

The Family Practice Group



14. Health and Safety

Document Classification: Policy		Document No: 14
Issue No: 01		Date Issued 01/09/2021
Policy signed off by		Christian Lyons
Pages: 43	Author	Next Review Date Due: 04.04.2025
Revisions:		ENSURE APPENDIX 82 - LIST OF POLICIES REVIEW DATE IS UP TO DATE
Date:	Reviewed by:	Reason for Changes:-
05/03/2020 27/10/2020 30/05/2021	NM RHK AD	Added names of designated fire wardens for the practice Updated practice information sheet for BC Added policy on Staff Experiencing Menopausal Symptoms
27/11/2021	NS	Added policy on Stress Reviewed
3.4.2023 04.04.2024	RHK AF	Reviewed and updated Reviewed

Table of Contents

14.1 Statement of Intent	3
14.2 Health and safety Responsibilities.....	4
14.3 Cleaning Schedule	5
14.4 Policy on Manual Handling	7
14.4.1 Correct manual handling techniques include:-	7
14.5 Policy for Visitors	8
14.6 Policy on Security	10
14.7 Policy for Dealing with Suspicious Mail or Items	13
14.7.1 Your suspicions should be aroused if the item:	13
14.8 Policy on Smoking	14
14.9 Staff Procedures In the Event of a Fire	14
14.10 Policy for using Equipment Safely	16
14.11 Policy for the inspection of Electrical Equipment.....	17
14.12 Policy for using a Computer Workstation	18
14.13 Policy on working away from the Surgery	19
14.14 Policy on Harassment.....	20
14.14.1 External	20
14.14.2 Internal.....	21
14.15 Policy for Cleaning up Spillage	21
14.16 Policy for Handling and Disposing of Sharps	22
14.17 Policy for handling specimens	23
14.18 Policy for Needle stick injury or contamination by Biohazards	24
14.19 Policy for using Liquid Nitrogen	25
14.20 Policy on Surgery opening and Closing in severe weather	26
14.21 Policy on Staff Welfare	27
14.22 Policy on Hazardous Substances	28
14.23 Policy on Hand Hygiene	29
14.24 Confidentiality and Health & Safety notice for visitors	30
14.25 Policy on dealing with difficult behaviour and awkward situations.....	31
14.26 Policy on Lone Working.....	33
14.27 Policy on Disposing of Waste	34
14.28 Staff Procedures in the event of a Medical Emergency.....	35
14.29 Policy on Home/Remote Working.....	36
14.30 Policy on Assistance Dogs	37
14.31 Policy on Bariatric Patients	39
14.32 Policy on Personal Protective equipment	40
14.33 Policy on Staff Experiencing Menopausal Symptoms	41
14.34 Policy on Stress.....	43
14.35 Brigstock Family Practice Information Sheet.....	44
14.36 Broughton Corner Practice Information Sheet.....	46

14. HEALTH AND SAFETY

14.1 Statement of Intent

As employers, we recognise and take very seriously our health, safety and welfare duties not only as laid down in Health & Safety legislation but also what is accepted as Best Practice in other surgeries. When risk assessments are carried out, we will implement all control measures shown to be necessary and continue to monitor their effectiveness. Regular reviews, no greater than one year apart, will be carried out on all safety arrangements and staff informed of any changes together with investigating and learning from any incidents that may occur in the meantime.

We are committed to maintaining safe working conditions, methods and equipment at all times including safeguards to prevent and deal with emergency situations. We will consult with our employees and provide such information, training and supervision as required to enable the highest safety and welfare standards to be met. We also recognise our responsibility for the health and safety of other people who may be affected by our activities such as patients, visitors and contractors.

DR NILU VAJPEYI & MR CHRISTIAN LYONS – PARTNERS have the ultimate responsibility for health, safety and welfare in this Practice.

All employees are reminded that they have a legal duty to fully co-operate in the implementation of all Health & Safety matters by following any training or instruction given to them and by not misusing or interfering with anything provided to keep our surgery a safe place in which to work and visit. They must also take reasonable care to avoid injury to themselves, their colleagues or to others whilst ensuring that any shortcomings in safety are reported immediately to the appropriate person.

14.2 Health and safety Responsibilities

1. Name: **DR NILU VAJPEYI & MR CHRISTIAN LYONS**
Title: **PARTNERS**

Have ultimate responsibility for all matters of Health & Safety including business continuity planning. Dr Nilu Vajpeyi is also particularly responsible for First Aid, staff working away from the surgery, safeguarding and chaperoning whilst Mr Christian Lyons is the Practice's Media Representative.

2. Name: Adeeb Feeroz
Title: **Service Manager**

Has responsibility for ensuring all Health & Safety arrangements are implemented on a day-to-day basis, is our 'Duty holder' for lift equipment and the 'Responsible Person' for all fire safety matters. She also has particular responsibility for staff welfare and training including the induction of new employees, premises safety and security, contractors, general and computer equipment, hygiene, lone and home working, general waste disposal, and the reporting of incidents, injuries and diseases to the appropriate authorities.

3. Name: Adeeb Feeroz
Title: **Service Manager**

Has responsibility for maintaining our Policy Documents, confidential waste disposal and the reporting of incidents, clinical risk assessment and waste disposal, GDPR compliance and IM&T Governance.

4. Name: **Adeeb Feeroz**
Title: **Assistant Practice Manager**

Has responsibility for visitors.

5. Name: **ROZINA HASSAN-KABANI**
 Title: **MANAGING PRACTICE NURSE**

Has responsibility for hazardous substances, infection control, personal protective and clinical equipment, manual handling, injuries and reporting diseases to the appropriate authorities

6. The Fire wardens for the practice are: Alicija Denius, Naresh Subramanian, Natasha Ageyman.

14.3 Cleaning Schedule

Room or area	Activity	Frequency
WAITING ROOM RECEPTION & OTHER WAITING AREAS	Straighten pictures & tidy leaflet racks *	Daily
	Empty waste bins & re-line	“
	Dust horizontal surfaces	“
	Vacuum floors & upholstery reporting any areas requiring further attention	“
	Sanitise door handles & check-in pods	“
	Wipe door surrounds & push plates	“
	Dust high & low surfaces	“
	Polish wooden surfaces	“
	Clean internal glazing & paint work	“
	3 DAYS A WEEK	
CONSULTING ROOMS	Empty bins & replenish consumables	Daily
	Dust & wipe down horizontal surfaces	“
	Clean & sanitise basins	“
	Sanitise door handles	“
	Wipe telephones & computer equipment with appropriate wipes	“
	Dust high & low surfaces	“
	Clean internal glazing & paint work	“
	Monthly	

GENERAL OFFICES, CONFERENCE & STAFF ROOMS	Empty bins Dust & wipe down horizontal surfaces Wipe telephones, fax & computer equipment with appropriate wipes Dust high & low surfaces	Daily “ “ “ “
STORAGE ROOMS	Tidy & dust horizontal surfaces Vacuum & mop floor if required	Daily “
CORRIDORS & STAIRCASES	Vacuum/mop (reporting areas requiring further attention) Sanitise door handles & stair handrails Tidy leaflet racks & straighten pictures * Dust banisters, low & high surfaces	Daily “ “ “
TREATMENT ROOMS	Empty bins & replenish consumables Mop floors (reporting areas requiring further attention) Dust & wipe down horizontal surfaces Clean & sanitise basins Sanitise door handles Wipe telephones & computer equipment with appropriate wipes Dust high & low surfaces Clean internal glazing & paint work	Daily “ “ “ “ “ “ “
TOILETS & BABY CHANGE AREAS	Empty bins & replenish consumables Clean sinks & soap dispensers Clean & disinfect toilets Vacuum & spot clean floor as necessary Polish mirrors & clean windows Sanitise walls, doors & pipework Sanitise baby change unit, floor, walls, doors & pipework	Daily “ “ “ “ “ Twice weekly
KITCHEN	Fill, run & empty dishwasher * Vacuum & mop floor Clean & tidy all surfaces Empty bins & replenish consumables Send dishcloths & towels for washing as necessary Clean & disinfect work surfaces De-scale kettle & clean dishwasher	Daily “ “ “ “ “ Weekly

LOBBY AREA	Remove any litter Vacuum & mop floor if required Dust post box & polish nameplates Clean internal glass	Daily “ “ Weekly
------------	--	---------------------------

KEY: * Responsibility for tasks lies with Reception staff

14.4 Policy on Manual Handling

1. Never manually handle anything larger or heavier than you would normally do on a day-to-day basis. If you are in doubt as to whether you can move a load safely, do not move it unless you have first checked with the managing practice nurse.
2. The handling of larger or heavier loads must only be carried out by those that have received the appropriate training in the correct methods to be used.
3. Do not attempt to lift a patient who has collapsed or fainted as they may be very heavy so call the trained First Aider immediately. Also, take great care when assisting a patient from a chair or couch, as they may be much heavier or less mobile than you expect. If in doubt, seek advice for the correct methods for moving people and check that you understand our Policy on Bariatric Patients.

14.4.1 Correct manual handling techniques include:-

- Reducing the load to the absolute minimum or into several smaller loads)
- Planning the route to be taken paying special attention to any doorways or stairs to be negotiated and seeking assistance from trained colleagues
- Using the correct lifting and handling equipment available (e.g. the sack barrow) and letting the equipment take the strain. Never using equipment that has not been specifically designed for transporting loads (e.g. a wheelchair)
- Holding the load as close to your trunk as possible whilst ensuring that you can maintain a good grip throughout (e.g. the load has no sharp edges or a greasy surface) and wear protective equipment (e.g. gloves) or special clothing or foot ware especially if outside (e.g. high-vis jackets)

- Taking especial care when picking up or setting down a load and keeping a straight back with no twisting of the spine and bent knees.
- Not carrying a load too far without having a rest to allow your body to recover

14.5 Policy for Visitors

1. Everyone must enter via the front door and visitors should report to Reception.
2. Visitors, other than patients and attached staff, must sign in the Visitors' Book at Reception on arrival and be issued with a 'VISITOR' badge to be worn in a prominent place throughout their visit. The Receptionist will also direct the visitor's attention to the notice attached to the Visitors' Book about confidentiality and Health & Safety issues to be observed during their visit. If a visitor is accompanied by a guide or assistance dog, you should make them welcome and follow the practice Policy on Guide and Assistance Dogs.
3. The Receptionist on duty must telephone the visitor's host and ask them to collect their visitor who should wait meanwhile in the Waiting Room.
4. Hosts must supervise their visitor's throughout the visit and be responsible for ensuring their visitor's safety during that time, especially in the event of a fire or evacuation. The host must also ensure that the guest returns their badge and enters their departure time in the Visitors' Book.
5. If any deliveries are to be made via the back gate, the driver must first report to Reception in the normal way. The person, who ordered the goods, or a colleague, must supervise the unloading of supplies and ensure the driver leaves the premises. Deliveries that cannot be unpacked and put away in the appropriate store cupboard must never be left in an unsafe place where they may cause a hazard. Any temperature sensitive drugs or vaccines must be logged and placed in the refrigerator without delay.
6. Any person unknown to staff, found in a non-public area without their host or wearing a 'VISITOR' badge, must be challenged.

7. You must never leave a visitor on their own, at any time, in a room with the computer logged on and/or confidential information on staff or patients (e.g. notes) out in clear view or accessible in an unlocked filing cabinet.

8. If you have any problems with visitors or unauthorised persons on the premises, contact the reception manager immediately.

9. Contractors on the practice premises will have been instructed on the Health & Safety procedures (e.g. what to do in the event of a fire) before starting work. We will also have consulted with them to ensure that we understand any hazards or risks that their work may pose for themselves, staff or members of the public. If you see any contractor behaving in a way that may pose a risk to health, you should immediately contact the reception manager.

14.6 Policy on Security

1. When the building is secured and the alarm is activated, entry can only be obtained with a key and pin number to deactivate the alarm. You have 30 seconds to unlock the door and deactivate the alarm system.
2. If you notice any signs of unauthorised access (e.g. broken glass or an open window), you must not attempt to get into the building but call the police by dialling 999. If you do not have a mobile phone, try and borrow one or use a landline from the nearest neighbours.
3. We employ a security company who alert key-holders to attend in case the alarm goes off out-of-hours. If they have attended, the building will have been made secure but they may have boarded up any broken windows or made locks safe until they can be mended properly.
4. Once in the building, follow the opening-up procedures and when airing consulting rooms check that everything is as it should be (e.g. no water leaks, broken blinds or curtain rails that will compromise patient privacy).
5. You must never - at any time - leave anyone other than a member of staff on their own in a room with the computer logged on and/or confidential information on staff (e.g. personnel details) or patients (e.g. notes) out in clear view or accessible in an unlocked filing cabinet. We also support the 'Clear Desk' concept not just for when you finish working for the day but also for any extended periods that you may be away to ensure we protect the personal data required in law and maintain absolute confidentiality.

6. You must ensure that your Smart Card is removed on every occasion and you have taken away or filed securely any documentation when you leave any workstation, desk or room (e.g. after a meeting). Remember that under the Data Protection Act you have a personal responsibility in law to maintain confidentiality at all times and should address any queries about these subjects, General Data Protection Regulations (GDPR) or Information Governance to UMAR SABAT – who is responsible for the practice Data Protection Issues.
7. You will only be asked to act as a chaperone during a clinical consultation, be alone with a child or vulnerable adult if you have been trained to do so. If on any occasion, however, you have any doubts about your ability or suitability to undertake this role, you must contact your line manager, so that someone else can be found to do it.
8. If you are working in an unfamiliar consulting or treatment room, ensure you know where and how to raise the alarm on your computer before starting your surgery.
9. Be prepared to terminate a meeting or consultation if your intuition tells you there is something 'wrong' and NEVER hesitate to sound the alarm if you are at all concerned for your safety. If it is not a security issue, open the door so that those responding will know to follow our Policy on Staff' Procedures in the Event of a Medical Emergency.
10. If an alarm sounds, always assume that it is a genuine call for help until proved to be otherwise.
11. Both nominated persons on duty (i.e. the DUTY MANAGER and RECEPTION MANAGER) should go to the room with a hand held alarm and a master key. On arrival at the room, they should knock and open the door but not go in. If appropriate, the Police should be summoned and everyone else kept away from the room. Only the Nominated Persons should explain what has happened to the police on their arrival and **NO MEMBER OF STAFF SHOULD EVER PUT THEMSELVES IN DANGER OR INTERFERE WITH THE POLICE'S HANDLING OF THE SITUATION.**

12. After the event, the reporting (e.g. RIDDOR or Significant Event), documentation and investigation (e.g. the carrying out of new or reviewing of existing risk assessments must be co-ordinated by the appropriate Individual.
13. If you are responsible for locking up the premises at night, you must follow the practice closing-up procedures. You must check meticulously that all rooms, including walk-in cupboards (e.g. the stationery cupboard) and toilets, have no occupants – authorised or unauthorised – and all windows and doors are firmly shut and locked. No outgoing post or material for shredding should be left out but stored in an appropriately secure place. All electrical appliances (apart from the refrigerators, remote access PC and computer servers) must be switched off at the mains and the telephone system transferred to the out-of-hours service. The dishwasher must be switched off and never be left in mid-cycle when the building is unoccupied.
14. The alarm must be set and the building locked by the very last person to leave. You have 30 seconds to leave the premises and lock the door.
15. If you are going to be working on your own (e.g. covering extended-hour clinics), you must follow the practice Policy on Lone Working and when you are on the premises out of normal hours, all external doors should be locked to prevent unauthorised access.
16. If at any time - whether at work, home or socially - you are approached by a member of the media, you must make no comment whatsoever and report the matter immediately to MR CHRISTIAN LYONS who is the Practice Representative and sole contact for such matters. You are also reminded of the absolute need to maintain patient confidentiality at all times and that any breaches will be treated as gross misconduct and result in immediate dismissal.
17. Any problems with the security of the premises (e.g. the loss of keys, fobs or failure of passwords) must be immediately reported immediately to a manager.

14.7 Policy for Dealing with Suspicious Mail or Items

1. If an item is received in the mail or is found on the premise which makes you suspicious contact a manager immediately. If you are in any doubt about whether an item is suspicious or not, treat it as suspicious and **DO NOT TOUCH IT.**
2. Raise the alarm to evacuate the building away from the suspicious item as per the practice Staff Procedures in the Event of a Fire including transferring telephones to the surgery mobile.
3. Telephone the police by dialling 999 using a mobile or the practice phone. They may well need to involve other Emergency Services (e.g. Fire & Rescue or Bomb Disposal) and you will need to explain what you saw and why you think it is suspicious*.
4. Any instructions given to you by the Emergency Services must be relayed to a manager and followed exactly.
5. Any person who has been in contact however briefly with a suspicious substance should be prepared to be put 'into quarantine' and must not drink or eat anything until given permission to do so.
6. Road blocks may have to be set up and the surgery closed for a considerable time but staff must not leave the Assembly point for any reason unless authorised to do so.
7. **THE BUILDING MUST NOT BE RE-ENTERED UNTIL EMERGENCY SERVICES GIVE PERMISSION FOR YOU TO DO SO.**

14.7.1 Your suspicions should be aroused if the item:

- is greasy
- smells of marzipan or almonds
- has protruding wires
- is excessively heavy or thick for size
- has lopsided balance
- has a small hole that was possibly made when activating the device
- has an inner envelope that is tightly taped or tied with string

- comes from an unusual source or sender
- contains white powder

14.8 Policy on Smoking

1. You may never at any time use tobacco products or e-cigarettes on the practice premises as we maintain an absolute no-smoking policy throughout the practice premises.
2. Any employee who wishes to stop or reduce their smoking should see their own GP who can offer help and guidance on giving up smoking.
3. Employees who are found to be smoking at work in contravention of this policy will be subject to disciplinary action in accordance with the Practice's disciplinary procedure. A breach of this policy will be treated as a serious disciplinary offence. Where the smoking constitutes a clear Health & Safety hazard, then such behaviour will be treated as gross misconduct and could render the employee liable to summary dismissal.

This Policy on Smoking applies not only to employees but also to patients, attached staff, other visitors and contractors.

14.9 Staff Procedures In the Event of a Fire

1. If you discover a fire or smoke that is spreading and which may affect the escape routes, you must **IMMEDIATELY**:
 1. **SHOUT FOR ASSISTANCE**
 2. **SOUND NEAREST FIRE ALARM BY BREAKING GLASS COVER**
 3. **ALL THE FIRE & RESCUE SERVICE BY RINGING 999 ON A MOBILE PHONE AND GIVE YOUR NAME, THE SURGERY'S NAME AND FULL ADDRESS TOGETHER WITH THE MOBILE NUMBER YOU ARE PHONING FROM - REPORT WHAT YOU HAVE SEEN IN AS MUCH DETAIL AS POSSIBLE.**
2. If the fire alarm sounds ALWAYS ASSUME IT IS A REAL FIRE, remain calm and evacuate the building carrying out any tasks (e.g. checking toilets and examination rooms, fire wardens putting on high-vis jackets, collecting the Visitors' Book, the signing In/Out board, transferring the main surgery telephone landlines through to the surgery mobile and escorting any disabled people who are upstairs to the Safety Zone remembering any temporarily

disabled staff) assigned to you as quickly as possible. Take special care when guiding hearing or sight impaired persons as they may not grasp the urgency or be able to move as quickly as others when evacuating the building. Also that any wheelchair or mobility scooter users do not impede others by, if necessary, making them wait until the end of the evacuation.

3. **DO NOT STOP** to collect any personal belongings. Close all room doors to prevent the spread of fire or smoke to corridors and ensure all fire doors have closed behind you.
4. Go immediately to the Assembly Point, which is located **ACROSS THE ROAD, OUTSIDE THE LIBRARY** and report that you have vacated the building. Also report if any disabled persons are in the Safety Zone at the top of the stairs.
5. You must only attempt to fight a fire if it is very small and you have been trained in the use of fire fighting equipment. If a fire is burning in a room with the door already closed, **DO NOT** open the door unless you know that the fire is small, as the sudden inrush of air could cause a back-draught or explosion which could injure you seriously. Should you be in any danger whilst attempting to fight the fire, you must withdraw immediately.
6. You must **NEVER** re-enter the building until given the all clear by the Fire & Rescue Service, the responsible Fire officer or the most senior member of staff on duty.

The Practice Fire Alarm points are located in the following areas:

- Basement: on the left side of the wall, next to the back door
- Ground Floor: To the right of the front door
 To the left of the back door
 Between the Patient toilet and the small office
- First Floor: To the right of the top stairs
 To the right of the door opposite consulting room 6
- Second Floor: To the right on the wall next to Room 7

The Clinic's Fire Exits are located:

- Basement: On the right, in the basement office

Ground Floor:	On the left, next to the exit door The back patio door in the reception back office The back patio door in the small ground office
First Floor:	Stairs
Second Floor:	stairs

The Oxygen cylinder is located in the reception area on top of the staircase leading to the basement.

Ensure you are familiar with the location of all the practice fire fighting equipment's(As per the plan posted in the back reception office) and you are aware of exactly which extinguishers should be used on what type/s of fires.

14.10 Policy for using Equipment Safely

1. You must only use equipment for its proper purpose (e.g. an extinguisher must not be used to prop open a door) and always with any Personal Protective Equipment required and provided for your safety.
2. You must not use any piece of equipment unless you have been authorised and trained to use it (e.g. salt and grit spreader). Similarly, if you should be supervised whilst using a piece of equipment, never use it unsupervised.
3. You must ensure that you are familiar with the practice Policy on Protective Equipment (e.g. it is suitable for both for you and the task you are carrying out). If you have any concerns that it is not appropriate, you should inform your line manager as soon as possible.
4. If you are responsible for carrying out tests on equipment (e.g. temperature checks on refrigerators containing vaccines) you must ensure that these are carried out as required, when due and documented. These checks are vital for your own, colleagues' and patients' safety and failure to carry out appropriate actions may result in disciplinary action.

5. Before starting to use a piece of equipment, you must always carry out a quick visual check to ensure that equipment is still sound since it was last used. This is particularly necessary for any items of electrical equipment (e.g. a kettle). If you have any doubts about it being safe to use, please inform your line manager and ensure, meanwhile, that no one else can use it.
6. If you have any queries about the use of clinical equipment or issues regarding possible biological contamination or infection control, you must immediately contact the managing practice nurse for advice.
7. If you detect any failure, wear or tear on a piece of equipment (e.g. a chair with a castor loose or missing), you must report it immediately to your line manager and ensure, meanwhile, that no one else can use it. You should also report any handbooks or crib sheets that are missing so that replacements can be obtained and any situations where you see a colleague is handling equipment in an unsafe manner.
8. If you have any injury or accident whilst using a piece of equipment, report it immediately to your line manager.

14.11 Policy for the inspection of Electrical Equipment

1. Brigstock Family Practice 'Policy on Using Equipment Safely' states that any item that is found to be unsafe or to be causing concern at any time must immediately be taken out of service so no one can be harmed by it and reported to a senior member of staff. This is particularly important for electrical equipment given the life-threatening consequences of an electric shock.
2. The Practice Policy also states that before you use any piece of electrical equipment, you should carry out a quick 'user' check to ensure that it is still safe since it was last used. Signs to look out for and that are reportable are those such as the:-
 - cable sheath is damaged although slight scuffing is acceptable
 - plug casing is cracked or
 - the two parts are not firmly screwed together
 - cable is not secured properly and is loose where it enters the plug

- coloured wires are showing instead of being encased in the outer cable
 - plug or cable show evidence of overheating (e.g. scorching or discolouration)
 - surface on which the item is not suitable (e.g. wet or sloping)
3. Some items of electrical equipment have been shown by the practice risk assessments to require more detailed checks to be carried out at set periods (i.e. annually). These Formal Visual Inspections will be carried out by the responsible individual, who has sufficient knowledge of what to look for and what is/is not acceptable (e.g. the wrong fuse is being used). They may highlight where electrical equipment is being misused (e.g. extension lead ranks pulled along or plugs pulled out by their cables) or is sited inappropriately (e.g. kettles on a ridged draining board or where the steam can spread over a workstation). If anything untoward is found, changes will be made to ensure this cannot happen again.
 4. Other items (e.g. Class I earthed portable equipment) will require the highest level of Combined Inspection and testing (also known as Portable Appliance Testing). We will ensure that this will be carried out when necessary by qualified electrical contractors using specialist testing equipment.
 5. If you are found to be using electrical equipment in an inappropriate manner and in contravention of the practice Policies, you may be subject to disciplinary action in accordance with the Practice's disciplinary procedure. Where this constitutes a clear Health & Safety hazard, then such behaviour will be treated as gross misconduct and could render you liable to summary dismissal.

14.12 Policy for using a Computer Workstation

1. Especially when hot-desking, taking over in Reception or working remotely, make time to adjust your chair, monitor and mouse to find the most comfortable position for you to work. The ideal position is with your:-
 - Forearms, wrists and fingers approximately horizontal.
 - Eyes at the same height as the top of the monitor casing.
 - Thighs horizontal when your feet are flat on the floor with no excess pressure on the backs of your legs and knees.
 - Lower back straight and supported by the chair backrest with relaxed shoulders.
2. Make sure there is enough space underneath your desk to move your legs freely with your feet flat on the floor and ask for a footrest to be provided if you have trouble reaching the floor.
3. Adjust your keyboard and monitor to get a good keying and viewing position. A space in front of the keyboard is sometimes helpful for resting hands and wrists while not keying so and ask for a wrist support if necessary.

4. Make sure you have enough workspace for whatever documents you need. A document holder may help you to avoid awkward neck movements, but choose a design to suit you as a variety is available. Try different layouts of keyboard, monitor and mouse to find the best arrangement for you that avoids any awkward stretching movements especially if you are left handed.
5. Do not bend your hands at the wrist when keying. Try to keep a soft touch on the keys and do not over-stretch your fingers. Keep your mouse close to the keyboard so you can use it with a relaxed arm and straight wrist action.
6. arrange your desk and monitor so that bright lights are not reflected in the screen; you should not be directly facing windows or bright lights. Adjust the blinds to prevent unwanted light and clean your screen regularly with the kit provided.
7. Do not sit in the same position for long periods and make sure you change your posture as often as practicable; short frequent breaks are better than longer infrequent breaks.
8. Report any difficulties to your line manager immediately.

14.13 Policy on working away from the Surgery

1. Always ensure before leaving the surgery that your mobile phone is charged and the details of your destination are entered in the surgery diary or visits screen. Also, that you have checked for any particular risks or restrictions for your journey (e.g. bad mobile reception), your destination (e.g. entry codes or parking permits are required) or residents (e.g. the clinical system shows adverse comments or warnings about attending a patient at that address).
2. If you are travelling by car ensure that you allow enough time for journeys so as to avoid rushing. We will never expect you to answer your mobile whilst driving and although legally you can use a mobile phone with a hands free kit, we would prefer you to pull over and turn the engine off before answering.
3. Park facing the direction you are going to be leaving in and always use the correct methods for manual handling of loads, taking particular care when lifting loads from or into a vehicle. Never leave any medical equipment (e.g. Sharps Bin) or sign that you are from a surgery out in open view but put it in the boot out of sight. Some drugs are temperature sensitive so take care to protect them in very hot (e.g. insulin) or cold weather (e.g. vaccines).
4. Never assume that people will behave predictably so be alert and listen to your instincts (e.g. if on arrival you are met with a situation that causes alarm or you feel uncomfortable with then **leave immediately**) particularly if this is a first visit to an address or patient. When invited into a patient's house,

remember that you are entering their home and however friendly they may be, always maintain your professionalism whatever they may tell or show you. NEVER ACCEPT FOOD, DRINKS OR SWEETS (aside from the danger of them being spiked they may be less than hygienically prepared) but do ensure your refusal is tactful. Ensure that you use disinfectant hand gel on arrival and departure and it may also be necessary to ask that any pets be shut away during your visit as they may misinterpret your actions (e.g. taking a blood pressure reading) as threatening to their owners.

5. Never hesitate to phone the surgery if you feel uncomfortable about a patient or a relative's behaviour and always give the patient's clinical system identifier so that we can find out which address you are phoning from. If you are feeling uneasy and wish someone to know help is at hand, say, "Could you check in my YELLOW file" to alert us to your situation. If you say "Could you check in my BLUE file", we will know to call you back in 5 minutes when you have had more time to assess the situation. If, however, you ask us to check in your RED file we know to immediately call the police to your aid. Once you have left the property, remember to call back so that we know you are alright.
6. If you have any problems whilst working away from the surgery, contact a manager and also report back on your return, any issues you encountered about a patient, address or location that need to be shared amongst the team for future occasions.

14.14 Policy on Harassment

**HARASSMENT OF OUR STAFF, WHETHER IN PERSON, ON THE TELEPHONE
OR BY ELECTRONIC MAIL IS NEVER ACCEPTABLE
AND WILL NOT BE TOLERATED**

14.14.1 External

1. If at any time you feel uncomfortable or threatened by the behaviour of somebody other than an employee, however minor, you should immediately report it to a senior member of staff.
2. You will be helped to complete an Incident Report Form and any information you give will be kept in strict confidence. A check will be made on previously completed Report Forms to see if a similar incident has occurred before. You may also wish to complete a Complaint Form on your abuser leading to an entry being made on their clinical record.
3. If you would feel more comfortable being accompanied by a colleague or would prefer for another person to act as a go-between for you, then please do not hesitate to invite them to be with you. Similarly, if the police are involved, you will be supported to the best of our abilities throughout their investigations.

4. If as a result of enduring or observing harassment you would like extra support, please do not hesitate to contact your line manager, who can arrange for further enquiries for information or suitable arrangements to be made on your behalf.

14.14.2 Internal

5. If at any time you feel harassed or bullied by a colleague, you should ask to see YOUR LINE MANAGER. Anything you say will be treated in strict confidence and action only taken with your complete approval. If you wish to be accompanied by a third party - this must be a colleague* or your trade union representative - then please do not hesitate to ask them to be with you. We will support you in every way possible throughout this time.
6. After proper investigation, any staff found to have been harassing another employee will be subject to the disciplinary procedure and where appropriate the police would also be involved.
7. If you suspect that a colleague may be the subject of harassment or bullying of any kind, it is your responsibility to report this to YOUR LINE MANAGER. Anything you say will be treated in the strictest confidence and with great sensitivity.

* Be assured that a co-worker's relationship with us will never be put into jeopardy by helping you.

14.15 Policy for Cleaning up Spillage

1. If a patient has had diarrhoea or has vomited in the toilets, try wherever possible to get the patient or somebody with them to clean it up using the appropriate products from the surgery kit in Reception or the Nurses room. Hang the "Out of use" sign up on the door and try to supervise the clean-up to ensure that it is done properly. If the toilets can be used again, don't forget to take the sign down again. If, however, they need further sanitising, ensure that they remain closed off and a note is made in the Cleaners' book for them to be done that evening.
2. If the spillage has occurred in one of the public areas, only staff trained in the possible health hazards associated with it, what needs to be done, appropriate cleaning methods and products should attempt the clearance. They should collect one of the individual spillage kits or the surgery kit and put on protective equipment as required, but always using gloves. The area should be cordoned off to prevent further spread of the spillage by using the hazard tape or wet floor signs. Furniture such as chairs may also be used to make the scene absolutely obvious.

3. The antiseptic/disinfectant granules should be applied to the spillage and left for two minutes to absorb any liquid. Paper towels and the scooper should be used to collect up the granules and remaining solid spillage.
4. The area should then be washed with water and detergent or dilute disinfectant/disinfectant spray according to the surface and rinsed thoroughly with clean water.
5. The area should then be dried using paper towel or disposable cloths before disposing of all materials and spillage in a clinical waste bag. The bag should be sealed securely and stored with the other clinical waste in the correct manner to await collection.
6. It is essential that you wash your hands thoroughly, as per the practice Policy on Hand Hygiene - after coming into contact with any spillage.
7. If the spillage occurs outside in the car park, use the bucket to rinse it away initially with Milton diluted in cold water and then just water.
8. Inform your line manager as soon as possible to ensure that the spillage kit contents are replenished immediately.

The kit should contain: A bucket
Gloves, goggles & disposable apron
A scooper
Paper towel
Antiseptic/disinfectant granules
Detergent and disinfectant spray
Disinfectant for dilution (e.g. Milton)
Biohazard warning tape and 'Wet Floor' signs

14.16 Policy for Handling and Disposing of Sharps

1. You must wear protective gloves and closed-in footwear if handling Sharps (e.g. needles, scalpels, stitch cutters or glass ampoules).
2. You must not pass Sharps directly to colleagues, carry them in your pockets or around in your hand. Always ensure you have a correctly assembled Sharps bin as close to hand as possible before you start any procedure and NEVER attempt to retrieve anything from a Sharps container once in use.
3. **IF YOU ARE USING ANY SHARPS, IT IS ALL STAFF RESPONSIBILITY TO DISPOSE OF THEM IMMEDIATELY AFTER USE.**
4. You must only dispose of Sharps in the bins provided which conform to the International Safety Standard and are assembled correctly with the start date entered on the label. Bins must never be filled beyond the maximum 2/3 full-line nor emptied to retrieve items. Sharps bins in use must be kept out of the reach of children and other unauthorised persons, NEVER on the floor, on an unstable surface or above shoulder height.

5. You should not separate needles from syringes but dispose of them as a unit nor re-sheath them as this is when most needle stick injuries occur. Should separation become necessary, a separating device could be used but this is not recommended. Syringes without needles should also be placed in the Sharps bin.
6. When full or in use for three months, you must ensure that Sharps bins are sealed, locked, labelled (i.e. with Practice name/code, address and date of sealing) and stored in the special bin in the car park to await collection. You must always carry Sharps bins by their handles and never around the middle. If you damage a bin you must place it in a larger, secure container that is labelled as containing 'Sharps'.
7. In the highly unlikely situation that a Sharps bin is only used occasionally, it must not be kept in use indefinitely but disposed of properly at the end of three months even if it is not completely full.
8. You should never accept Sharps bins from patients or carers under any circumstances but redirect them to the Pharmacy that issued them. In the interests of safety, ensure that the patient or carer knows how to seal and lock the bin properly.
9. In the event of a needle stick injury, you must follow the practice Policy for Needle stick Injury as laid down in the Health & Safety Policy Document.
10. If you have problems with the handling or disposing of Sharps contact the managing practice nurse for further information and advice.

14.17 Policy for handling specimens

1. Check that the patient has correctly labelled the specimen container (i.e. patient's NHS Number, name, date of birth and/or address) before you accept it. If it is incorrectly labelled, the patient must complete the necessary details before being allowed to leave the specimen at the surgery. You must not accept specimens that need to go off to the lab after the last collection of the day has gone, as we cannot store them overnight at the correct temperature to stop them from deteriorating.
2. If a specimen has been taken from a patient who is proven to be - or suspected of being - infected by a blood borne disease, the container will be labelled with an 'INNOCULATION RISK' or 'DANGER OF INFECTION' biohazard label. Extreme care must be taken with such specimens and if you are in any doubt as to handle them, you must immediately seek advice from the managing practice nurse.
3. Specimens should be handed over in the special plastic bags with the appropriate test request form in the separate, attached pouch. If the form is

missing, make the patient an appointment with the Treatment Room Nurse who will then complete a new one. If the specimen is not in one of the special plastic bags, do not take the container but give out a new bag.

4. Complete specimens in their bags should be placed by the patient into the box to await collection. If you are present when the specimens are collected to be taken to lab, reline the box with a new bin liner ready for the next specimens. You must NEVER place food or drink in the same vicinity as specimens.
5. You must always wear disposable gloves for handling specimens and wash your hands properly when you have finished. If your bare hands come into contact with any specimen container, wash your hands immediately.
6. If the specimen container is leaking, place it in another plastic bag and seek advice from your line manager not only to report the risk to health but in case a new specimen is required before allowing the patient to leave. She will make the decision as to whether the sample will be transferred to another container or whether it has become contaminated and needs disposal.
7. You must dispose of left-over urine specimens in the dirty sluice and place the test strips and empty bottles in a clinical waste bag or bin. Glass containers that cannot be returned to patients must be disposed of in a Sharps bin.
8. Any spillage must be cleaned-up according to the Policy for Cleaning up Spillage set out in the practice Health & Safety Policy Document.

14.18 Policy for Needle stick injury or contamination by Biohazards

1. Wearing gloves, encourage bleeding from the needle stick injury puncture site by gently squeezing above the wound to reduce the risk of a virus entering the circulation if at all possible.
2. Wash the site immediately and liberally with warm, soapy water but do not scrub and apply a waterproof plaster where possible. If the eyes or mouth are involved, wash thoroughly with water or saline solution. Water used to rinse the mouth must not be swallowed and if contact lenses are worn, washing must be done both before and after removal of the lenses.
3. Report the incident to your line manager or an available senior member of the team immediately.
4. Enter details of the incident in the Accident Book and ensure that a report is made within 24 hours to the RIDDOR Reporting Centre and a Significant Event Report is raised.
5. Identify and document the source of contamination (i.e. patient's details) and establish the degree of risk to health (i.e. patient's lifestyle). Also note every detail you can about the type of Sharps (e.g. type and gauge of needle), how it was being used (e.g. injection or aspiration) and the injury site.

6. Blood will be taken from you as the “injured worker” and also from the “source patient” for Hepatitis B/C and HIV testing; the Microbiology Request Forms must be labelled accordingly and clearly state “SHARPS INJURY”. If the patient is proven to be - or suspected of being - infected by a blood borne disease, the container must be labelled with an “INNOCULATION RISK” or “DANGER OF INFECTION” label. The Microbiology Department should be informed by telephone that the samples are en-route and advice also sought if the patient refuses consent for a sample to be taken.
7. Your records will be checked to confirm your Hepatitis B immunity status and advice will be sought from the Health Protection Unit for any vaccination or immunoglobulin’s required. Similarly for post-exposure prophylaxis if HIV is involved but given that this is most effective if given within 2 hours, it may be necessary for you to attend the A & E Department.
8. A further blood sample will be taken from you in 3 months for further testing if necessary. All the results will be noted on your records.
9. We will support you throughout this time to the best of our ability as we understand that this type of injury may have both immediate and on-going psychological effects. If you would like extra support or counselling, please do not hesitate to ask your line manager to make the arrangements for you.
10. **Contamination can also occur to minor cuts, abrasions or open skin lesions**

14.19 Policy for using Liquid Nitrogen

1. You must not use Liquid Nitrogen unless fully trained and completely aware of the hazards associated with it. If in any doubt, refer to the COSHH Assessment & Safety Information Sheet that has been drawn up, the supplier’s Safety Data Sheet kept in the folder ON THE SHARED DRIVE or ask your line manager.
2. You must always have a trained colleague with you and never decant Liquid Nitrogen from the dewar to a flask alone. Similarly, any staff from other surgeries may never be left unsupervised whilst decanting into their approved travel flasks.
3. Ensure that you - and anyone you are supervising - follow exactly the safety procedures laid down (e.g. removing all watches and rings), using all the safety equipment provided (e.g. goggles and close-fitting, non-absorbent gloves which are easily removable in the event of an emergency).
4. Always visually check the dewar and flasks for signs of damage before attempting to handle them. Never stand in the direct line of flow if decanting from a cradle dewar, that rocks around a central axis to decant; stand to the side and so avoid splashing your feet if a spillage should occur.

5. When transporting Liquid Nitrogen, always keep up-right and use the proper carrying case especially if using stairs – NEVER use the lift - or going across uneven surfaces. 4 litre and above dewars must be transported in a specifically designed wheeled cart. If you are asked to transport flasks of Liquid Nitrogen in your car, all windows must be kept fully open throughout the journey. Your insurance company should be made aware that you are using your vehicle for work purposes and carrying Liquid Nitrogen otherwise you may not be covered in the event of an accident.
6. Ensure that you store used flasks carefully (e.g. away from full flasks and sources of heat including sunlight) to allow full venting to take place; this may take up to 24 hours.
7. Any problems or concerns that arise with the use of Liquid Nitrogen must be reported immediately to a manager.

The hazards associated with the use of Liquid Nitrogen are:

- Cold burns or frost bite on contact with the skin
- Respiratory problems on inhalation including the possible inducement of an asthma attack and damage to the lungs
- Judgement can be impaired and physical ability reduced by even limited exposure
- Asphyxiation due to oxygen deficiency can be instantaneous and without warning as it escapes into a closed room or space
- Contact with the eyes can cause irreparable damage

14.20 Policy on Surgery opening and Closing in severe weather

Apart from planned closures, limiting the opening hours or early closing of the surgery will be as a result of unforeseen circumstances (e.g. a loss of power supplies) or conditions arising (e.g. heavy snow falls or flooding) with hazards carrying a high risk to the safety of everyone using the surgery.

As these events are equally likely to occur when the surgery is closed overnight or at the weekend, it is essential that your contact details in the Communication Cascade held by the practice as part of the practice Business Continuity Plan are always the current ones. You must also ensure that you immediately update the details you hold at home of those below you in the Cascade (e.g. those you have to contact) and your nearest Practice.

When severe, 'danger to life' weather warnings are issued overnight or at the weekend, the decision to not open the surgery or operate it with a skeleton staff will be taken by a responsible manager and the Communication Cascade instigated. Experience and risk assessments have shown that the practice car park can be

extremely dangerous in bad weather so, if this is to remain closed, this will also be communicated through the Cascade and added to the website.

If it is impossible for you to get into our surgery due to severe weather conditions, inform a manager immediately and, if at all possible, contact your nearest Practice as identified in the Disaster Plan and offer your services there.

Any salting or snow clearing will be led by a manager and you must ensure that you have been trained to use the snow shovels and keep to the practice Policy on Manual Handling. If conditions deteriorate, the steps to the front entrance will be cordoned off and only the ramp and pathway kept clear. As the path used by staff to the backdoor is also difficult to keep safe, you should use the front entrance and not attempt to get around the back. NEVER use hot water to clear snow as it will dilute the ice melt concentration and may refreeze to form black ice that cannot be seen.

Dynamic risk assessments will be carried out as necessary but if you have concerns as to how the weather is adversely affecting safety in the surgery, you should raise them immediately with a manager.

If worsening conditions (e.g. heavy rain or snow falls) require the surgery to close during normal opening hours, you should carry out any tasks required of you (e.g. powering down the server or adjusting the boiler settings) before leaving. If you live at a distance from the surgery you will be allowed to leave earlier to make your journey home in the daylight whenever possible.

14.21 Policy on Staff Welfare

1. We are well aware that working in a surgery can be challenging and - as a result - often stressful. If you believe your health or wellbeing is suffering because of stress or from other issues (e.g. thermal discomfort), you should not hesitate to contact a manager, who deals with staff matters on behalf of the Practice. She may be able to deal with your concerns herself or arrange for help to be obtained from other sources and be assured that absolute confidentiality will be maintained throughout. Further guidance may also be found in the practice 'Policy on Harassment' and 'Policy on Dealing with Difficult Behaviour and Awkward Situations'.
2. You can see the risk assessments we carry out to ensure your health, safety and welfare at work by contacting your line manager at any time. We actively welcome the involvement of all staff in keeping the surgery as a safe place for all so if you disagree with the practice findings or the control measures we

have implemented, you should contact your line manager without any worries about your suggestions not being welcomed.

3. If you are suffering from an infectious or contagious disease or illness (e.g. Rubella or diarrhoea and vomiting), you should contact your line manager before coming into work and the decision can be taken as to whether it would be better if you stayed at home.
4. If you feel unwell at work or suffer an injury, you should immediately contact your line manager who will arrange for one of the First Aiders to assist you and any necessary measures that need to be taken (e.g. filling out an Accident Report).
5. On your return from any period of illness or extended absence, your line manager will hold a 'Return to Work' interview with you to ensure that we help you to get back to work as easily as possible.
6. We have a zero tolerance policy towards the misuse of alcohol and drugs – whether on prescription or not – whilst at work and if your performance or behaviour is adversely affected by such substances, you may be subjected to disciplinary action that can lead to dismissal.
7. We would also remind you that you have a legal responsibility to keep yourself, your colleagues' and other users of the practice premises safe by following the practice Health & Safety Policies regarding your conduct and usage of the Practice's facilities and equipment. Should you see anyone (e.g. colleague, contractor, patient or visitor) behaving in an inappropriate or dangerous manner, you should immediately inform a manager.

14.22 Policy on Hazardous Substances

1. You will have received training on the hazardous substances – both those with hazard labels (TOXIC, FLAMMABLE, EXPLOSIVE, IRRITANT, OXIDANT, CARCINOGENIC, CORROSIVE and HARMFUL TO THE ENVIRONMENT) and those biohazards (e.g. urine, faeces and blood) without. If at any time, however, you are in doubt as to whether a substance is hazardous or not, you must immediately contact the managing practice nurse for advice.
2. You must avoid coming into contact with a hazardous substance unless you are aware of the instructions (SHUD) for its' storage, handling, usage and disposal (e.g. the wearing of Personal Protective Equipment as contamination is possible and would be harmful). All details are specified on the Safety Data Sheet and/or 'Summary COSHH Information Sheet' for each substance kept by the practice in a folder ON THE SHARED DRIVE. We also have separate Policies for certain substances (e.g. 'Policy on Using Liquid Nitrogen') and

situations (e.g. 'Policy for Cleaning Up Spillage') where more information is required.

3. If you detect that any hazardous substance is being used (e.g. without the wearing of gloves or in the vicinity of food or drink), stored (e.g. in a place where it may be accessed by children), handled (e.g. with a leaking container) or disposed of (e.g. in a hand basin) inappropriately, you must report it immediately to a manager and ensure, meanwhile, that no one else can be harmed by it.
4. If you should be supervised whilst using a hazardous substance, never use it unsupervised.
5. If you are responsible for decanting hazardous substances into smaller containers, you must ensure that these are labelled in exactly the same way as the original container.
6. If you are responsible for handling specimens ensure you follow the practice 'Policy for Handling Specimens' and for Sharps the practice 'Policy for Handling and Disposing of Sharps' which we have drawn up for not only for your protection but also that of colleagues and patients. Failure to follow these or any other of the practice Infection Control Policies may result in disciplinary action.
7. If you have an injury or accident involving Sharps with the associated serious risks to health, you must follow the practice 'Policy for Needle stick Injury or Contamination by Biohazards' exactly.
8. If you have any other injuries or accidents whilst using a hazardous substance, report it immediately to your line manager.

14.23 Policy on Hand Hygiene

1. Effective hand hygiene is the most effective means we have to control the spread of infection to and from all patients, visitors, our environment, our staff and anyone they may come into contact with later. As we consider it to be so important, if you are found to be working in contravention of this Policy, you may be subject to disciplinary action.
2. We will ensure that all staff receive annual, formal training on hand hygiene irrespective of what roles or jobs they carry out in the surgery (e.g. clinicians and non-clinicians). If you have any queries at any time on this subject and infection control in general, please contact the managing practice nurse for further information and advice.
3. You should decontaminate your hands before starting work on arrival at the surgery, commencing any clean or aseptic procedure, direct patient contact or

handling food and after direct patient contact, removing gloves, handling soiled items, coming into contact with bodily fluids, visiting the toilet or finishing work and leaving the surgery.

4. If you are involved with direct patient contact, you must wear sleeves only to your elbows as well as removing wrist and hand jewellery wherever possible. You should avoid using false nails and keep your own finger nails short, clean and free of nail polish. Any cuts or grazes should also be covered with waterproof plasters both for your and patients' protection.
5. Unless your hands are visibly soiled, have come into contact with body fluids or where there is concern that alcohol-resistant organisms (e.g. *Clostridium difficile*) may be present, the use of hand sanitisers is entirely appropriate. You must ensure however that the solution comes into contact with all surfaces of the hand, you rub your hands together vigorously paying particular attention to your thumbs, tips and areas between your fingers until the solution has evaporated and your hands are dry.
6. When using soap and water to decontaminate your hands, you must follow exactly the Six Step Hand washing Technique you have been taught and as is shown on the posters that are displayed around the surgery.
7. If you have any problems with the products we supply for hand washing (e.g. sore or irritated skin), you must immediately inform your line manager for advice.
8. If the supplies of hand gel, soap in dispensers or paper towels run low and no further supplies have been put out, inform a manager without delay to arrange for replacement before they run out completely.

14. 24 Confidentiality and Health & Safety notice for visitors

Brigstock Family Practice is committed to ensuring the safety of all visitors to the premises and also to fulfil the practice responsibilities under the Data Protection Act. We cannot do this, however, without your active participation so by signing our Visitors' Book in Reception, you are agreeing that:-

- You will wear your 'VISITORS' badge in a prominent place at all times as our staff are instructed to challenge anyone they do not recognise without a badge especially in non-public areas
- Throughout your visit, you will stay with your host/s and follow any instructions they give for your health, safety or welfare whilst in the surgery. They will also ensure you are advised of any additional Health & Safety information that may be needed during your visit (e.g. to prevent contamination by biohazards or what to do in the event of a fire)

- In the event of the surgery needing to be evacuated, your host will ensure you are escorted to our Assembly Point (ACROSS THE ROAD OUTSIDE THE LIBRARY) and you must not leave the vicinity until our Fire Marshall has noted in the Visitors' Book that you are accounted for and safe
- At the end of your visit, you will return your 'VISITORS' badge and enter your leaving time in the Visitors' Book kept in Reception
- No confidential information whatsoever gained whilst on your visit to the surgery will be divulged to a third party or saved onto an electronic device unless given specific permission by your host/s. If you have been later found to have used such confidential information, you and/or your employer may face legal action.
- If you have any queries about your visit that cannot be answered by your host/s, please contact a manager.

14.25 Policy on dealing with difficult behaviour and awkward situations

1. Due to the nature of the environment in which we work, most of the behaviours and situations we deal with are often stressful for all concerned. Patients and visitors to the surgery are likely to be anxious, feeling unwell, distressed and rarely be 'happy' to visit us. Some may be suffering from mental health issues, loneliness, dementia, drug and/or alcohol misuse with no or few people to support them. This makes it especially important that every contact with a member of staff is a continuation of the excellent care we wish to give all our patients and their families.
2. We have carried out risk assessments into the possible circumstances you may find yourself in and further guidance may be found in the practice 'Policy on Harassment' and 'Lone Working'. If, however, a new issue arises or a worrying pattern of behaviour emerges, inform a manager straight away. They will always welcome your comments, investigate your concerns, carrying out further risk assessments and implementing additional control measures where applicable.

3. We treat all our patients equally but sometimes cultural, religious and language complications can hinder good communication with some requiring extra consideration for both physical (e.g. the disabled) and health related conditions (e.g. bariatric patients). It is vitally important that you remain professional and remember it is the behaviour not the person that you are finding difficult. Try not to take anything personally and always remain polite, stay calm and avoid using jargon. If you feel that things are getting out of hand, do not hesitate to enlist the help of a colleague or speak to your line manager.
4. If appointments are running late, ensure that you always tell those waiting so they can choose whether to stay or make another appointment. Frustrated and worried people often act irrationally especially when they are not kept informed of why they have to wait.
5. If children are behaving in an inappropriate manner (e.g. running around the surgery or throwing toys around) and you or your colleagues don't feel able to discuss the issue with their parent or carer, you should immediately contact a manager to deal with the situation. You must never look after a child on your own unless you have a current DBS check to the correct level.
6. Ensure that you know:-
 - The limits of your own authority and who you can pass issues onto if a decision or course of action needs to be decided above that level
 - The latest information on patients and their families or carers (e.g. always check the 'Awareness Board' with details of patients that are vulnerable adults, terminally ill, with dementia or learning difficulties especially if you haven't been at the surgery for a few days)
 - The practice systems (e.g. taking-in specimens and giving-out repeat prescriptions or information bearing in mind the absolute nature of patient confidentiality)
 - Where your colleagues may be found, how they are best contacted especially in an emergency, what they do, when they are available and/or can be interrupted
 - The practice protocols (e.g. for booking appointments always using the 24 hour clock as different countries often have different ways of telling the time, that you fully understand what is required of you when chaperoning and how our complaints procedure works)

7. Remember that you are human and will have 'bad days' or 'issues' of your own, so do not hesitate to enlist the support of your colleagues when necessary

14.26 Policy on Lone Working

1. If we ask you to work 'on your own' in the surgery, we will have already carried out a risk assessment to ensure your safety and this is regularly reviewed. If you feel, however, that the circumstances around your lone working are changing or you have additional concerns, please inform your line manager so the risks may be re-assessed sooner than scheduled.
2. The practice risk assessment shows that lone working is unsuitable for staff with epilepsy, Type 1 Diabetes or are pregnant so if you develop one of these conditions you must inform your line manager that your rotas can be rearranged.
3. If an incident occurs whilst you are working alone, you must inform a manager as soon as you can (i.e. later that day if it happens when opening up or at lunch time and the following morning if it happens during the evening). We can then investigate and make changes to ensure that other staff does not have the same experience.
4. If you are working alone, you must always make your personal safety a priority. Keep your keys and either the surgery mobile programmed with the practice emergency numbers or your own to hand but never accessible by a patient or visitor (e.g. keep them in your pocket not in view on a desk). Do not try to manually handle items, use a stepladder or the lift. You should also move your car to one of the spaces nearest to the back door before evening surgeries start.
5. Prior to the evening extended hours clinics, the building will have been checked for unauthorised persons and all the internal windows and doors) locked. Patients and visitors will not be able to access, therefore, further into the building than the Treatment Room corridor and clinicians will use the consulting rooms nearest to the Reception Desk for seeing patients.
6. If you are working alone on Reception, ensure that you know where the Surgery Information List - with all the contact numbers and locations of stopcocks etc. - is posted. Especially be sure that you know where the emergency torch and telephone handset are kept together with the fax socket for use during a power cut. With the external doors locked, check on the CCTV to ensure that only patients with appointments or people you know are allowed in. If at any time you or one of the clinicians feel unsafe or threatened, do not hesitate to call the Police.
7. Finally, make sure you tell any remaining clinicians that you are leaving the building and that you are all able to drive away with no problems (e.g. no flat tyres or engines that won't start). Never hesitate to return to the building if you have any concerns for your safety. Also if you are going on somewhere

before going home, ensure that somebody knows your whereabouts and that you have arrived home safely at the end of the evening.

14.27 Policy on Disposing of Waste

1. You will have received training on the disposal of the different types of waste (GENERAL or HOUSEHOLD, HAZARDOUS including CLINICAL and CONFIDENTIAL) and how - as a Practice - we try to eliminate, reduce, reuse and recycle as much as possible rather than disposing of it. You should also be aware of the practice Policy on Personal Protective Equipment and its' use.
2. You must never mix different types of waste or fill bags more than $\frac{3}{4}$ full to prevent them bursting open and make them easier to handle – see the practice Policy on Manual Handling. Neither must waste bags or bins of any type be left in rooms, areas or corridors accessible to the public. If you detect that any waste products or documentation are being disposed of inappropriately, you should contact a manager immediately and ensure that the container cannot be used again (e.g. clinical waste being put in a general waste bin) until it is decontaminated. Products that are recyclable (e.g. cardboard, drink cans and plastic bottles) should be put in the designated recycling bin, located at the back of the clinic. (E.g. printer toner and cartridges) should be placed in the recycling box, located in the storage room. Any broken glass should be wrapped thickly in newspaper and labelled clearly as such before disposal.
3. Contact with hazardous waste carries the highest risk to health and/or the environment. It includes items such as fluorescent tubes, printer toners as well as clinical waste which is defined as 'any materials that have been infected or contaminated by body fluids, excretions or tissue' and includes Personal Protective Equipment (e.g. gloves and aprons) used during clinical contacts. Care must be taken to thoroughly wash your hands after handling any hazardous waste. If you are pregnant you must never handle cytotoxic or cytostatic contaminated waste.
4. You must always dispose of clinical waste at the point of use into an appropriately coloured (YELLOW, ORANGE or PURPLE) bag and labelled container and in particular understand the practice Policy on Handling and Disposing of Sharps. We do encourage that soiled nappies are taken home whenever possible due to the difficulty in masking the smell whilst awaiting collection. If you are unsure as to whether to treat something as hazardous waste or not contact the managing practice nurse for advice.
5. We would remind you that you have a personal responsibility for disposing of any confidential waste in the shredding cabinets. If you have any problems or

queries as to whether a document is confidential, you should contact a manager your line manager.

6. If you require more waste containers, coloured bin liners or for them to be emptied sooner than usual, please speak to a manager depending on the type of waste.

14.28 Staff Procedures in the event of a Medical Emergency

1. Medical emergencies in a surgery generally arise due to one of the following conditions, symptoms or events:- EPILEPTIC SEIZURES, DIABETIC HYPOGLAECIA, STROKES, CARDIAC EPISODES INCLUDING ARREST, ASTHMA ATTACKS, ALLERGIC REACTIONS and ANAPHYLAXIS.
2. They can happen at any time and anywhere in the surgery from the car park, through Reception and the waiting room, to corridors, toilets and consulting rooms. It is impossible to guess when a patient's attendance for a routine appointment (e.g. indigestion investigation) can turn into the most serious of medical emergencies (e.g. a cardiac arrest). It is vital, therefore, that EVERY member of staff is prepared to ask a person who appears abnormally unwell if they require assistance and raise the alarm if necessary.
3. If an incident is reported as having occurred in the car park, the DUTY DOCTOR and DUTY MANAGER will attend with the surgery mobile and assess whether the patient can be moved into the surgery or whether an ambulance should be summoned immediately by calling 999. If the patient cannot be moved, additional staff should be summoned to bring out high vis jackets for those attending to the patient, any additional emergency equipment (e.g. the Automated External Defibrillator) or clinical assistance required and to shut the car park until the emergency service/s arrive.
4. If a person collapses in the waiting room, again the DUTY DOCTOR and DUTY MANAGER will attend and the patient should generally be treated there and not moved. If the patient's condition is serious, screens should be used to provide as much privacy as possible but, if necessary, the other patients in the vicinity should be evacuated until either the patient recovers sufficiently to be moved to a consulting room, go home or is taken by the Ambulance Service to Accident & Emergency.
5. Ensure that you understand the practice Policy on Bariatric Patients who may have complex physical needs due to their shape, size and weight (e.g. it being essential that the delicate, possibly ulcerated skin on their legs is not knocked leading to further tissue damage and their being more difficult to resuscitate).
6. If you are working in consulting or treatment room, never hesitate to sound the alarm on your computer if you need assistance. Take a moment to open the door to the corridor so that those responding (i.e. the DUTY MANAGER and

RECEPTION MANAGER) will know straight away that it is a medical emergency.

7. A RECEPTION TEAM MEMBER will alert the DUTY DOCTOR immediately and will collect the Automated External Defibrillator (AED), Resus Trolley, the oxygen cylinder and emergency drugs from the Reception Area. The RECEPTION TEAM MEMBER will act as a runner, call the Ambulance Service if asked by dialling 999 on the surgery mobile so clinicians can give further medical details and ensure that any recording of the event and actions taken is made appropriately.
8. If the panic alarm is triggered from the disabled toilets, the nominated staff (i.e. the DUTY MANAGER and RECEPTION MANAGER) should go to the room with the special 'key' from the key safe in Reception to unlock the door from the outside if necessary. On arrival, they should knock loudly on the door whilst asking if the occupant is okay. If it is a false alarm and the pull call has been set off by mistake, the Reception Supervisor will reset the alarm system and check the panel returns to normal operation. If the occupant calls for help or there is no answer, the 'key' should be used to open the door. If it is a medical emergency, the same procedure as above should be followed immediately.
9. As it is so important that if a medical emergency should occur, the emergency equipment and drugs are immediately and fully available for use, they will be checked weekly by the health Care Assistant.

14.29 Policy on Home/Remote Working

1. We will whenever possible facilitate home/remote working by staff whether on an ad-hoc (e.g. due to temporary disability or injury) or permanent basis.
2. You must complete an Application and Self-Assessment for Home/Remote Working form to be considered for re-arranging your normal working conditions and this must be submitted in advance to your line manager. The agreement - in consultation with your Line Manager and the Partners - must be gained before any changes can be implemented and this can also be reviewed and withdrawn at any time.
3. Whilst working at home or another location, you must for legal (i.e. the Working Time Regulations 1998) purposes, accurately record the time spent on behalf of the surgery. You must also report any sickness or absences as if you were working at the surgery in the normal way.

4. You must ensure that the appropriate insurance cover is held not only for working remotely but also for any equipment that is on loan to you from the surgery.
5. The need to ensure the confidentiality, safety and security of all data accessed remotely is paramount with strict adherence to the Data Protection Act and the practice Information Governance Policies and procedures (e.g. successfully achieving the necessary IG certification). This includes having strong passwords which are never disclosed to others and not leaving your laptop or computer unattended whilst logged on to the Surgery network. Sensitive data should not be stored on memory sticks or removable hard drives and any printed documents with Patient Identifiers must be disposed of securely via the surgery's shredder on your next visit.
6. The practice Policy for Using a Computer Workstation highlights the ways to work comfortably whether in the surgery or at a remote location and any issues flagged up on your Display Screen Assessment and Audit for the remote location should have been resolved before starting. Should you have any further concerns, about working from your location (e.g. difficulty in obtaining the necessary privacy from family members), software or equipment, you should contact your line manager. In the event that you believe a breach in security may even possibly have occurred, you must contact him immediately.
7. We will endeavour to keep you informed of what is happening at the surgery and to your colleagues. We will invite you to attend meetings and training sessions as appropriate especially when announcing any changes to staff or their responsibilities. If by working remotely, you start to feel isolated or detached from the team, however, you should contact your line manager for advice and support.

14.30 Policy on Assistance Dogs

1. We welcome assistance dogs to the Practice and will - whenever possible – give the handler and their dog the opportunity to 'get to know' the surgery layout prior to their first consultation. This will include fire exit routes to the practice assembly point (ACROSS THE ROAD OUTSIDE THE LIBRARY), the location of consultation rooms and the disabled toilets.
2. Ideally, we will have the dog's details (e.g. name and gender) on the handler's clinical record as well as to how they help their handler. Both the handler and dog can then be greeted properly and any additional needs met even if the

dog is not wearing a specific disability organisation's branded jacket or labelled harness (e.g. Hearing Dogs for Deaf People).

3. When arriving at the surgery, a note will be made on the clinical system that the patient is accompanied by their assistance dog. The clinician will then be aware that they may need to be collected from the waiting room and the room altered to facilitate the dog's presence.
4. It will already be known if any staff are allergic or phobic to dogs and, therefore, warned to stay out of any areas likely to be 'contaminated' by the dogs presence. If it is at all possible to identify other users of the surgery who might have similar reactions then they too can be kept apart.
5. Assistance dogs are highly trained working dogs and not 'pets' when they are in harness. Staff may greet the dogs verbally but should not make physical contact as this may not only distract the dogs from fully supporting their owners - particularly those that are visually impaired – but also for infection control purposes. If there is any physical contact by staff with the dog at any time whilst at the surgery, they must immediately follow the practice Policy on Hand Hygiene.
6. Assistance dogs are also highly tuned-in to their handler's reactions and emotions so if an examination or invasive procedure is required, it may be necessary to separate the dog into another room, accompanied by a member of staff to look after them, or to make another appointment without the dog being present.
7. If applicable, a note should be left for the cleaners that an assistance dog has visited the surgery and any extra cleaning that may be required.
8. If there are any issues or problems that arise around assistance dogs visiting the surgery, you should contact a manager for advice.

14.31 Policy on Bariatric Patients

1. As the levels of obesity continue to rise, it is vitally important that we are sensitive to meeting the needs of bariatric patients. We must ensure that their dignity, privacy, anxieties and safety are preserved at all times whilst also ensuring the wellbeing of those providing care to them in the practice. At every point, you must discuss what you are planning to do during any treatment and gain the patient's agreement including, where possible, their active participation.
2. The term 'bariatric' comes from the Greek word *Barros* meaning large or heavy but the term 'Bariatric Patient' is usually applied to anyone regardless of age who has limitations in health and social care due to their weight, physical size, width or mobility. The greater number of co-morbidities (e.g. leg ulcers) that a patient has, the greater the risk of injury to both patient and those providing their care.
3. The actual weight deemed to qualify a person as a bariatric patient is generally - amongst most Ambulance Services - to be over 25 stones (158.76 kgs) but in the majority of hospitals it is 30 stones (190.51 kgs). We prefer to use the Body Mass Index (BMI) where a figure of 30 is considered to be the threshold to bariatric care. Allowances may have to be made, however, depending on the individual's actual shape and how any excess weight is distributed about their body (e.g. an 'Apple' will carry their weight around their torso whereas a 'Pear' will have a heavier lower body).
4. We have carried out Risk Assessments so that we know which Consulting and Treatment Rooms are suitable for use by Bariatric Patients but a Dynamic Risk Assessment carried out by a manager may be necessary if a patient is less mobile, co-operative or heavier than expected (e.g. when carrying out treatment of leg ulcers, tissue viability must be considered along with the actual physical limits imposed by the patient's limbs in their mobility and for the care giver's ability to reach across them).
5. If any equipment is to be used (e.g. a chair, couch or lift) ensure that not only the Safe Working Load or Working Load Limit is not exceeded but also that the width of the equipment can accommodate that patient's particular body shape without 'squeezing'. If you are in any doubt about the suitability of any equipment contact a manager.
6. Never try to assist a Bariatric Patient on your own but always with a trained colleague and, if possible, a carer who knows the patient well. If enough trained staff or suitable equipment is not available, an alternative appointment must be made for when treatment can be carried out safely. **YOU MUST**

NEVER START TO ASSIST OR TREAT A BARIATRIC PATIENT UNLESS YOU ARE CONFIDENT THAT YOU CAN CARRY OUT THE NECESSARY TASKS SAFELY.

14.32 Policy on Personal Protective equipment

1. Personal Protective Equipment – commonly known as PPE - is defined in law as “all equipment which is to be worn or held by a person at work and which protects them against one or more risks to their health and safety”. PPE is, however, the control measure of last resort and only used where there is no other possible method of eliminating or adequately controlling the risk of cross infection or contamination. Information about the different types of PPE and the protection they offer (e.g. Class A, B and C gloves) may be found in the practice Infection Control Policy.
2. We carry out risk assessments to ensure your safety whilst performing tasks or activities involving hazardous substances including contamination by bodily fluids. Control measures using PPE will be decided depending upon the degree of risk (i.e. likelihood versus seriousness). If we have identified that PPE must be worn, then you must do so even if the job will only take ‘a couple of minutes’. A failure to do so may result in disciplinary action as these measures are vital for your, colleagues’ and patients’ safety.
3. We regularly revise the practice risk assessments but if you feel that the circumstances around the use of PPE are changing or you have additional concerns, please inform a manager so that the risks may be re-assessed sooner than scheduled.
4. You must ensure that any PPE you use is the right size and suitable for you (e.g. non-latex gloves if you have a latex allergy) and the task you are carrying out before starting. You should also have had training in the proper use of and disposal of PPE (e.g. how to remove gloves without contaminating yourself or anything else).
5. If you have any concerns that the PPE is not appropriate in a particular circumstance (e.g. dressing leg ulcers on a bariatric patient), a batch or box is damaged and, therefore, no longer sterile or have queries about possible biological contamination or infection control, you should contact a manager for advice.
6. Similarly, if you have any injury or accident whilst using PPE, report it immediately to your line manager especially if this involves a needle stick injury when the practice specific Policy must be followed.

14.33 Policy on Staff Experiencing Menopausal Symptoms

1. Whilst the menopause is a natural biological event in most women's lives and also for some trans and non-binary people, it can also be caused earlier or later than the average age of 51 years due to a variety of other reasons. Starting from the perimenopause, through and post the menopause, physical and psychological symptoms* can last for many years and are unique to every person in their individual severity and debilitating nature. Increasingly, menopausal symptoms* are seen as an occupational health issue as ACAS estimated in 2019 that two million women aged over 50 have difficulties due to their menopausal symptoms* negatively impacting on their working lives.
2. As part of our commitment to ensuring our surgery is a safe and comfortable working environment for all, we recognise our responsibility in helping staff experiencing menopausal symptoms*. We also appreciate that it is a difficult subject to discuss let alone to ask for help with but assure you that any such conversations will be dealt with sensitively and in confidence by Naresh Subramanian who deals with staff matters on behalf of Practice. He may be able to deal with your concerns himself or arrange for help and/or advice to be obtained from other sources (i.e. www.menopausematters.co.uk) or via a referral to Occupational Health Services. Any accommodations to your ways of working must be agreed and will be noted on your personal file and regularly reviewed to ensure they are still suitable and sufficient for your needs.
3. Always feel free to make any suggestions that would be of particular help to you personally as following list accommodations is not exhaustive:-
 - providing desk fans or moving desks away from heat sources
 - adapting uniform wear
 - providing extra rest areas particularly if you are experiencing panic attacks
 - ensuring you have easy access to shower and washroom facilities
 - always making chilled drinking water available to you at all times
 - facilities flexible working where possible with additional breaks if required
4. If your menopausal symptoms are severe over a long period of time or worsen, they may meet the definition of disability under the Equality Act 2010 in which case Naresh Subramanian will help you during this process on behalf of the Partners.
5. We urge all staff to support colleagues experiencing these symptoms* and help make any accommodations necessary (e.g. changing desks) to ensure their comfort.

*Symptoms include hot flushes, night sweats, anxiety and panic attacks, fatigue, dizziness, reduced concentration, depression, irregular or heavier periods, weight gain, headaches, and migraines, difficulty sleeping, fluctuating moods, loss of memory and confidence.

14.34 Policy on Stress

1. As stated in our Policy in Staff Welfare, we are not only committed to protecting the physical health, safety and welfare of all our staff but also their mental health. Stress is not an 'illness' but 'a state of being' and is defined as " the adverse reaction people have excessive pressure or other types of demand placed upon them that is detrimental to health and welfare". It is responsible for more staff absence than ill health caused by accidents and can negatively impact on the morale and smooth working of the entire Health Care Team and, therefore, patient care.
2. Signs of stress may include physical effects (e.g. raised heart rate, headaches and lowering of resistance to infection), behavioural effects (tendency to drink more alcohol, smoke and overuse medication or drugs and frequent absence from work) and emotional effects (e.g. increased anxiety, irritability indeciveness, reduced performance and inability to deal calmly with everyday tasks and situations). These may be particularly difficult to spot in those working part-time, out of mainstream hours, alone or working from home especially if shielding. During events such as pandemic, stress may be experienced by hitherto stoical staff who, therefore have little or no experience of feelings they now go through or having to find coping mechanism.
3. We recognise our responsibilities in helping staff experiencing stress at work and will carry out both general (e.g. for the Reception Team) and individual Risk Assessments as soon as we see that there is a possible issue. We will review assessments as new information, guidance or strategies (e.g. on-line courses and counselling) become available and inform you accordingly.
4. We appreciate that mental health issues are a difficult subject to discuss let alone to ask for help dealing with it. We assure you that any such conversations will be dealt with sensitively and in confidence by Naresh Subramanian – General Manager who deals with staff matters on behalf of the Practice. He may be able to deal with your concerns himself or arrange for help and/or advice to be obtained from other sources via a referral to external services. Any accommodations to your ways of working will be agreed and noted on your personal file and regularly reviewed to ensure they are still suitable and sufficient for your needs.
5. Always feel free to make any suggestions that would be of particular help to you personally as feeling stressed in an intensely personal matter and what may seriously affect one person may be no concern to another.
6. We urge all staff to identify and support colleagues experiencing high level of stress and, if appropriate, bring the matter in confidence to the attention of Naresh Subramanian – General Manager.

14.35 Brigstock Family Practice Information Sheet

TORCH	-
ELECTRICITY: FUSE BOX	LEFT SIDE OF ENTRANCE DOOR TO RECEPTION BACK OFFICE
MAINS SWITCH	BASEMENT MEETING ROOM
METER	BASEMENT MEETING ROOM
GAS/OIL: MAIN STOPCOCK	BASEMENT MEETING ROOM
METER	BASEMENT MEETING ROOM
WATER: MAIN STOPCOCK	INSIDE WALL PANEL ON THE GROUND FLOOR (NEXT TO ENTRANCE DOOR INTO KITCHEN)
METER	
TELEPHONE MAIN BOX	COMMS ROOM ON 1 ST FLOOR/OUTSIDE BUILDING
EMERGENCY: TELEPHONE	COMMS ROOM ON 1 ST FLOOR/OUTSIDE BUILDING
POINT	
SURGERY MOBILE	-
FIRST AID KITS	ROOM 6
SPILLAGE KITS	RECEPTION BACK OFFICE
RESUS & DEFIB EQUIPMENT	RECEPTION BACK OFFICE
ROCK SALT	-
OUTSIDE TAP	CAR PARK

CONTACTS:

SECURITY ALARM	WICKHAM SECURITY
FIRE ALARM	STAND BY FIRE PROTECTION
COMPUTER	NEL CSU
LIFT ENGINEER	GARTEC

14 Health and Safety

BOILER	WORCESTER
PLUMBER	
ELECTRICIAN	PHIL THOMAS
WEBSITE	TERRAFERMA MEDIA
OXYGEN CYLINDERS	GCE MEDICAL

14.36 Broughton Corner Practice Information Sheet

TORCH	-
ELECTRICITY: FUSE BOX	Cleaning cupboard
MAINS SWITCH	Cleaning cupboard
METER	Cleaning cupboard
GAS/OIL: MAIN STOPCOCK	
METER	Cleaning cupboard
WATER: MAIN STOPCOCK	
METER	
TELEPHONE MAIN BOX	
EMERGENCY: TELEPHONE	
POINT	-
SURGERY MOBILE	-
FIRST AID KITS	Nurse room
SPILLAGE KITS	Reception and Nurse room
RESUS & DEFIB EQUIPMENT	Managers office
ROCK SALT	-
OUTSIDE TAP	-

CONTACTS:

SECURITY ALARM	Laser Security
FIRE ALARM	STAND BY FIRE PROTECTION
COMPUTER	NEL CSU
LIFT ENGINEER	-
BOILER	WORCESTER
PLUMBER	-

14 Health and Safety

ELECTRICIAN	PHIL THOMAS
WEBSITE	Tree View Designs
OXYGEN CYLINDERS	BOC MEDICAL