy drugs** unless you have received appropriate training and have been certified and recorded as competent by the Trust (DoH 2003). This should be in accordance with local Trust policy.

Specific local policy should be available regarding the storage, handling preparation and prescription of strong potassium and solutions containing potassium (NPSA 2002). You must comply with this policy.

You must follow local Trust guidance regarding the management of patient's own medicines.

When administering oral/ enteral liquid medication you must be aware of local Trust policy and use oral or enteral syringes if available.

If you are asked to take a verbal order for the administration of medicine you must refuse and report immediately to the nurse in chare or the senior nurse for the ward.

You should not crush or attempt to disguise medication in anyway. If you are asked to do so you must refuse and report immediately to the nurse in charge or the senior nurse for the ward.

Unregistered health care workers must not administer medicines.

Assistance or support with medication check must only be given if it is within the competence of health care worker and with the patient's verbal consent. This includes the use ofsuppositories and enemas.

10.6 Reporting Errors

You must immediately report any error or incident in the administration of medicines as follows:

i. If you are not in charge of the shift report this immediately to the nurse in charge,
ii. If you are in charge of the shift contact the senior nurse for theward,
iii. You should inform the healthcare workers,
iv. You should inform the patient,
v. You should provide a written statement and also complete an incidentform,
vi. You should document the error on the drug chart and also in the nursing notes,
vii. Any dispensing errors identified during administration should be brought to the attention of the nurse in charge immediately (DoH 2004).
viii. You should inform you Nurse24™ Recruitment Consultant.

11.1 Health and safety

Under the Health and Safety at Work Act 1974/ 2008, it is your duty to;

- Take reasonable care for the health and safety at work of yourself and any other people who might be affected by you acts or omissions,
- Cooperate with clients and others to enable them to comply with statutory duties and requirements,
- Not intentionally or recklessly misuse anything provided in the interests of health, safety or welfare.

The Management of Health and Safety at Work Regulations 1992 further requires you to;

- Use any equipment etc provided in the interests of safety,
- Follow health and safety instructions,
- Report anything you consider to be a serious danger,
- Report any shortcomings in the protection arrangements for health and safety.

When on assignment, it is the client's responsibility to familiarise you with their own health and safety policy and procedures, also with fire escape locations, first aid personnel etc.

At the client's request in writing, Nurse24™ will undertake to train agency workers to be supplied in standard workstation safety. Nurse24™ cannot be held responsible for the suitability of workstations used by clients.

If you have and express concerns over health and safety arrangements on assignment, we will ask the client to investigate and if possible, to make improvements. If you refuse to work for a particular client on the grounds of health and safety, we will attempt to place you on an alternative assignment without prejudice.

Please ask to see Nurse24™ Health and Safety Policy 2014.

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

All the following must be reported to the nurse in charge/ line manager and Nurse24™ immediately.

No action whatsoever to be taken without taking advice first.

11.1.1 Death or major injury

Notify the Health and Safety Executive (Enforcing Authority) immediately by telephone and on form F2508 within ten days.

Should death occur as a result of an accident within one year of it occurring, the Enforcing Authority needs to be informed as soon as employer is notified.

The listing below covers some typical 'major' injuries;

- Fractures of the skull, spine or pelvis,
- Fracture to the arm or leg (other than wrist, hand, ankle orfoot),
- Amputation or loss of a hand or a foot,
- Loss of sight of an eye,
- Any injury resulting in hospitalisation (other than for observation) for more than 24 hours, Injury resulting in incapacity from work for more than three days (including non-workingdays).

You must notify the ICC either by phone on 0845 300 9923 or by completing from F2508 available on https://www.hse.giv.uk/forms/incident/.

Where an agency worker is injured on client premises, the client will be responsible for reporting the incident under

RIDDOR provided that;

The agency worker is registered for work under standard 'Terms of Engagement' i.e. a contract for services,
The accident is recorded in Nurse24™' accident report book,
Satisfactory explanations, corrective action and improvements are made by the client to ensure future risk of similar nature is minimised or eliminated.

11.1.2 Notifiable dangerous occurrences

It would be outside the ambit of this policy and these directives to list even the main dangerous occurrences, which need to be notified to the Enforcing Authority. However, examples of such dangerous occurrences usually include;

Electrical short circuits or overloads attended by fire orexplosion,
Gas leaks, or other releases of dangerous or harmful substance,
Bursting, explosion or collapse of a pipeline

This list is by no mean exhaustive and merely contains some examples of the kinds of occurrences listed as dangerous and, therefore, notifiable. Advice should be sought from Nurse24™ in all instances.

11.1.3 Diseases

Certain diseases also need to be reported to the Enforcing Authority. These include;

Certain poisonings,
Some skin diseases,
Hepatitis,
Tuberculosis.

11.2 Control of Substance Hazardous to Health (C.O.S.H.H)

C.O.S.H.H. regulations impose duties upon employers and their employees to protect the health of persons exposed to hazardous substances. In our industry, exposure to hazardous substances is minimal. The following substances have been assessed as requiring control;

11.2.1 Corrective fluids and thinners

Products such as TIPP-EX contains 1,1,1- trichloroethane. This is a harmful substance. Always close the cap tightly after use. Take care not to spill. Do not inhale the vapours. Do not swallow. Avoid contact with eyes and skin. Do not use thinners under any circumstances.

11.2.2 Marker pens

Some marker pens contain poisonous chemical such as xylene. Keep all marker pens capped when not in use. Ensure adequate ventilation when in use. Keep away from mouth.

11.2.3 Photocopier/ fax machine toner

Most photocopiers and fax machine require toner refills in cartridge or loose powder form. These refills contain styrene acrylate copolymer, carbon and polypropylene. The dust may cause irritation of the upper respiratory tract, eye and skin. Avoid eye and skin contact and inhalation.

In the event of eye contact, flush eyes with plenty of cold water and call a doctor,
In the event of skin contact, wash thoroughly with soap and water, In
the event of inhalation, remove person to fresh air.

11.2.4 Lavatory and other proprietary cleaners

Since cleaning arrangements are as-hoc throughout the care world, owing to the nature of our business, it would impracticable to provide an exhaustive list of chemical cleaning agents requiring control. However, in general term, the following principles should apply;

Always read instructions before use,
Never store other than in the original container,
No warning or danger directives will be removed, covered or defaced,

Avoid contact with skin and eyes,
Do not mix with other chemicals,
Ensure adequate ventilation,
Do no swallow,
Follow the instruction and safety precautions given on the container,
Ensure cleaning staff are fully aware of the above issues.

The general policy is to ensure that, as far as reasonably practicable, any risks from hazardous substance are prevented or adequately controlled.

Some cleaning agents are extremely poisonous and can contain toxic substances such as bleach and caustic soda. They can be corrosive as well as toxic, and can therefore burn the skin on contact.

11.3 Risk incident reporting

It is a requirement that healthcare workers be aware of risk management policies and be able to report incidents in line with the trust's Health and Safety Policy.

Hazard means anything that can cause harm (e.g. chemicals, electricity and equipment). Risk is the chance, high or low, that somebody will be harmed by the hazard;

Look for hazards,
Decide who might be harmed and how,
Evaluate the risk and decide if any steps can be safely taken to eliminate or reduce the risk of harm,
Report the incident to your supervisor or designated health and safety office,
Follow up and check that action has been taken to eliminate or reduce the risk, if this has not taken place, report again to your supervisor or designated health and safety office.

Further guidance on Risk Management can be found on the Health and Safety Executive at http://www.hse.gov.uk/radiation/ionising/notification.htm.

Source of reference- The Health& Safety Executive

11.4 Ionising radiation

Ionising radiation occurred as either electromagnetic rays (such as x-rays and gamma rays) or particles (such as alpha and beta particles). It occurs naturally (e.g. from the radioactive decay of a natural radioactive substances such as radon gas and its decay products) but can also be produced artificially. People can be exposed externally to radiation from radioactive material or a generator sat as an x-ray set, or internally, by inhaling or digestive radioactive substances. When is that become contaminated by radioactive material can also cause radioactive exposure.

When you attend an x-ray department with a patient and you are asked to go into the area where the x-ray is to be taken you must wear a protective apron, especially if you are a female of child bearing age. A pregnant female must not be exposed to x-rays.

If you are required to conduct a medical x-ray, or request an x-ray, you should receive specific training in radiation protection. This is a legal requirement and you will need to produce evidence of the appropriate certificate.

Please check with a trust representative if you have any questions about ionising radiation.

Further guidance can be found on the Health and Safety Executive website at http://www,hse.gov.uk/radiation/ionising/.

The ionising radiation regulations 1999 can be found on Her Majesty's Stationary Office (HMSO): http://www.legislation.gov.uk/uksi/200/1059/pdfs/uksi 2001059 en.pdf.

Source of reference- The Health & Safety Executive

11.5 Fire procedures

Detailed local fire procedures are displayed in all areas of a hospital and other healthcare establishments i.e. nursing and residential homes and must be followed at all times.

It is the duty of all staff to familiarise themselves with the local fire procedures that exist within their area of work. If you discover a fire activate the fire alarm immediately. It will bring immediate assistance from within the healthcare establishment as well as helping to summon the Fire Brigade. If the alarm sounds, then you must check with a permanent member all staff as to what action needs to be taken.

11.6 Fire safety

11.6.1 Statutory requirements;

The Fire Precautions Act 1971,
Fire Precautions (workplace) Regulations 1997,
Building Regulations 1991,
The Building Act 1984 (including the Building Regulationsact 1991),
Housing Act 1985,
Management of Health and Safety at Work Regulations 1999,
Disabled Discrimination Act.

11.6.2 The Non-statutory requirements

The Secretary of State Health requires all NHS Trusts to take effective precautions against fire in premises for which they are responsible. The Department of Health policy together with a specialised technical guidance, which is specified to Health Service premises and produced by the Department of Health, is contained in the Fire Code documents,

In this way the adequacy of fire precautionary agreements in the existing premises can be assessed against established standards. Similarly, those standards are applied to proposals for new builds, refurbishment schemes, or where a property may undergo a change of use. Overall progress is monitored on behalf of the NHS Executive by Controls Assurance Standards.

12.1 Safeguarding

Safeguarding is enabling people to live their lives free from harm, abuse and neglect, and to have their health, well-being and human right protected. Those most at risk and in need of protection include:

Children and Young People Adults whose circumstances may lead them to be vulnerable which include service users receiving care in their own home who have little or no contact with friends, family or the community; people with physical, sensory and mental impairments who do not have access to suitable support; people with learning disabilities who are not helped to live independently and their carers,
Other Adults made vulnerable by the situation they are in. Examples include childbirth or when undergoing a medical procedure or examination. Safeguarding is linked with people human rights and Day Webster & Care Providers' ethos is to ensure all healthcare workers recognise that effective safeguarding through training is a fundamental aspect of individual's human rights, also to take into account the 'personalisation' agenda in health and social care services.

12.1 Dealing with Allegations of Abuse

Safeguarding is in enabling people to live free from harm, neglect and abuse, and to have their health, well-being and human right protected,
Adults and Young People whose circumstances may lead them to be vulnerable, with either physical, sensory and mental impairments, who do not have access to suitable support, people with learning disabilities who are not helped to live independently. Safeguarding is linked with people human rights and Nurse24™' ethos is to ensure all healthcare workers recognise that effective safeguarding through training is a fundamental aspect of individual's human rights.

12.2 Safeguarding Children

All healthcare workers should follow the guidance as detailed below:

Children, compliant with 0-18 years of age- Guidance for all Doctors, General Medical Council, October 2007,
Safeguarding Children and Young People, Roles and Competencies for Healthcare Staff, Royal College of Pediatrics and Child Health, (April 2006) The Royal College of Pediatrics and Child Health (RCPCH) provide further guidance in relation to safeguarding children as follows:
http://www.rcph.ac.uk/Policy/Child-Protection/Child-Protection-Publications,
In Scotland you can access the National Guidance for Child Protection (December 2010) at:
http://www.scotland.gov.uk/Publications/2010/12/09134441/0

12.3 Child Protection

Child protection is a part of safeguarding and promoting welfare in young people, to protect specific individuals who are suffering significant harm. Nurse24™ works in accordance with the statutory guidance on making arrangements to safeguard and promote the welfare of young people under section 11 of the Children's Act 2004 'Every Child Matters'.

An abused young person can be either sex under the age of 18 years who is suffering all likely to suffer abuse either:

Physical,
Neglect,
Emotional,
Sexual.

The young person's welfare is paramount and should be safeguarded and promoted by all staff. It is the policy of the Nurse24™ workers must ensure each young person encountered in the course of working for

Nurse24™ in what every situation does everything possible to prevent, report and tackle abuse wherever it is encountered, to comply with the 'Department of Health Guidance on multi-agency policies'.

12.4 Protection of Valuable Adults

Nurse24™ is committed to safeguarding vulnerable adults. At all times the safety of valuable adults is paramount. Healthcare workers (whether a nurse or healthcare assistant is expected to report any concern about the abuse or suspected abuse of a valuable adults when assessing them weather in Accident and Emergency Department, on a ward, in a Nursing all Residential Home) must report it immediately to the nurse in charge. The Agency Healthcare Worker must record their concern, including the date, time and name of the person reported to.

12.5 Allegations Against or to an Agency Healthcare Worker

Nurse24™ will take seriously any allegations of abuse by or against an Agency Worker working through us. If we receive a complaint of this nature against you, we may not be able to offer you assignments whilst the complaint is being investigated. If the allegations are proven, we will not be able to offer you work in the future either and if serious enough, the matter will be reported to your Registered Professional Body who may instigate further action.

Workers must also:

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

Any action or behavior by a Nurse24™ worker, which is believed to be a criminal offence, will be reported to the Police. You may appeal against any decision made against you by writing to our Clinical Team, whose decision will be final.

Nurse24™ has a nominated DASM (Dedicated Adult Safeguarding Manager). The DASM is responsible for the management and oversight of individual complex cases where allegations are made against professionals working with Nurse24™ to ensure cases are dealt with as quickly as possible. The DASM is also responsible for ensuring systems are in place to provide agency workers with support and updates in respect of the adult safeguarding investigations.

12.6 Abuse can be viewed in terms of six categories

1. **Physical Abuse**
   This is the physical ill treatment of an adult, which may not cause the physical signs of injury. This can be identified in several forms e.g. pushing, shaking, pinching, slapping, punching or force-feeding.

2. **Sexual Abuse**
   This is any form of sexual activity that the adult does not want and to which they have not been consented, or to which they cannot gave informed consent.

   Any sexual relationship, which takes place between adults, when one is in a position of trust i.e. Doctor or care worker etc, will be regarded as sexual abuse. Sexual abuse includes rape, buggery, incest and situations where the perpetrator touches me abused person's body, or coerces the abuse person to touch them.

3. **Financial Abuse**
   This is exploitation, inappropriate use or misappropriation of a person's financial resources or property. This

4. **Neglect**
   This is the deliberate withholding of unintentional failure to provide help or support to enable the person to undergo activities of daily living. Neglect also includes failure to intervene in situations that are dangerous to the person concerned.

5. **Psychological Abuse**
   This may be intentional or unintentional. It may involve the use of indifference, intimidation, hostility, rejection, threats, humiliation, swearing or the use of discriminatory language.

   Psychological abuse is the denial of a person's human rights to choice, opinion, privacy, dignity, and being able to follow ones spiritual or cultural beliefs. It also includes the withholding of information or information not being available in different formats/ languages.

6. **Institutional Abuse**
   This can be defined as abuse or mistreatment by a regime, as well as by individuals, within any building where care is provided.

12.7 Dealing with immediate incidents

Report immediately to the nurse in charge if:

A physical or sexual assault has just happened,
Violence is occurring,
You believe that a crime may have been committed.

Look after and reassure the abused person. Protect anything that may appear to be evidence of a crime. Write a record of what happened as possible. If the alleged abuser is a fellow resident/ Service User ensure Social Services are informed.

13.0 Handling of violence and aggression

Violence, threats and abuse to staff are unacceptable; this includes sexual and racial harassment and threats to family and property. Violence and abuse are NOT part of the job. Managing violence, threats and abuse is the responsibility of both the employer and employee.

Organisation, managers, employees and service users working together provide the best means to safer practice. Every trust should have a local policy that clearly sets out a code of practice that fits your job and where you work. A procedure should also be in place detailing what to do when an incident occurs or what to do if you think there is a risk.

If you have any concerns about the possibility violence or aggression you should speak to your supervisor straight away. They will be able to advise and assist you with any concerns. All staff are reminded that they have a legal obligation under the Health and Safety at Work Act 1974 to take reasonable care of both of their own safety and others who may be affected by their acts of omission at work.

Further information and guidance can be found at the Violence Taskforce website from the Department of Health. The NHS provides information and guidance on the Zero Tolerance website at www.cfsms.nhs.uk.

13.1 Restraining service users

You must not participate in the restraint of any patient/ service user unless you have completed the training and assessment required by the customer organisation and you must apply such techniques within their customers organisation's policies and procedures. Actions outside these parameters will be considered to be a very serious matter.

If an incident of violence or aggression occurs, you must operate with the policy and procedural framework of the customer organisation. All incidents, including near misses should be reported to your consultant at Nurse24.

14.1 Events and complaints

Nurse24™ is committed to providing the best possible service to patients and staff and therefore we encourage all agency staff and clients to report all events through our event reporting process.

We recognise that on occasion problems will occur which needs to be investigated so lessons can be learned and quality improved.

We recognise these problems as:

Never events,
Serious untoward incidents (SUIs),
Complaints,
Near misses,
Clinical incidents,
Medication errors,
Non-clinical incidents,
Professional concerns,
Safeguarding concerns,
Patient safety events,
Operational issues,
Complements.

14.1 The Process

1. Nurse24™ receives a written event and sends it to the secure Nurse24™
2. The Clinical Team acknowledges receipt of the event within two business day, allocates it a unique reference number, logs the information on the centralised register and categories the event. An investigator will be allocated and an investigation will commence.
3. The Clinical Team informs the worker of the matter and requests a statement using the template. If the template is not returned within 5 business days, the worker may be restricted from working.
4. The Clinical Team chases for the statement every 3 days.
5. The Clinical Team receives the statement. The Clinical Team will review the statement and send it and any conclusion and proposed actions to the client/ reporter within 10 business days of the event being reported. In exceptional circumstances this may be extended to a maximum of 20 business days.
6. The Clinical Team will chase the client every 5 days and if no response is received from the client within 10 business days of the statement and conclusions the event may be closed and Nurse24™ will consider reinstating the candidates if there are any restrictions.
7. The client will send their response to the inbox and the Clinical Team will inform the worker of the outcome and any actions to undertake. The Clinical Team will inform the client when any actions have been completed.
8. The Clinical Team will close the case once the actions/ recommendations have been actioned.

15.1 Duty of Candour

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, introduced a statutory Duty of Candour, which came into force on 27 November 2014. The introduction of Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory Duty of Candour be imposed on healthcare providers.

Nurse24™ as a healthcare provider therefore has a statutory Duty of Candour which means every healthcare professional must be open and honest with patients or people in their care. When things go wrong patients or people in their care should expect a face-to-face explanation an apology from the care giver or healthcare provider.

Candour is defined by Robert Francis as:' *the volunteering of all relevant information to persons who have or may have been harmed by the provision of service, whether or not the information has been requested and whether or not a complaint or a report about the provision has been made.'*

Nurse24™ wants to make this duty a reality for people who come into contact with our services.
We want to ensure there is clear, strong organisational support for staff to follow their ethical responsibility in being open and honest with those in their care. Our duty of Candour is a reinforcement of our development of a wider culture of safety, learning and improvement.

In July 2015 the NMC and GMC published guidance that set out standards expected of all nurses, midwives and doctors practicing in the UK. This guidance also emphasises that professionals need an open and honest working environment when I can learn from mistakes and feel comfortable reported incidents that have led to harm.

Nurse24™ has issued a Duty of Candour Guidance document which all agency nurses have a duty to follow.

The guide emphasis that:

Agency workers must understand the duty for being open and must demonstrate the principles of being open in their work,

Agency workers to become aware of an incident having occurred must follow Nurse24™'s reporting policy and apply these principles of being open and the Duty of Candour throughout these processes,

Agency workers dealing with patients or relatives should abide by Nurse24™'s complaints process and advise who they should write to if they wish to formalised a complaint,

Agency workers who are concerned about the non-reporting or concealment of incidents, all about on-going practices which presents a serious risk to patient safety, must raise their concerns through established governance routes.

16.0 Appendices

16.1 Policy Statement on the Storage and Handling of Disclosures

Secure, Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information

1. General principles-
   Nurse24™ as an organisation using the Disclosure and Barring Service (DBS) and Disclosure Scotland services to help assess the suitability of applicants for position to trust, complies fully with their Code of Practice regarding to correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. It also complies fully with its obligations under the Data Protection Act 1998 and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information and has a written policy on these matters.

2. Storage and access-
   Disclosure information should be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitles to see it as part of their duties.

3. Handling-
   In according with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all these to whom Disclosures or Disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitles to receive it.

4. Usage-
   Disclosure information is only use for the specific purpose for which it was requested and for which the applicant's full consent has been given.

5. Retention-
   Once a recruitment (or other relevant) decision has been made, we do not keep Disclosure information any longer than is necessary. This is generally for a period of up to six months, to allow for the consideration and resolution of any disputes or complaints. If in very exceptional circumstances it is considered necessary to keep Disclosure information for longer than six months, we will consult either the DBS or Disclosure Scotland about this and will give full consideration to the data protection and human rights of the individual before doing so. Throughout this time, the usual conditions regarding the safe storage and strictly controlled access will prevail.

6. Disposal-
   Once the retention period has elapsed, we will ensue that any Disclosure information is immediately destroyed by secure means, i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in an insecure receptacle (e.r. waste bin or confidential waste sack). We will not keep any photocopy or other image of the Disclosure or any copy of representation of the contents of a Disclosure. However, notwithstanding the above, we may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the unique reference number of the disclosure and the details of the recruitment decision taken.

7. Acting as an Umbrella Body
   Before acting as an Umbrella Body (one which countersigns applications and receives Disclosure information on behalf of other employers or recruiting organisations), we will take all reasonable steps to satisfy ourselves that they will handle, use, store, retain and dispose of Disclosure information in full compliance with the DBS Code and in full accordance with this policy. We will also ensure that anybody or individual, at whose request applications for Disclosure are countersigned, has such a written policy and, if necessary, will provide a model policy for that body or individual to use or adapt for this purpose.