



# Health & Social Care Diploma Level 3

## Units 10-12

**Candidate**

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## Unit 10: Equality, Diversity, Inclusion and Human Rights in Care Settings (M/650/2307)

Equality is simply defined as the state of being equal; in terms of employment and the provision of services it can be seen as ensuring that everybody is treated in the same way. To give people equal rights, opportunities and status we have to identify and overcome barriers that put some people at a disadvantage.

'Equal' does not mean 'the same' and it's important to appreciate the difference. If everybody was treated the same, we may be failing to provide appropriate, person-centred care. Employers who treat all staff the same may feel they are being fair, but they could well be discriminating against some and depriving them of equal opportunities.

Use the space below to write down some of the reasons why people may miss out on opportunities or be treated less favourably than others.

Diversity is 'the state of being different'; it may be challenging but diversity should be regarded positively as something to be promoted and celebrated. It's an old cliché that the world would be a boring place if we were all the same, but people who are open to new experiences and curious about other people's ways of life do seem to experience a more interesting life.

People's values and beliefs are shaped by their backgrounds and experiences; to provide appropriate care you must understand and respect the people you support and the way in which their needs will be affected by their individual characteristics.

It is impossible to provide quality care without due regard to equality and diversity. Care providers have a social, moral and legal duty to ensure that the people they support are treated equally and fairly. To achieve this, organisations and individual carers have to recognise that everyone must be treated as an individual.

All clients should be treated with dignity and respect regardless of their lifestyle, beliefs or background. It may require greater investment and effort to achieve equality for some people, but this is not an excuse for prejudiced and discriminatory attitudes.

## *Barriers to Equality*

Many people are vulnerable to discriminatory treatment because they lack the physical and mental strength to protect their own interests or because their options are restricted, for example, because they cannot afford to find another care provider or because there is a limited choice of service provider accessible to them. Everyone deserves to have the same opportunities and equal treatment when buying services or being paid to work; to support this right and to prevent people from being exploited by service providers and employers; the government creates legislation. The most recent The Equality Act 2010 brings together and strengthens over forty years' worth of anti-discrimination legislation, including:

- The Sex Discrimination Act 1975
- The Race Relations Act 1976
- The Disability Discrimination Act 1995
- The Equal Pay Act 1970 The Act aims to uphold the rights of all parts of society to access employment opportunities and benefit from public and private services and facilities. It challenges the direct discrimination which occurs when people are openly denied services or jobs and also the indirect discrimination caused by unfair restrictions or conditions.

The Equality Act introduces 9 'protected characteristics', these are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex



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### ***Harassment and Victimisation***

The Equality Act is intended to protect people from harassment and victimisation as well as discrimination. Harassment and victimisation are essentially forms of bullying. There are three types of harassment which are unlawful under the Equality Act:

- Harassment related to a relevant protected characteristic.
- Sexual harassment.
- Less favourable treatment of (an individual) because they submit to or reject sexual harassment or harassment related to sex. Victimisation is defined in the Act as: Treating someone badly because they have done a 'protected act' (or because you believe that a person has done or is going to do a protected act).

A 'protected act' is:

- Making a claim or complaint of discrimination (under the Equality Act).
- Helping someone else to make a claim by giving evidence or information.
- Making an allegation that you or someone else has breached the Act.
- Doing anything else in connection with the Act.

(Equality and Human Rights Commission)

Some people make offensive comments or jokes and, when challenged, say they meant no offence and that they were 'just joking'. Under the law the intention is not important, if people could reasonably find the behaviour to be offensive then it is. The conditions of The Equality Act allow for so-called 'positive discrimination'; that is providing extra support for people with certain characteristics to take advantage of an opportunity. For example, there may be

reduced costs for people with disabilities or a care provider might decide to operate a service meeting the specific needs of a group of people sharing a protected characteristic e.g. a Catholic care home

The law requires service providers and employers to take a proactive approach to equality and prevention of discrimination, harassment and victimisation. This means that they can't just react to complaints or problems; they must actually make an effort to identify possible issues and address them before anyone is affected. So, for example, business owners should ensure their premises are fully accessible before they start trading and bodies like the NHS should carry out research into and gain feedback from different groups when they are developing new services.

### ***Supporting Equal Opportunities***

As well as The Equality Act 2010 care providers must also meet the requirements of The Health and Social Care Act 2008; guidance for this can be found in The Essential Guide to Quality and Safety issued by the CQC.

'the registered person must...take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have'

Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2009

In their guidance for inspectors (Equality and Human Rights in the Essential Standards of Quality and Safety: an Overview) the CQC state that they are looking for evidence that care providers aim for:

- Equality of access to care and support
- Equality of outcomes from care and support
- Equality of opportunity to participate and contribute fully in society

### ***Equality of Access***

Access could mean physical access to facilities or areas of a building, or it could be access to information about care and treatments available. Where barriers to access exist, reasonable steps must be taken to overcome them; for equality

you should aim to allow independent access. For example, you might say that a wheelchair user could be carried up steps into a building, but this would be an unacceptable solution as it would be undignified and would leave the individual relying on others.

The Equality Act asks for 'reasonable adjustments' to be made to enable access for people with disabilities; this is not limited just to people who use wheelchairs. People with sight problems, conditions such as dementia or learning disabilities may face their own challenges when moving around. Ease of movement, and the ability to find your way around, has a significant impact on independence.

Less obvious issues to be considered include:

- How do different flooring materials affect the ease with which wheelchairs will move?
- How are people with conditions such as dementia affected by different patterns / positioning of mirrors etc?
- Are there alternatives to worded signs to help people who have difficulty reading?
- If colours are used to define facilities or to show the way, are they useful to people who are colour blind?
- Are there grab rails or other supports in appropriate positions?
- Are there signs at lower levels for wheelchair users and older people who may have become bent with age?

### ***Equality of Outcomes***

The CQC should not be able to find evidence that certain groups achieve better results than others. Here's an example of discrimination evidenced by inequality of outcome:

A 2000 study of the management of elderly blunt trauma victims in Scotland found that significantly more of the elderly died than would be predicted. Once admitted to A&E, older patients were less likely to be admitted to intensive care, less likely to be managed in a resuscitation room and less likely to be transferred to a regional neurosurgical care centre. (Ageism and Age







- Article 9 – freedom of thought, conscience and religion
- Article 10 – freedom of expression
- Article 14 – freedom from discrimination

Collectively these rights mean that individuals in your care should be protected from abuse and undignified treatment; they should not be unnecessarily restrained or have their freedom of movement restricted. They must be able to complain about the treatment they receive and be supported to understand and defend their rights.

When we live independently our freedoms of movement, expression etc. are limited only by the law and social acceptability. People who require care are vulnerable to being restricted by the beliefs, ignorance or working practices of their care providers. For example, a person with dementia may be prevented from maintaining a physical relationship with their partner because their carers fail to realise that older people may still have sexual desires. A Muslim may be prevented from expressing their faith because they are being cared for by evangelical Christians who feel everyone should share their beliefs.

### *Celebrating Diversity*

If care practices and environments are not flexible to meet different needs and expectations people can end up feeling like excluded outsiders in what should be their home.

Carers need to be aware of differences in people's approach to personal hygiene; toileting; eating; grooming; and medical care. Providing care in an inappropriate way can cause offence and ignorance is not an acceptable excuse.

If they have not got the knowledge or skills necessary to meet an individual's needs shouldn't be afraid to ask for help. If appropriate they should be honest with the person they are caring for and ask them to explain their requirements or, perhaps, ask one of their family members to teach you what to do.

## *Culture of the Workplace*

There is a difference between being protected from discrimination and being made to feel truly welcome and involved. The first can be achieved in a purely impersonal way while the second allows everyone in an organisation to feel that they are part of it, that they can influence the way it operates and that they are valued.

The management must set a good example to follow and policies, procedures and working practices should reflect a zero-tolerance attitude to discriminatory attitudes and bullying behaviours.

Offensive language and inappropriate behaviour must be challenged immediately and effectively. Staff should go through appropriate disciplinary procedures whilst clients should be given opportunities to agree their own 'codes of conduct' and to discuss acceptable ways of speaking and behaving in **public** areas.

Staff and clients should be given information and education to improve their understanding of diversity issues; this should reduce the likelihood of people causing offence through ignorance and can help to develop mutual respect between individuals.

It is important to know that with rights come responsibilities, and clients should be no exception to this. To achieve an environment where diversity is celebrated, and people are encouraged to express themselves as individuals, it is important for clients as well as staff to act appropriately.

Carers should not have to put up with insulting behaviour or language, their employers have a duty to protect them. If a client abuses or uses discriminatory language towards other clients, this is a safeguarding issue and must be taken seriously and dealt with appropriately.

Most importantly employers must see diversity, equality and inclusion as positive ideals to be promoted and celebrated. Training and development should be taken seriously and not viewed as 'tick box' exercises for legal compliance.

## *Person-centred Care*

By working in a person-centred way care providers should also be promoting equality, diversity and inclusion. Employers ensure that people's needs are

being met appropriately in a way that respects their individuality; and carers are not restricted by 'this is how things are normally done' attitudes but are free to find creative solutions to meeting client needs.

Person-centred approaches to care are based on several core values which include:

- Independence
- Dignity
- Privacy
- Rights
- Choice
- Respect
- Partnership
- Individuality

Task led approaches focus on business needs at the expense of clients; they favour institutional practices which treat everyone the same as this makes it easier to plan staffing and provide facilities. For example, everyone will have to get up and go to bed at set times; bathing may be rigidly timetabled; and it will be difficult to support spontaneous outings or activities.

A person-centred approach can be more flexible and creative; by making a positive effort to identify and meet individuals' needs care providers reduce inequalities and discrimination. Clients feel that they are valued as people whose feelings and opinions matter; they are not made to feel like problems getting in the way of the staff.

**10.3 Write 500 words on how peoples human rights can be missed in the care sector and how a person-centred approach can help irradicate this.**

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## **Unit 11: Health and Safety in Care Settings (R/650/2308)**

These days there is a great deal of talk about 'health and safety gone mad'; it is a commonly held misconception that employers are being tied up in red tape by unnecessary legislation; that accidents will always result in legal action and thousands of pounds in compensation; and that nobody is allowed to exercise common sense any more.

In reality, it is necessary to have a legal framework to ensure workplace safety and prevent the hundreds of accidents, and deaths, which still occur each year. If you are seriously injured at work it is unlikely that any amount of money will make up for your pain, suffering and the on-going inconvenience of any long term health issue. Finally, not everyone has 'common sense' or agrees what it means.

*Some facts about 2011 / 2012:*

- 173 people were killed at work in the UK
- 1.1 million people were suffering from work related ill health
- 24,000 major injuries
- Over 12,000 work related deaths (HSE 2013)

As you can see from the statistics above, health and safety at work needs to be taken seriously. While improvements are being made in many areas work can still harm your health; for example, there were still 141,000 new musculoskeletal disorders (limb and back problems) diagnosed in 2011 / 2012 but this was 17,000 fewer than the year before.

### ***Care Quality Commission (Health and Social Care Act 2008)***

Health and safety is important in any environment but it can have special significance for care providers who must also be aware of hazards affecting their clients. As shown on page 3, the regulations of the Health and Social Care Act 2008, as enforced by the Care Quality Commission, require that care is carried out in a safe environment with appropriately chosen and maintained equipment.

Issues to consider when protecting the health and safety of both clients and staff include:

- Hazardous substances
- Infection control
- Security
- Handling and storage of medications
- Stress
- Food hygiene
- Moving and handling
- Fire safety
- First aid

### ***The Health and Safety at Work (etc) Act (HSWA) 1974***

The Health and Safety at Work Act was the first piece of legislation designed to cover **all** types of work and working environments. It is described as a framework, or skeleton, act because it gives general guidance on many issues, but further legislation was required to add detail and give specific responsibilities for controlling risks.

Under the Act your employer must:

- Provide you with written policies and procedures for safe working
- Ensure that the environment you work in and the equipment you use are safe and well maintained
- Handle substances safely
- Provide you with information, instruction, training and supervision
- Ensure that you have appropriate welfare facilities e.g. toilets and drinking water

It's not just up to your employer to keep you safe at work; the law gives you responsibilities too; somewhere in your workplace there will be a poster titled 'Health and Safety Law:

### ***Management of Health and Safety at Work Regulations 1999***

These regulations give specific responsibilities to employers, managers and supervisors for carrying out risk assessments and implementing appropriate control measures. The risk assessments must protect employees and ***anyone who might be affected by work practices***; this could mean your clients or visitors to your premises.

Control measures should include:

- Appropriate communication of risks to employees
- Emergency procedures
- The appointment of a competent person to assist with health and safety
- Monitoring of occupational health

The 'competent person' referred to above will be your workplace health and safety representative; their name should be shown on the 'Health and Safety Law' poster you were looking at earlier. This is someone you can go to if you have any concerns about health and safety; they should be able to give advice and may have responsibility for co-ordinating training and implementing safe systems of work.

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

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations enable enforcement agencies to monitor workplace accidents and ill health. Among other things, they can then identify common types of accident; see which types of workplace experience which types of illness and injury; and track the spread of infections.

Employers and managers have a duty to report certain incidents either by telephone (fatalities and major incidents only) or online ([www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)); reportable events include:

- Accidental death
- Accident resulting in more than 7 days absence from work
- Certain diseases / illnesses (a full list is accessible from the RIDDOR website)



- Injuries to non-employees requiring immediate medical attention
- Near misses (incidents that could have caused serious injury but didn't e.g. a hoist sling tearing while in use)
- Events such as fires or collapse of buildings

### **Enforcement**

If people are affected by workplace accidents or ill health there are two different ways in which the company or individuals responsible can be dealt with. They can either:

- a. Be sued for damages under civil law
- b. Be prosecuted for negligence or criminal action; punished by a fine or imprisonment

Civil law requires that the injured party can prove that they have suffered harm or loss as a result of their employer's actions or lack of actions. Judgements for compensation will take into account the severity of harm done; issues such as future loss of earning and the effect on dependants; and the degree to which the injured party can be held responsible.

Remember that you have a legal duty to **protect your own health and safety**. If you are injured at work and you might reasonably have been expected to take better care of yourself any compensation you might get could be significantly reduced. For example, if you hurt your back lifting a client, and you were aware that it was a dangerous thing to do, you will be held partially responsible. If the client was injured in the incident you could be sued or prosecuted as well as (or instead of) your employer.

If an accident happens in a workplace, or there are concerns about the health, safety and welfare standards, an investigation might be carried out by the Health and Safety Executive or Environmental Health Officers (EHOs) employed by the local authority. In a care environment you are most likely to come into contact with EHOs.

Historically the HSE and EHOs have tried to focus on prevention and advice; however, due to reduced budgets they spend an increasing amount of time on investigation, enforcement and prosecution.



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Increased awareness and enforcement of legislation is making a difference; you are safer at work now than ever before; but you still have to take care when you're doing your job.

An accident is an event which isn't meant to happen, so, when it does it is unplanned and uncontrolled. Occupational health is anything work related which can cause illness; this could be anything from dermatitis to fatal asbestosis. Occupational illness may happen suddenly, for example a sickness bug caught from a client, or it may develop over time, like a repetitive stress injury.

While no one intends to cause injuries or illness, risks can be identified and predicted so it is possible to prevent them from happening.

### ***Risk Factors***

There are 3 main categories of risk affecting workplace accidents and ill health, they are:

1. Occupational – anything related to the type of work being done
2. Environmental – the place the work is carried out
3. Human – the people doing the work

So, in health and social care your main concerns might be as follows:

### ***Occupational Factors***

- The unpredictable nature of people requiring care
- Infectious illnesses and handling of bodily fluids
- Repetitive work e.g. making beds, cleaning tasks
- People with mobility problems

- Stress
- Cleaning / laundry chemicals

### ***Environmental Factors***

- Lack of space to carry out tasks safely, particularly on adapted premises
- Poorly maintained flooring or outside areas
- Heat
- Poor lighting

### ***Human Factors***

- Lack of training / competence
- Impatience
- Rushing
- Lack of compassion
- Carelessness
- Poor concentration

### ***The Workplace (Health, Safety and Welfare) Regulations 1992***

These regulations mean that your employer has to protect your health and welfare by maintaining certain facilities and standards within your place of work; these include:

- Everywhere should be clean
- There should be adequate ventilation
- The temperature should be reasonable to work in
- There should be suitable and sufficient lighting
- You must have access to toilets, drinking water and washing facilities

These represent the basic minimum provisions that your employer should make to ensure that your workplace is a suitable and safe place to be.

### ***Common Safety Issues***

Although all workplaces have different types of risks and safety concerns, there are some issues which can affect all workers; these include:

- Smoking
- Alcohol / drugs
- Stress
- Violence

**Smoking** is perhaps less of a health issue since it was banned in workplaces in 2007; however, as your workplace is also home for a number of people it is possible that smoking will be allowed in some areas and, if there is a staff smoking area, risks still remain.

There are 2 main dangers associated with smoking:

1. Breathing in smoke can increase risk of respiratory illnesses, cancers, heart disease and stroke
2. Discarded cigarettes are a fire risk

To protect you from second-hand smoke your employer should control where people smoke and when they do so; clients should be aware that they may have to refrain from smoking when an employee is in a smoking area, for example if they are cleaning it, or assisting someone to get out of their chair.

Fire risks are reduced by restricting smoking to set 'safe' areas away from flammable substances, and by providing appropriate equipment such as metal ashtrays and bins which should be emptied regularly.

Be aware that even if smoking is completely banned in your workplace, it may still be happening. Smokers who do not have access to suitable smoking areas are likely to use unsuitable ones which could increase fire risks.

**Alcohol and drugs** can affect people's ability to work safely and may cause them to act in unpredictable and foolhardy ways. Prescription drugs and hangovers can reduce people's ability to concentrate so they may not be able to carry out complicated tasks (such as medicine administration) safely. Alcohol and recreational drugs can remove inhibitions and alter mental states potentially leading to risk taking, aggression, poor co-ordination, overconfidence and slower reaction times.

Consider the following:

- Employers may make allowances for a carer who occasionally comes to work 'the worse for wear'; other team members will need to cover tasks involving machinery or where a mistake could cause harm
- If a carer or other employee regularly turns up for work hung-over then the employer should take action to protect clients and the rest of the workforce; the employee should be given a performance review and supported to make lifestyle changes so that their social life doesn't affect their work
- If an employee is dependent on alcohol or drugs their employer should give them support and opportunity to overcome their problem; if they will not, or cannot, the employer may be forced to take disciplinary action to protect others
- If clients become aggressive or uncooperative when under the influence of alcohol, it may be necessary to restrict their alcohol intake to protect others from harm; this will need to be done within the appropriate legal framework and with the co-operation of the client and their family when possible

**Stress** accounts for around 40% of work-related ill health (HSE 2011 / 12) and care work is one of the highest risk professions. Causes of stress include:

- Lack of support from management
- Bullying and fear of violence
- Job insecurity
- Lack of confidence in health and safety measures (resulting in fear of injury)
- Feelings of inadequacy, perhaps because of poor training or a lack of supervision

- Excessive demands at work e.g. being expected to cover for absent colleagues or focus on physical tasks at the expense of client well being

Employers have a duty under the Health and Safety at Work Act to minimise staff stress in order to protect their welfare. They should take stress seriously as it can cause long term physical ill health; stress also increases individuals' risk of injury as it reduces their ability to concentrate and causes tension which makes muscles more vulnerable to damage.

### **Employers need to:**

- Provide access to information and advice about stress
- Enable good communication – encourage staff to raise concerns and show that they are addressing them
- Promote a supportive, inclusive work culture
- Recognise when staff members are at risk and offer support and practical help

e.g. change in job role or opportunity for time off

To look after yourself, identify your personal stress triggers and find ways of dealing with them. Do not be afraid to ask for help from your manager or colleagues; teamwork is important and all staff members should support each other when necessary.

The following tips may be helpful but everyone is different so what works for you may not work for someone else:

- Separate work and home – find a way of drawing a line between one and the other e.g. go for a walk after a shift or have a shower and change your clothes
- Live well – eat healthily and exercise, this protects your mental well being as well as your physical health
- Be nice to yourself – if you have done something you are not happy about don't dwell on it, reflect on what you could have done differently, then accept that you are human and move on
- Don't try to please everyone else at the expense of yourself – if you need a break don't agree to cover an extra shift

**Violence** is unacceptable in any work setting; just because people need care and support doesn't mean that they can verbally or physically attack you. Your employer must have in place protective measures and systems for the reporting and recording of violent incidents

When employers do formal risk assessments there are five steps that they need to follow:

1. Identify the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide on precautions
4. Record your findings and implement them
5. Review your assessment and update as necessary

### **1. Identify the hazards**

The first thing to be done is to identify potentially harmful objects, practices, and places. To do this the assessor can tour the premises looking for dangers; look at accident records; talk to employees or look at industry guidance from sources such as the Health and Safety Executive or Care Quality Commission.

The assessor is looking for anything that might cause an accident **or** potential ill health; as we saw in unit 2 these hazards might be occupational, environmental or human. Possible problems in your workplace might include:

- Wheelchairs blocking fire exits
- Grease on kitchen floors
- Worn carpets
- Slide sheets being used for more than one client
- Lack of security
- Broken equipment
- Employees not using personal protective equipment
- Cleaning materials left lying around



Risk assessments should be realistic and appropriate; they only need to be carried out when there is a genuine and predictable risk of harm.

## ***2. Decide who might be harmed and how***

In your workplace there will be different groups of people who will be more or less vulnerable to identified hazards; risk assessors must decide who may be at risk and how much harm might be caused.

Groups who may need special consideration include:

- Employees
- New (inexperienced) employees
- Pregnant women / new mothers
- Clients
- People who lack mobility
- People who lack capacity
- Children
- Visitors
- Contractors

A hazard may have the potential to cause serious harm to one group of people but not to others; either because they are more likely to be affected by it or because they are more vulnerable. For example, damaged equipment is more likely to put employees and clients at risk, while poorly stored chemicals would be hazardous to children and people who lack competence.

When deciding how people might be harmed assessors must consider the possibility of long term health problems as well as the likelihood of accidents.

Risk assessment doesn't need to be complicated; seemingly obvious measures can be the difference between life and death. For example, several care home residents have died in recent years as a result of drinking incorrectly stored or labelled cleaning products. These were easily identifiable hazards requiring straightforward control measures.

***Note: assessors may also need to consider the potential for harm to the environment e.g. from cleaning chemicals or the disposal of clinical waste***

### **3. Evaluate the risks and decide on precautions**

Having identified hazards and people who may be at risk assessors must then decide how serious the risk actually is; that is, what severity of injury or ill health may be caused, and what is the likelihood of this happening.

This information will help them to plan and prioritise control measures so that risks are dealt with in order of necessity.

The law requires employers to do everything 'reasonably practicable' and take 'suitable and sufficient' action to reduce risks to acceptable levels. Employers must balance the level of risk against the cost, effort and time involved in introducing particular control measures.

If a hazard can be removed altogether, this should be done. If it's not possible an effective and appropriate control measure should be used.

#### **Control measures include:**

- Substitution – find a safer alternative e.g. use less hazardous chemicals
- Isolation – prevent access with guards or locked doors
- Reduce exposure – rotate staff around different tasks
- Provide training
- Introduce personal protective equipment (PPE) – e.g. gloves
- Provide welfare facilities e.g. sinks for handwashing

The first three measures on the list are more effective than the last three which require people to change their behaviours. Training alone should not be relied on to remove risk but should be introduced in addition to other measures. For example, the risks of moving and handling are reduced but not removed by the introduction of equipment; employees also need training on how to use the equipment safely.

Training and PPE will only work if competence and compliance are checked afterwards so appropriate supervision is necessary.

Welfare facilities are the bare minimum requirements for employers to protect the health and welfare of their employees.

**10.2 fill out the table below:**

The table below shows some hazards you may encounter; complete the table with your ideas about who might be harmed, how this might occur and what control measures might be appropriate.

<i>Hazard or hazardous task</i>	<i>Who may be harmed and how</i>	<i>Possible control measures</i>
Chip pan		
Soiled bedlinen		
Assisting clients to walk		

***Health and Safety (First Aid) Regulations 1981***

Whatever control measures you have in place in your workplace, it's also necessary to make provisions for treating injuries and medical emergencies in order to minimise harm.

Employers need to ensure that they have adequate first aid equipment, trained first aiders and procedures for reporting and recording. There are no set rules

for what has to be provided but your employer (with the help of nominated first aiders) must decide on the type of incidents which may occur and the frequency with which they may happen. They should use this information to decide what to put in first aid kits and to plan staff training needs.

First aid kits:

- Should include gloves, plasters and dressings
- Will be positioned to be easily accessible if an emergency occurs
- Blankets and aprons should be stored with them
- Medicines and creams have no place in them
- Must be kept properly stocked and be checked regularly by a nominated individual

First aiders:

- Must be available on each shift
- Training must be up to date and appropriate Reporting and recording:
- An accident / incident report must be completed if first aid is required
- Report under RIDDOR when necessary

#### ***4. Record your findings and implement them***

To make sure that employees and others are made aware of risk assessments they need to be recorded, communicated and stored appropriately; this enables people to act on the control measures introduced to protect their safety.

If people know the reasoning behind a new work practice or the introduction of a piece of equipment, they are more likely to follow safe practices.

Imagine that you have started work one morning and been told you are to use a new piece of equipment that will increase the time it takes to carry out a task by 10 minutes. If this was all you knew, you wouldn't bother using the equipment, you would just work as normal. To get you to change your behaviour you would need to be informed about the benefits to you of using

the new equipment; this might require a training session or you may be given a booklet explaining what the equipment does.

### ***5. Review your risk assessment and update if necessary***

Risk assessments are working documents which should adapt as the workplace changes. The success of control measures should be monitored and reviews carried out when necessary to maintain safety.

Reviews should happen:

- If an accident occurs or someone develops a work related illness
- If new equipment is introduced
- When new employees start or a new client is admitted
- If the layout or use of a room changes
- On a regular basis – at least annually

### ***Risk Management***

Risk assessment can be quite a negative process; it focuses on potential for harm and then identifies ways of controlling dangers with the main aim of protecting workers. Care providers have to maintain awareness that their work environment is their clients' home and anything that is done to ensure safety has an impact. For example, emergency exits have to be signposted but it's not 'normal' to have signs all over your house and they can make the premises look institutional.

While workers have a right to be protected and a duty to maintain the safety of others, your clients have to be protected but, they also have the right to take risks if they choose to do so.

It's important that you do not limit clients' freedoms unnecessarily; you have a duty of care to protect them but this has to balance with their rights. You cannot use health and safety concerns or your own personal feelings to limit clients' lives. You must take a positive approach; listen to what the client wants and focus on how it can be achieved **not** the reasons why it might be difficult.

Good risk management maintains clients' safety without affecting their freedoms. Suitably trained care staff must risk assess clients' activities and



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## **Unit 12: Infection Prevention and Control in Care Settings** **(T/650/2309)**

### ***Legislation***

Controlling the spread of infection within care settings is a major priority for all care providers. They must carry out risk assessments; develop and communicate policies and procedures and make sure that all staff receive training and information to understand why infections occur and how they can be prevented.

All care providers have a responsibility under the Health and Social Care Act 2008 to prevent and control infections; this is regulated by the Care Quality Commission and there is a code of practice for meeting the terms of the relevant regulations. These are the essential standards for quality and safety outcome 8: Cleanliness and infection control. (Code of Practice for health and adult social care on the prevention and control of infections and related guidance; available from [www.dh.gov.uk](http://www.dh.gov.uk))

There are 10 criteria that providers must meet:

1. Systems to manage and monitor the prevention and control of infection.
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3. Provide suitable accurate information on infections to service users and their visitors.
4. Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
5. Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care.

6. Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7. Provide or secure adequate isolation facilities.
8. Secure adequate access to laboratory support as appropriate.
9. Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.
10. Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

### ***Control of Substances Hazardous to Health Regulations (COSHH) 2002***

Infected bodily fluids are a hazardous substance. Employers must take a risk assessment-based approach to protect their employees and others from hazardous substances they may come into contact with at work. They should:

- Make suitable and sufficient assessments of the risks posed by any hazardous substances in the workplace
- Get information on health effects from suppliers
- Take into account level, type and duration of exposure
- Be aware of any relevant occupational exposure standard, maximum exposure limit or similar occupational exposure limit
- Carry out health surveillance and monitor exposure when necessary
- Reassess risks when necessary

Employees must follow employer's safe policies and procedures for handling and controlling hazardous substances and must report any problems or concerns.

### ***The Spread of Infection***

Infections are illnesses which can be passed from person to person or transferred from one part of the body to another. Infections can be caused by bacteria, viruses, fungi and parasites; these are all known as pathogenic



microorganisms and they can cause all kinds of illness from minor skin irritations to life threatening conditions such as HIV or MRSA.

Anyone can become infected, but some people are more vulnerable than others. Certain circumstances will increase individual's likelihood of becoming infected and of experiencing more serious effects.

Factors increasing vulnerability include:

- Extremes of age – very young or very old
- Pregnancy
- Existing illness or poor physical health
- Lack of mobility
- Poor diet
- Incontinence
- Presence of an open wound or stoma
- Sharing facilities
- Smoking

Some of these factors reduce people's immune system and, therefore, make it harder for them to fight off infection; others such as lack of mobility may increase their dependence on others and, therefore, their contact with others.

Pathogenic microorganisms breed and multiply very quickly in favourable conditions and can be passed from person to person directly or through environmental contamination. These microorganisms can be transferred in bodily fluids via touch and coughs and sneezes; they may be airborne or, in the case of parasites like head lice, they may be able to walk.

People can pick up infections on their skin e.g. athlete's foot; in open wounds e.g. MRSA; via their respiratory or digestive systems (by breathing in or swallowing) e.g. a cold or food poisoning.

Infections can be:

a. local – their effect is confined to one part of the body e.g. a fungal nail infection

b. systemic – the infection affects a number of organs or the entire body e.g. HIV or blood poisoning

When infections move from one person to another this is described as cross contamination. When this happens because one person touches another, or coughs or sneezes on them, this is direct cross contamination. When this happens because bodily fluids (blood, vomit, saliva etc.) have got onto something which has then come into contact with, or been touched by, someone else, this is called indirect cross contamination.

**12.1 Complete the table below with examples of places and items which you might expect to be contaminated with bodily fluids, or which people may touch regularly.**

<i>Potential sources of cross contamination</i>	<i>Items which may be contaminated</i>
Items in the workplace which people regularly touch	e.g. light switches
Items which may be contaminated with bodily fluids	e.g. dressings
Equipment used by multiple clients	e.g. hoists

## ***Breaking the Chain***

The below illustration shows how an infection carried by one person can end up making someone ill; infection prevention and control is about breaking the chain that links person number 1 to person number 2. By introducing a number of control measures we can significantly reduce the risk of infection.

For example:

- good personal hygiene (washing, clean clothing etc.) means fewer microorganisms to pass on
- thorough cleaning – reduces numbers of microorganisms in the environment and the time available for them to breed
- regular hand washing – reduces the risk of transferring infection from hand to mouth

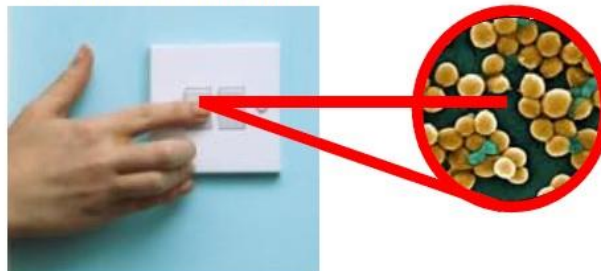
***You touch your nose***



***You touch a light switch***



***Bacteria breeds on switch***



***Someone else touches switch***



***Bacteria transfers to new host***



## ***Bacteria***

Bacteria breed by splitting in 2 so their numbers can double every 20 minutes or so if they have the right conditions. They do best in temperatures of 5 – 63 with sources of moisture and food.

Common bacterial illnesses include strep throat and salmonella; there are also the ‘so called’ superbugs such as MRSA which are caused by bacteria that have become resistant to antibiotics and are usually picked up in hospital.

## ***Viruses***

Viruses are carried, and breed, in living cells so they are transferred from person to person via faeces to mouth (faecal / oral route), sexual contact or blood to blood contact. Faecal / oral contact tends to occur when people fail to wash their hands properly and contaminate the environment; blood to blood can be the result of an insect bite or sharps injury, as well as direct contact.

Viral infections include the norovirus, bronchitis, colds and influenza.

## ***Fungi***

Fungi can be airborne, so they may be inhaled as well as being picked up on the skin. They cause conditions such as athletes’ foot, thrush and unsightly nail infections which can be difficult to treat.

## ***Parasites***

Parasites live in, or on, people and are transferred by direct and indirect cross contamination. Some are microscopic while others are easily visible to the naked eye.

Common parasites include head lice, scabies and different types of worms.

**Write 500 words on what types of PPE you use daily, why you use it and the type of infections PPE can prevent.**

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lead by an IPC who will advise the manager on infection control issues and manage monitoring and compliance.

### ***Risk assessment***

The care provider must:

- Identify clients at increased risk of infection
- Thoroughly assess the risks to individuals
- Identify ways of controlling risk
- Record assessments and controls
- Implement control measures
- Monitor effectiveness

All clients must be individually assessed for vulnerability to infection when they are admitted to a care setting, and at regular intervals after. The employer must have in place policies to identify that reassessments may be necessary when the person is ill or if their personal care needs change.

To assess an individual client's risk of infection the assessor will need to know:

- Their age
- Any medical conditions they have
- Their level of mobility
- Whether they are underweight, overweight or a healthy weight
- If they have any open wounds
- If they have a stoma
- Whether they are continent
- If they smoke

The more risk factors that are present, the more likely it is that the person will contract infections; action should be taken to reduce the person's risk factors

where possible and then to introduce special control measures to protect the person from harm.

For example, to reduce risk factors care providers can:

- Treat existing medical conditions
- Work with the client and a physiotherapist to improve mobility
- Help the client to improve their diet and encourage weight loss or gain
- Reduce the likelihood of pressure sores and provide appropriate care for wounds
- Support the client to improve continence
- Help the client to stop smoking

At the same time as supporting these changes providers can introduce the following types of control measures to reduce clients' risk of infection:

- Personal protective equipment – gloves and aprons
- Cleaning policies and procedures
- Training for staff on issues such as hand washing, personal hygiene and catheter care
- Information for clients on self-protection e.g. not sharing personal items such as towels; regular hand washing and appropriate use of disposable tissues when they have a cold

### ***Control Measures Hand Washing***

The single most effective way of preventing the spread of infection is to ensure good hand washing practice. Staff, clients and visitors alike should be encouraged to wash their hands regularly, thoroughly and effectively. Alcohol gels or rubs are not a replacement for soap and water as, although they control pathogenic microorganisms, they do not remove dirt. Gels and rubs are a useful addition to hand washing and should be placed where visitors will use them as they enter or leave the building.

Where clients are at high risk of infection they and their visitors should be given information about the importance of hand washing and correct techniques to use.

All carers should keep their nails short and avoid wearing jewellery, watches, nail varnish or false nails. Any cuts to the hands or wrists should be covered with waterproof dressings. These measures will allow for proper cleaning and reduce the risk of bacterial growth under rings, watches and nails.

Hand washing facilities should be available in the right places to ensure that carers can use them before and after physical contact with clients. Hands should be washed before and / or after:

- Personal care tasks
- Food handling
- Using the toilet
- Blowing your nose
- Having a cigarette
- Starting and finishing work
- Touching animals
- Handling laundry
- Washing up
- Handling waste

Clients should be encouraged to wash their hands when they get up; before and after eating; after using the toilet; when they have blown their nose; and at any time that they are visibly dirty.

Visitors should wash their hands on arrival and before leaving as a minimum.

To wash hands properly use warm running water and soap and follow these stages:

1. Wet hands and wrists
2. Put soap on palm and rub palms together
3. Rub interlaced fingers together



4. Rub backs of each hand and between fingers
5. Scrub tips of fingers
6. Rub around the thumb joint
7. Rinse
8. Dry thoroughly with a paper towel; place this in a sealed bin after use.

This process should take at least 20 seconds; bacteria and other microorganisms will be washed down the drain and wiped off on the paper towel and disposed of in the bin.

### ***Personal Protective Equipment (PPE)***

Personal protective equipment such as gloves and aprons help to reduce the spread of infection between staff members and clients. Employers should specify when they are to be used and how, and must make sure they are available when and where they are needed.

### ***Personal Protective Equipment (PPE) Regulations 2002***

PPE is a way of reducing risk when a hazard cannot be adequately controlled by other means. If a risk assessment identifies a need for PPE the employer must:

- Provide appropriate PPE free of charge for each employee affected
- by the hazard
- Make sure the equipment is available when and where it is needed, and is in good working order
- Make sure PPE complies with appropriate British and European standards (it should be CE marked)

Employees must wear PPE when indicated by risk assessments and use it according to the information or training they have received.

Clients' care plans should give details of when PPE, particularly gloves, are to be used. In some care settings it is common practice for gloves to be worn for

any situation where a carer touches a client; this is not necessary or desirable. Overuse of gloves can be upsetting for clients who come to feel that they are somehow 'unclean' or undeserving of the comfort of a human touch.

Using gloves:

- Wear gloves whenever you are at risk of contact with bodily fluids e.g. when dressing a wound or changing urine-soaked sheets
- Gloves have no magical properties – wear new ones for every separate task and wash your hands after removing them
- Dispose of them in a sealed bin after use
- Gloves must be the right size for the individual wearing them and suitable for the task

Wearing plastic aprons:

- Clothing picks up all sorts of contaminants including pet hair, crumbs and flakes of skin; aprons will protect your clients from these and protect your clothes from contamination with bodily fluids
- Aprons should be put on for personal care tasks e.g. toileting, and removed and disposed of straight after

### *Cleaning*

Your employer must have in place written policies and procedures for the thorough and regular cleaning of all parts of the care environment and the equipment used within it. Cleaning rotas will have the following details:

- What is to be cleaned
- Who is to clean
- When, and how often, cleaning is to be carried out
- Materials to be used

Equipment that is used by different clients e.g. hoists must be cleaned after use and items used by one client only such as slide sheets and bed rails should be cleaned regularly and whenever they are likely to be contaminated.

Cleaning materials used within the workplace must be stored safely and you should have access to information about their safe handling; see page 6 for information on Control of Substances Hazardous to Health Regulations 2002. Items such as mops and cloths should be colour coded and disposable to identify the areas they can be used in and avoid equipment meant for use in toilets ending up in the kitchen.

Cleaning equipment and substances will have been chosen for their effectiveness and suitability for use. If personal protective equipment (PPE) such as gloves and aprons are provided you will be expected to use them to protect yourself from harm;

prolonged use of even mild detergents and disinfectants can lead to skin irritation and other health problems.

The way you clean should ensure that dirt and grease are removed, and bacteria are reduced. This may require different cleaning products to be used; detergents such as soap deal with grease while disinfectants (including hot water) kill bacteria.

There are five main steps to cleaning:

1. Remove loose dirt
2. De grease and wash with detergent and cloth
3. Rinse
4. Disinfect (Rinse if its chemical disinfectant)
5. Dry

**12.3 Write 500 words on ways to prevent infections and your person responsibilities.**

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## ***Personal Responsibility***

All carers have a responsibility to ensure their own personal hygiene; overall cleanliness is an important way of reducing the risks of cross contamination.

If you are suffering from any illnesses, especially highly contagious types such as flu, sickness and diarrhoea, you must report them to your manager. Certain illnesses will exclude you from working and failure to report them may lead to you being fined under health and safety or food handling legislation.

Apart from keeping your hands clean you must also ensure that your body, hair and clothing are washed regularly. It is a good idea to have clothes that you wear only for work and to change into, and out of, them in your workplace. If you wear your work clothes to and from work you may cross contaminate between the two environments; you could possibly introduce infection to your family and if you stop at a shop on the way home, you run the risk of infecting the wider community.

It's important that you are aware of your employer's policies and procedures for infection control and that you follow the safe practices they introduce. Look out for any signs of dirt and contamination in your workplace and deal with them appropriately. Check equipment before using it and if you are unsure about its cleanliness, clean it yourself or report it and do not use it until it has been dealt with.

If you have any concerns about the cleanliness of the environment you work in or the general standards of infection control, you must raise them with your manager using appropriate reporting methods.

## ***Policies and Procedures***

Your employer should produce written policies and procedures for all aspects of infection control. Among other things, they must cover:

- Cleaning
- Building maintenance
- Waste management
- Laundry
- Pest control

- Management of water supplies
- Control of the risk of Legionella
- Food hygiene

These policies should be written in plain English and kept up to date with reviews when necessary. They should be available to be read and should be communicated to all who need to be aware of them.

Employers have a duty to monitor control measures that are introduced to ensure their effectiveness, and they should identify times when reviews will be carried out. Policies will need to be checked and changed if necessary, in the following circumstances:

- When new clients are admitted
- If an infection occurs
- If control measures fail
- If existing clients' vulnerability to infections change
- If new regulations are introduced

### ***Waste***

In your workplace you will deal with different types of waste which must be handled correctly according to their level of risk. You must familiarise yourself with your organisation's policies for safe waste management but, as a general guide:

- The presence of any waste within the premises is a fire and infection risk so it should be kept to a minimum i.e. bins should be emptied regularly into appropriate containers outside the premises
- General waste should go into black bags and should be picked up by the council
- Clinical waste goes in yellow bags for separate collection
- If you are a residential care provider medicines can be returned to the pharmacy

- If you provide nursing care you must have a contract with a suitable private company for medicine disposal
- Consideration should be given to the possibility of recycling.

Wear gloves when handling waste and wash your hands after dealing with it.

### ***Sharps***

It is possible that you care for people who need to inject medications and that you may have to deal with contaminated needles and other sharps. There is a risk that if you get a needlestick injury infection may be introduced to your bloodstream; there is then a very small chance that you may be infected by diseases including HIV and hepatitis.

#### **To reduce the risk you should:**

- Always take care when handling sharps; do not pick them up awkwardly
- Place them straight into a suitable sharps bin without trying to replace any cap
- Replace bins before they are full

If you are injured, encourage bleeding by gently squeezing the wound; clean with running water; report to your manager; complete an accident form and seek medical advice.

### ***Laundry***

Clothing and bed linen may be contaminated with microorganisms and present a risk of cross infection. The way laundry is handled will depend on how soiled it is i.e. is it visibly dirty or do we know that it is contaminated by bodily fluids; and what the material is.

Clients' clothing must always be treated with care and washed according to label instructions. Your employer should have in place policies and procedures for dealing with laundry so that you know how to separate items for washing and the temperature at which things should be washed.

When handling laundry, wear gloves, avoid too much contact with soiled items and wash your hands when you have finished

### ***Pests***

Rats, mice, cockroaches, flies, ants, birds, household pets and anything else with fur or feathers can contaminate the environment with bacteria, viruses, droppings, urine and even body parts.

It may be necessary to get professional help to plan pest control; certainly if you become aware that you have a problem you should immediately get an expert in to deal with it. Generally, prevention is better than cure and a pest control company will be able to give you advice and support to stop pests becoming a problem.

Signs that pests are on the premises include:

- Droppings
- Chewed packaging
- Paw prints
- Nests
- Smells (mouse urine in particular has a strong odour)
- Black, greasy marks on skirting boards
- Visible holes in wall
- Shed fur / skin

Ways to prevent / control pests

- Store food in robust / sealed containers or at least 45 centimetres off the ground
- Dispose of food waste in sealed bins and regularly remove to a bin at a suitable distance from the premises
- Keep outside bins in a covered area or make sure they have well fitting lids and do not allow them to overflow
- Keep waste packaging to a minimum
- Clean all areas regularly, rodents like unused dark corners



