



Nursing and Allied Health Professionals Handbook

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1.0 Welcome to Medacs Healthcare

Welcome to Medacs Healthcare. We are delighted that you have chosen to undertake agency/locum work with us. You are in good company because our clients consistently commend us on the high calibre of agency/locum workers we provide to them. Indeed, we have a strong reputation among candidates and clients alike for being a friendly, professional and efficient recruitment agency.

Your satisfaction is hugely important to us. We feel this begins by building a strong working relationship with you right from the start, so you can quickly feel part of our valued team. We look forward to working with you and wish you every success in your career with Medacs Healthcare.

Your satisfaction is hugely important to us. It is our mission to ensure you feel supported and have the best candidate experience with us. We feel this begins by building a strong working relationship with you right from the start, so you can quickly feel part of our valued team. We look forward to working with you and wish you every success in your career with Medacs Healthcare.

Your assigned recruitment consultant will be your main point of contact at Medacs Healthcare from hereon in. They will contact you on a regular basis to offer you the best range of jobs that suit your needs and availability. They are also there to support you throughout your placements. Our committed teams are split geographically, with specialist knowledge of their particular area and comprehensive knowledge of all other regions. We believe that this specialist approach, along with our provision of a 24 hours, seven days a week service, gives our candidates the best possible support.

While we are one of the leading suppliers of locum Healthcare Worker in the UK, your opportunities with us don't stop there. We can also offer you permanent work opportunities in the UK and Ireland, Asia, New Zealand and Australia. So, when the time is right for you to undertake a new challenge or a lifestyle change, Medacs Healthcare's global network can support you well beyond your locum career.

2.0 What this handbook is for

This handbook is intended to help you through your first few days and act as a reference during your time working with us. Contained is a catalogue of invaluable information which you should familiarise yourself with and which includes guidelines and standards essential to the delivery of quality healthcare services, useful information and contact details to which you can refer. Please read it carefully.

Please note that you should always observe local trust policies and procedures on infection control. These should be available via your supervisor along with local policies for complaints handling.

Should you have any queries regarding the content of this booklet, please contact your placement officer in the first instance on 0800 224 400. Alternatively, you can email information@medacs.com.

3.0 General information

3.1 Contact us anytime

Our office hours are Monday to Friday 08.30-18.30. However, our clients often provide placement details outside of office hours. You may also want to speak to Medacs Healthcare at times convenient to you. Therefore, we provide a 24-hour service ensuring that you can contact a member of staff who will be fully conversant with your details, at any time of the day or night, 365 days a year.

3.2 Induction

At your interview, you will have been given an induction into the policies and procedures of Medacs Healthcare. The induction provided will cover issues such as timesheet submission, on-call procedures, immunisation, care standards and legislation.

4.0 Documents and information required

Medacs Healthcare provides locum Healthcare Workers to a number of healthcare organisations including the NHS framework agreements with Crown Commercial Service, Collaborative Procurement Partnership, and Temporary Workforce Solutions and Scottish Frameworks. A key responsibility of an approved supplier is adherence to the strict compliance criteria that allows a risk managed service to be provided.

4.1 Annual Updates Required

Medacs Healthcare will request the following documents are kept up to date on an annual basis or as updates occur:

- Additional qualifications
- Up to date employment history
- Two new referees for work conducted in the last 12 months
- Career progression and training
- Appraisal and revalidation details (Nurses)
- Renewal of criminal records check
- Health review documents completed

4.2 Appraisals

We will offer you an appraisal every year, which can be arranged by your recruitment consultant either by email or telephone.

The appraisal will assess your performance over the last 12 months and put actions in place as part of a development plan (where appropriate), which is based on feedback from your shifts and your staff evaluations that you complete regularly.

Alternatively if you already have an appraisal with another employer we may ask for evidence of this for our compliance records.

4.3 Nurse Revalidation

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

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

Medacs Healthcare can assist regular agency workers with the revalidation process and if necessary can act as a Confirmer.

We recommend you:

- Download a copy of the Revalidation guide on the NMC revalidation website.
- Register your interest for your **free RCNi Portfolio account** where you will find a huge amount of support towards revalidation.
- For any questions, speak to a member or the team or e-mail nurserevalidation@medacs.com.

4.4 Welfare Check

As Medacs Healthcare want all our locum professionals to be satisfied with the work we provide, we will conduct a welfare check after your first six months of work, and thereafter on an annual basis. This is to ensure you are being provided with suitable assignments and can share your experiences and any issues you may wish to raise.

4.5 Changes to Personal and Professional details

In order to ensure that your personal and professional details remain up to date, you must inform Medacs Healthcare in writing of changes to any of the following:

- Name
- Address
- Bank details
- Professional Registration
- Fitness to Practice
- Criminal Convictions
- Health Status
- Next of Kin
- Renewal of criminal records check
- Health review Documents completed

4.6 Criminal Records Checks

All public and private organisations request that an Enhanced Criminal Records Check is obtained for all health professionals, acquired from the appropriate service (DBS for England and Wales, Disclosure Scotland for Healthcare workers living and working in Scotland or Access NI for Healthcare workers working in Northern Ireland). We can assist you at all stages of the process.

4.6.1 The Disclosure and Barring Service (DBS) Update Service

Upon receipt of your DBS Criminal Records Check, you can apply to join the DBS Update Service. This allows you to save money and means you may never need to complete another DBS application. Please note that registration to the update service must be completed within 30 days of the certificate issue date.

If you are already registered with the DBS Update Service, please send us a copy of the certificate you registered with and written permission for us to check (we will need to view the original certificate at your interview). You then won't need to apply for a Disclosure with Medacs Healthcare.

4.6.2 PVG

If you are already registered with the PVG, we will require to see your Full Scheme Record certificate and whether you have declared any vetting information which may be included on your Full Scheme Record. We will then register with the PVG in order to receive any updates on your status.

If you are not already registered with the PVG, we can complete an application on your behalf.

4.6.3 Access NI

Criminal Records Checks for those living or working in Northern Ireland are provided by AccessNI.

4.6.4 Overseas Workers

If you have been living or working outside of the UK for a period of six months or more in the last five years prior to registering with Medacs Healthcare, we will require you to provide an overseas police certificate/certificate of good conduct from the relevant country (or countries) before you commence your first assignment. If this period overseas is immediately prior to registration with Medacs Healthcare, then the overseas police check must not be more than three months old at the point of registration. If you are unsure how to obtain an overseas police check, then please contact us for advice.

For any UK resident where you continue to work for Medacs Healthcare and then live or work outside the UK for a period of three months or more and then return to the UK, you will be required to provide a new overseas police check/certificate of good conduct.

4.6.5 Criminal Convictions

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

Medacs Healthcare is bound by the Code of Practice of the Disclosure and Barring Service and has policies on the Rehabilitation of Offenders and Secure Handling and Storage of Disclosure information. Refer to sections 8.5 and 8.6 of this handbook.

4.7 Occupational health requirements

4.7.1 Health Assessments

Medacs Healthcare Occupational Health Provider undertakes occupational health assessments based on the information provided in your health declaration forms at registration and annually thereafter. The assessment is undertaken by an occupational health professional with an aim of assessing the impact if any, that a declared illness/condition may have on your ability to undertake the work processes of any proposed post.

The primary aim is to advise Trust's on what adjustments should be considered to ensure a safe/healthy working environment for you. It may then be necessary for occupational health to contact you in order to discuss your health status and to ensure that any proposed work will not impact upon your physical or psychological wellbeing.

On joining Medacs Healthcare, you will be required to complete a Health Declaration form, in order that Occupational Health can assess what, if any, modifications might be required in either the working process or environment to ensure your continued good health. You will also be required to complete an Annual Health Review form to ensure that your health status is maintained.

4.7.2 Immunisation requirements

Immunity and vaccination screening requirements for locum healthcare workers undertaking placements within the NHS are governed by NHS, Nice Guidance, and the NHS Procurement Agency. This guidance was formulated for the NHS /DOH Agencies by panels of experts within the relevant fields. They decided that due to the peripatetic nature of Locum workers, immunisation and vaccination requirements **should be higher than those required for a substantive post within the NHS**. Locum staff of all grades and professions are regarded as **new entrants to the NHS regardless of any present or previous NHS post**, and as such, are required to provide evidence to the standard set out in the attached Guidance 'Health Clearance for tuberculosis, Hepatitis B, Hep. C and HIV: New healthcare worker, NICE guidance on Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control; NICE guidelines [CG117] Published date: March 2011, **regardless of any prior or present NHS substantive posts**.

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

All evidence must state your correct name, date of birth and be on official headed paper or stamped by the issuing medical centre.

Any costs for the required evidence below are to be met by yourself. If your medical practice is unable to offer you the service, you will need to find a private clinic, we can assist you with this.

Your present/previous NHS Employer's Occupational Health Department should be able to assist you in obtaining the required evidence.

All Healthcare Workers must provide evidence of immunity to/immunisation for the following;

- **Hepatitis B:** evidence required of your vaccination course dates, along with your post vaccination surface antibody blood test results (Titre levels). A course is three vaccinations, and
- **Hepatitis B five year booster:** As per Department of Health's 'green book', a booster is advised to be given five years after your primary course of vaccinations, and
- **Rubella:** evidence required of either your serology showing you are immune to Rubella, or evidence of two vaccinations, and
- **Measles:** evidence required of either your serology showing you are immune to Measles, or evidence of two vaccinations, and
- **Tuberculosis:** evidence required that your BCG scar has been seen by either your practice nurse, GP or Occupational Health department. Alternatively, you can provide evidence of a BCG vaccination, Quantiferon or Heaf/Mantoux test.

For those who have lived in a Tuberculosis High Risk Country for over three consecutive months in the past five years, they must provide evidence of one of the following since they were in that country; A Quantiferon/Gold Spot Test (interferon - gamma testing), or

- a Negative Mantoux Test, or
- a Chest X-ray (CXR)
- **Varicella:** A personal declaration demonstrating that you have had chickenpox. Alternatively you can provide evidence of your serology showing your immunity. If you are not immune, we need to have evidence that you have had two vaccinations.

For those wishing to undertake work in exposure prone areas such as surgery, theatre/scrub, dentist or A&E, refer to section 5.4.

4.7.3 Additional requirements for Exposure Prone Procedures (EPP) workers

- Hepatitis C,
- HIV,
- Hepatitis B surface antigen.

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

If you require further clarification please contact Medacs Healthcare Occupational Health on 01785 223936 during office hours.

4.7.4 Workers requiring EPP Certificate of Fitness

Some overseas workers may have had standard and additional health checks for serious communicable diseases carried out in their own country. To enable our occupational health provider to issue an EPP Certificate of Fitness, the Hepatitis B Antigen, Hepatitis C and HIV reports must be from the UK and must also be IVS.

4.7.5 Fit to practice

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

- Vomiting,
- Diarrhoea,
- Rash,
- Upper respiratory infection.

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

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

4.8 Personal Professional Indemnity Insurance

The NHS Clinical Negligence Scheme (CNST) pays only for cases of medical negligence that arise in NHS hospitals. It does not provide support in a variety of other situations, including criminal cases, professional body or disciplinary hearings and good Samaritans acts. Also, there are positions which Medacs Healthcare may offer you for which personal indemnity insurance is mandatory. In all cases we strongly recommend that all Healthcare Workers take out and maintain their own medical insurance.

Self-employed nurses or those working via a limited company must obtain their own insurance such as RCN or from another suitable insurer.

Registered nurses will have to declare that they have indemnity Insurance in place when they revalidate with the Nursing and Midwifery Council (NMC). Medacs Healthcare recommends that you are a member of a Trade Union or professional organisation so that you can be supported if you are faced with a disciplinary investigation and/or hearing.

5.0 Your first placement

We are dedicated to making things as easy as possible for you during your first and any new placements. You can be sure that before your first and indeed any placement, you'll be given the following information;

- The name of the client,
- Address/directions to the place of work,
- Start and finish times of the shift,
- Where to collect any keys, beepers, induction packs (where applicable),
- Details of accommodation (where applicable), Details of parking (where appropriate), Any special timesheet requirements.

On arrival please request an NHS induction from the person you will be reporting to. This induction should include;

- Orientation - how to find your way around your new work environment,
- Explanation and clarification of times (e.g. when to take your lunch breaks etc.),
- Introduction to new colleagues,
- Health and safety overview,
- Fire policy and procedures,
- Any relevant local policies and procedures.
- Fire procedure,
- Crash call procedure,
- Violent episode policy,
- Procedure for alerting security staff,
- Policy for administration and assistance with medications,
- Health and safety, Information Governance Patient confidentiality.

Please make sure you take the following with you;

- Your confirmation letter/email,
- Your Medacs Healthcare timesheet (if applicable),
- Your Medacs Healthcare ID badge,
- Your current professional registration confirmation,
- Your passport/visa,
- Your vaccination records and any professional certificates, Any appropriate clothing/equipment.

On completion of your orientation/induction, you may be required by the Trust to complete an Orientation Training Form. Please email this back to your recruitment consultant.

5.1 Alcohol

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

5.2 Communication between staff, patients, relatives and visitors

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

5.3 Family Leave

You must inform your recruitment consultant if you wish to take family leave, such as statutory maternity, paternity, adoption, shared parental or parental leave. You may be required to undertake a risk assessment for your assignments.

As an agency worker, you may be entitled to participate in the Statutory Pay Schemes subject to satisfying the Government's qualifying requirements. Please contact your recruitment consultant for more information and to find out if you qualify, or view further information on HMRC's website: www.gov.uk.

5.4 NMC Guidance for Registered Nurses, Midwives and Health Visitors

- '...As a Registered Nurse or Midwife you are accountable for your actions and omissions. In administering medication you should think through issues and apply your professional expertise and judgement in the best interests of patients (NMC 2008).
- If you have any concerns or queries regarding your own competence, you should contact your local Medacs Recruitment Consultant.
- You must be aware of the inter-relationship with the multidisciplinary team in the administration of medicines, for example in theatres. Even where there is joint involvement, you remain accountable for your actions and omissions.
- You must be aware of the patient's plan of care (care plan/pathway) (NMC 2008)
- You must know the therapeutic use of the medicine to be administered including normal dosage, side effects, precautions and contra-indications (NMC 2008).
- You should follow clear procedures to ensure the right patient receives the right drug, in the right dose, by the right route, at the right time (DoH 2004). These procedures are outlined in sections 1.6 to 1.11.
- You must check that the prescription or the label on medicine dispensed is clearly written and unambiguous (NMC 2008). If you have any uncertainties about the prescription, you must check with the prescriber or another authorised prescriber and clarify the prescription before administering the medication.
- You must be certain of the identity of the patient to whom the medicine is to be administered (NMC 2008).
- You must check the expiry date (where it exists) of the medicine to be administered (NMC 2008).
- You must check the patient is not allergic to the medicine before administering it (NMC 2008)
- You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine (NMC 2008)
- Where complex calculations are required to ensure the correct volume or quantity of medication is administered, you are strongly advised to have a second practitioner to check the calculation independently. This will help to minimise the risk of error (NMC 2008).

- You must clearly countersign the signature of the student when supervising a student in the administration of medicines (NMC 2008)
- As a Registered Nurse you have a duty of care and are professionally and legally accountable for the care you provide including those tasks you delegate to non-registered workers. If expecting nonregistered workers to administer medicines, for example according to a local protocol in a primary care setting, you must ensure they are competent to do so safely (DoH 2005).
- You must not administer medication under a patient group directive unless you have been trained and are named under the directive in accordance with local Trust policy.
- Specific legislation exists in relation to controlled drugs such as morphine or ketamine as well as barbiturates (Misuse of Drugs regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973 (visit www.opsi.gov.uk for further detail). As a Registered Nurse, Midwife or Specialist Community Public Health Nurse you should be aware of this legislation and ensure you are familiar with the local Trust policy regarding the ordering, collection, storage and administration of controlled drugs.
- You must not leave any medicines unsecured and must ensure all medicinal products are stored in accordance with the patient information leaflet and in accordance with any instruction on the label (NMC 2008)
- The keys of the medicine cupboards, drug refrigerators and the medicine trolley must be kept by the Nurse in Charge of the clinical area in line with local Trust policy. You must ensure that you have returned the drug keys to the nurse in charge at the end of your shift
- You must not prepare substances for injection in advance of their immediate use or administer medication drawn into a syringe or container by another practitioner when not in their presence (NMC 2008). An exception to this is an already established infusion, which has been instigated by another practitioner or medication prepared under the direction of a pharmacist from a central intravenous additive service and clearly labelled for that patient (NMC 2008).
- You must not administer intravenous or epidural medication unless you have received additional training and have a documented competence assessment in accordance with local Trust policy. Where you are working outside your usual area of work, your competence must be assessed in that area prior to administering intravenous medication. You must have the knowledge and skills for safe and effective practice when working without direct supervision (NMC 2008). You cannot check IV drugs for administration with another flexible worker; these must be checked with a permanent member of staff within the clinical area.
- You must not take any part in the prescribing, collection, storage or administration of cytotoxic agents unless you have received appropriate training (HSE 2003). This must be recorded in accordance with local Trust policy.
- You must not check intrathecal chemotherapy drugs prior to administration or take any part in the prescribing, collection, storage or administration of intrathecal chemotherapy drugs unless you have received appropriate training and have been certified and recorded as competent by the Trust (DoH 2003). This should be in accordance with local Trust policy.
- Specific local policy should be available regarding the storage, handling preparation and prescription of strong potassium and solutions containing potassium (NPSA 2002). You must comply with this policy.
- You must follow local Trust guidance regarding the management of patient's own medicines.
- When administering oral/enteral liquid medication you must be aware of local Trust policy and use oral or enteral syringes if available.
- If you are asked to take a verbal order for the administration of medicine you must refuse and report immediately to the nurse in charge or the senior nurse for the ward.
- You should not crush or attempt to disguise medication in anyway. If you are asked to do so you must refuse and report immediately to the nurse in charge or the senior nurse for the ward.
- Unregistered health care workers must not administer medicines.
- Assistance or support with medication check must only be given if it is within the competence of the health care worker and with the patient's verbal consent. This includes the use of suppositories and enemas...'

- Reporting Errors
- You must immediately report any error or incident in the administration of medicines as follows:
- If you are not in charge of the shift report this immediately to the nurse in charge
- If you are in charge of the shift contact the senior nurse for the ward
- You should inform the healthcare workers
- You should inform the patient
- You should provide a written statement and also complete an incident form
- You should document the error on the drug chart and also in the nursing notes
- Any dispensing errors identified during administration should be brought to the attention of the nurse in charge immediately (DoH 2004).
- You should inform your Medacs Recruitment Consultant

5.5 Code of conduct

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

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

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

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

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

5.6 Gratuities

It is essential you do not accept any gift, favour or hospitality from patients or clients in your care, which might be interpreted as seeking to exert influence to secure preferential consideration. Avoid any abuse of your privileged position with patients and clients, person, property, residence or workplace.

5.7 Holidays and Holiday Pay

When you wish to take your holidays, you must give your recruitment consultant the minimum notice set out in your Terms of Engagement, but ideally you will pass on the dates as soon as possible.

Holiday pay entitlement may be claimed by PAYE workers only. This request should be made in writing or email to either your recruitment consultant or the candidate payroll team at:

healthcare.payroll@Medacs.com. Please include either your date of birth or National Insurance number on the email, this is required for verification and audit purposes.

Holiday hours are calculated at a rate of 12.07% of the hours you have worked e.g. for every 10 hours you work you accrue 1.21 hours holiday. The holiday pay rate is based on an average of your last 12 weeks' pay rates.

Your holiday year start date will be the date of your first shift paid.

5.8 ID cards/badges

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

5.9 Managing harassment

Medacs Healthcare will provide you with the same level of support in accordance with the relevant policy whether the person harassing you is a client, service user or a colleague. Any alleged incidents of harassment should be reported in accordance with the Event Reporting Procedure or in line with the Whistleblowing Policy.

5.10 Mobile phones

Mobile phones must be switched off during work hours. If you need to use your mobile phone, please ensure this is done in your break time and in an appropriate and safe area. Mobile numbers must not be shared with patients/service users

5.11 NHS Induction

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

When you sign a Medacs Healthcare Timesheet there is a declaration to confirm you have attended an NHS Induction. If you do not use Medacs Healthcare timesheets then we will request an email from you confirming they have attended an NHS Induction. If you are not offered an NHS induction for any of your new assignments please contact your placement officer who will endeavour to raise this with the relevant trust.

5.12 Record keeping

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

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

To achieve this, you must:

- Complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event,
- Identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need,
- Complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements,
- Attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation,
- Take all steps to make sure that all records are kept securely, and 10.6 collect, treat and store all data and research findings appropriately.

5.13 Rest time

Always ensure that you have had adequate rest time between shifts. Under no circumstances should you work directly before or after a waking night shift. If you have any doubts, please contact your recruitment consultant.

5.14 Security

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

5.15 Security and use of Computers

You are expected to comply with all security measures implemented by the hospital in respect of personnel and other persons attending those premises. All doctors are to observe the hospital's computer security instructions in respect of the proper use and protection of any password used in connection with such computer systems and if there is a need to use or insert into any computer any floppy disk, CD ROM disk, removable hard drive or any other device for the storage and transfer of data or programs, please observe the following;

- Do not load any program into any computer via disk, typing, electronic data transfer or any other means,
- Do not access any other computer or bulletin board or information service (including, without limitation, the internet) except with specific prior consent of the hospital.

5.16 Sick Pay

If you are sick for more than three days, subject to certain conditions, you may be entitled to Statutory Sick Pay (SSP).

If you are sick for more than 4 days but less than 7 days please complete a statement of sickness form, which can be found on the HMRC website. If your illness lasts longer than 7 days you will need to provide a signed fit note. These documents will need to be emailed to the candidate payroll team at:

healthcare.payroll@Medacs.com. An assessment will be undertaken to determine whether you qualify for SSP. If you do not qualify you will be sent an SSP1 form to take to your local Jobcentre.

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

- Adhere to the client's policy/procedure,
- Maintain password security, Log off after use.

5.17 Sickness and absence

If you accept work from Medacs Healthcare but later discover you cannot attend, you must inform us immediately to enable us to advise your place of work and search for alternative cover. If you have to leave the clinical area before the end of a shift, you must ensure you inform both Medacs Healthcare and your

5.18 Smoking

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

5.19 Telephones

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

5.20 Supplier's Uniform Policy

Presenting a professional image is very important. All Healthcare workers who are supplied with a Trust ID badge or uniform must return them back to the Trust at the end of the placement. Where required by policies, rules, procedures or standards, you shall wear any special protective clothing or footwear provided.

If you have any queries regarding correct local procedures or are uncomfortable carrying out any of the duties you have been asked to perform, please raise these issues with your line manager and/or recruitment consultant. Always keep your own written record that you have done this.

5.21 Uniform and non-uniform dress code

As agency healthcare workers you have a responsibility to provide the best and safest care to patients, their carers and the wider public.

How healthcare workers dress and wear uniforms can have an impact on the quality and safety of the clinical care provided, especially when reducing the risk of avoidable infections. Presenting a professional image is very important.

We therefore ask all healthcare workers whether in uniform or non-uniform clothing to abide by the following dress code:

- Only wear the uniform of the agency that has booked you.
- Wear the appropriate uniform and your agency's ID badge.
- Agency workers in uniform should aim to wear a plain tunic with blue or black trousers. No jeans.

- Stockings or tights should be neutral in colour and should be worn with dresses.
- Plain dark socks to be worn with trousers.
- Cardigans are not to be worn during patient care.
- Make-up should be kept to a minimum.
- Staff should be 'bare below the elbow'.
- Jewellery should be kept to a plain wedding ring and wrist watches should not be worn.
- No nail polish or false nails.
- Earrings – one plain pair of stud earrings, or no earrings.
- Shoes should be black or brown. White for therapists. Low heeled and closed at the toe and heel. No trainers.
- Footwear should be of a material that can be wiped clean.
- Hair must be clean, neat and if long, must always be tied back.
- Change into and out of uniform at work, or cover uniform completely when travelling to and from work.
- Dress in a manner, which inspires patient and public confidence.

5.22 Wills and bequests

If you are requested to witness a Will, or any legal document, you must explain you cannot do this and advise the individuals to speak to their legal representative or members of the patient's family. You should also inform the head of department or your supervisor.

5.23 Working relationships

Agency workers good working relationships are of crucial importance. Medacs Healthcare expects that all its agency workers promote and co-operate in the removal of any discrimination in service provision and the promotion of best practice.

Agency workers can ensure standards of treatment which are equal by:

- Developing a basic knowledge and understanding of equal opportunities,
- Promoting positive beliefs and attitudes towards others, aiding the development of effective working relationships,
- Attending training, induction and staff briefings available to them,

6.0 Payment Arrangements

6.1 Timesheets

For each placement you work, you will receive a blank timesheet on which you will need to add the start and end times of the shift you have worked. Your timesheet should be carefully completed in block capitals using a black pen:

- Place worked including /ward unit (use one timesheet per ward/unit/assignment)

- Complete each day worked giving clear details of the start and finish times (using the 24 hour clock) and include total break time, adhering to hospital breaks policy.
- Read, sign and date the declaration on your timesheet.
- Complete travel details where travel is to be reimbursed.

Timesheets need to be signed by an authorised person as indicated in your confirmation letter.

Please note you will be advised as to whether or not your travel is covered before you are put forward for a placement.

It is your responsibility to ensure that the timesheet is filled in correctly. You must never make corrections on timesheets after the client has authorised, any changes made must be countersigned by the client.

All timesheets should be emailed to nursingtimesheets@medacs.com or fax 01582 698395. Those received before 3pm will be processed daily. Please keep a copy of your timesheets for your own records.

6.1.1 PAYE

Payments will be transferred directly to your bank or building society via our faster payment system. Once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly, the hours will be processed and you will be paid by 5.30pm the next working day. Your earnings are paid directly into your bank account. Therefore, it is essential that you completed your bank details in the appropriate section of the application form accurately. If you have any questions or wish to change the bank account details, please contact: PayTypeChange@MedacsGlobalGroup.com

6.1.2 Umbrella

Payments will be transferred directly to your umbrella company once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly. The hours will be processed and will be paid to your umbrella company reaching their account next working day. Medacs Healthcare cannot take responsibility for the onward payment of funds into your own personal account.

6.1.3 Personal Service Company (PSC)

Payments will be transferred directly to your PSC once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly. The hours will be processed and will be paid to your PSC account on the next working day. There is no need to complete a company invoice as these are generated as per our Self Bill agreement.

NB: Some hospital trusts have arranged alternative payment methods. If you are to work at any of these locations, you will be provided with further information and sent instructions on how to submit your timesheets on confirmation of your locum post.

| | |
|---|--|
| Timesheet Number (For Office Use Only) | |
| Candidate Forename | |
| Candidate Surname | |
| Candidate Ref (For Office Use Only) | |
| Band / Grade | |
| Name of Trust / Hospital | |
| Ward / Department | |



Medacs Healthcare
 3rd Floor, 1 Belle Vue Square, Broughton Road,
 Skipton, North Yorkshire, BD23 1FJ
 Tel: 01756 702 226 - Option 2 Fax: 01582 698 395
 Email: nursingtimesheets@medacs.com

Medacs Healthcare Nursing / HCA Timesheet

Please refer to www.medacs.com/nurse/agencynursing-timesheet if you would like guidance on how to complete your timesheet.

Email: nursingtimesheets@medacs.com (Scan copy only, not photographs)

| | Date | Booking Reference | Start Time | End Time | Break Start | Break Finish | Client's initials if no break taken | Hours Worked | For Client Use | |
|---------------------------------|------|-------------------|------------|----------|-------------|--------------|-------------------------------------|---------------------------|---------------------|----------------------|
| | | | | | | | | | Name (please print) | Signature & Position |
| Mon | | | | | | | | | | |
| Tue | | | | | | | | | | |
| Wed | | | | | | | | | | |
| Thur | | | | | | | | | | |
| Fri | | | | | | | | | | |
| Sat | | | | | | | | | | |
| Sun | | | | | | | | | | |
| Please use 24 hour clock | | | | | | | | Total Hours Worked | | |
| Travel: | | | | | | | Mileage: | | | |

Staff Evaluation (For Client Use)

Please rate as: Excellent (E); Good (G); Average (A); Poor (P); Very Poor (VP). Alternatively email: response@medacs.com

| | | | | | |
|-----------------------------|--|----------------------------|--|-----------------------------|--|
| Suitability for Assignment | | Professional Competency | | Timekeeping | |
| Personal Presentation | | Flexibility & Adaptability | | Ability to Work with Others | |
| Communication Skills | | Records Management | | Organisation Skills | |
| Authorised Signature: _____ | | | | | |

To be completed by Authorised Signatory

I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing below to confirm that the Job Title and Band/Grade of Temporary Workers and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS, other Public Sector bodies and Private entities with similar requirements and the Counter Fraud Service (or other similar organisations which operate in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or Counter Fraud Services Wales.

Authorised Signature: _____
 Authorised Name: _____
 Position: _____
 Date: _____

Medacs Healthcare 1 Belle Vue Square, Broughton Road, Skipton, BD23 1FJ
 Tel: 01756 702 226 - Option 2 Fax: 01582 698 395 Email: nursingtimesheets@medacs.com

To be completed by the Agency Worker

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, other Public Sector bodies and Private entities who have similar requirements and the Counter Fraud Services (or other similar organisations which operate in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I have attended an NHS induction and hold a valid Medacs Healthcare ID Badge.
 Worker's Signature: _____
 Worker's Name: _____
 Date: _____

Pay type options

There are three different payment methods you can choose from:

- PAYE
- Umbrella company
- Personal service company (PSC)

6.1.4 PAYE

Should you decide to be paid into your own personal account you will need to supply your current bank account details directly via email to paytypechange@medacsglobalgroup.com. You will also be sent a New Starter Checklist form which you will need to complete in full and return to the above email prior to your first shift. This enables the tax office to inform us of the appropriate tax code for you. If you have a break of 3 months or more, your employment will be terminated and we will follow the HMRC's procedure to send you a P45.

6.1.5 Umbrella Company

If you opt to be paid through an umbrella company, Medacs Healthcare are not able to recommend or advise of umbrella companies, due to this we do not have a preferred suppliers list (PSL). You will need to do your own research. It's important that you carry out an extensive review of the companies you are interested in working with and gain a good understanding of their policies regarding IR35 legislation and PAYE types in line with HMRC requirements.

Once you have selected your option, you will need to advise Medacs Healthcare which umbrella company you are considering using. We will then be able to confirm if your choice has met Medacs Healthcare Audit requirements.

Medacs Healthcare currently hold an umbrella service agreement with the company, we will require the below details to be sent to the email paytypechange@medacsglobalgroup.com in order to update your new pay type.

We will require:

- Written confirmation from you
- Signed contract of employment (this is a document that is between the yourself and the umbrella company)

□

If Medacs Healthcare do not work with the umbrella you have chosen we will not be able to set you up with them and you will need to choose an alternative company.

Personal service company (PSC)

If you choose to be paid through your own personal service company you will need to email paytypechange@medacsglobalgroup.com with the following:

- Written confirmation from yourself
- Business bank document (bank statement showing business account name, sort code and account number this must be dated within the last 3 months)
- Certificate of incorporation
- VAT certificate (if applicable)
- Accountants details (full name, email address, contact number and registered address)

PLEASE NOTE: Candidates working through a PSC must be paid in to a business bank account.

Once all details have been received and our records have been updated, we will then provide you with a PSC contract which you will need to sign electronically, this will be sent via an online portal (Echo-sign). When the contract has been signed and returned to Medacs Healthcare, a self-bill enactment will be sent to the you giving you a 7 day notice period before you are put on to our self-bill system. We will then update your record.

Medacs Healthcare will deduct tax and national insurance at source in line with IR35 legislation, which will be submitted to the HMRC on your behalf.

6.2 Banking arrangements

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

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

6.3 Tax code queries

Whilst Medacs Healthcare process your pay and deductions, we are not responsible for your tax affairs. Please contact HMRC directly;

Pay As Your Earn and Self Assessment
HM Revenue and Customs
BX9 1AS

Tel: 0300 200 3300

When contacting the tax office, you may need to quote the following PAYE reference 951/HA05572 together with your National Insurance number.

6.4 Auto Enrolment Pensions

The Company provides a workplace pension plan (“the Pension Plan”). Subject to the eligibility requirements and Part I of the Pensions Act 2008 (Pension Scheme Membership for Jobholders), you may

7.0 Your responsibilities

Your dedicated recruitment consultant works hard to match you to the right type of assignments, and will be in contact with you regularly to discuss your options. We receive a high volume of assignments every week and we ask you to keep us updated with your availability, or any changes in contact details. We would also ask

that you remain in regular communication with Medacs Healthcare to ensure that you are the first choice for all placements we submit you for.

In addition we also ask that you;

- Ensure that your healthcare practice is of the highest quality,
- Comply with professional, legal and ethical requirements,
- Abide by your professional codes of practice/conduct,
- Act as an advocate for all service users and clients in managing their care,
- Be courteous and polite at all times,
- Be on time,
- Wear the appropriate uniform,
- Wear your Medacs Healthcare ID badge,
- Do not wear the uniform, protective clothing, photo ID badge or use the equipment on the authority's premises unless fulfilling the terms of the agreed of you assignment,
- Fully complete and return your timesheet in a timely manner,
- Ensure you have requested, read and understood the Health and Safety, Crash Call, Violent Episode and Security procedures for each assignment, including trusts/clients where you have worked previously,
- Co-operate in the removal of any discrimination in service provision,
- Where possible, give at least one week's notice if you will be leaving an assignment early
- For assignments with short lead times, a minimum of 4 hours' notice will be required. If a locum repetitively cancels assignments, Medacs Healthcare will no longer be able to offer future assignments
- Should a trust request you carry out an alternative role or work, which is within your clinical competence, we would advise all locum workers to show flexibility in relation to the work they are prepared to conduct. Should a locum refuse to show any flexibility to assist the trust, then this may affect the assignments Medacs Healthcare may be able to offer in the future.
- Let us know if a Trust/Client offers you a permanent role,
- Give your recruitment consultant as much notice as possible of any annual leave,
- Inform us of any new training you have undertaken and update your CV,
- Inform us of any disciplinary proceedings, suspensions or investigations immediately. / Inform us of any NMC/HCPC on-going or new referrals/investigations,
- Tell us if you: fall ill, get injured or become pregnant,
- Understand and comply with the relevant security measures,
- Keep your professional registrations up to date,
- Do not arrange or provide a substitute worker yourself if you cannot attend, that's what we are here for,
- If you are medically unfit, please do not report for a job, but immediately inform your Recruitment Consultant,
- Let us know your thoughts on the service we provide, be it positive or negative. Without your feedback, we cannot continue improving our service,
- Where possible, give at least one week's notice if you will be leaving an assignment early where possible,
- Cooperate in the removal of any discrimination in service provision,
- Do not make unnecessary use of authority in connection with the discharge of the provision of services and assignment instructions,
- Do not misuse or abuse the authority's property,
- Do not at any time be, or appear to be, in possession of firearms or other offensive weapons,
- Will not transport any services users in the worker's own car, and will not use or be a passenger in the service user's car.

Agency staff have a duty to ensure that they;

- Take reasonable care of his/her own and their colleagues' safety when lifting and handling patients or equipment,
- Use any work equipment provided correctly in accordance with any training instructions,
- Comply with a “no manual lifting policy” if this is in accordance with the client's policy,
- Inform the client when a work situation presents a serious danger or if there are any shortcomings in the arrangement for manual handling,
- Keep your training and appraisal up to date.

This applies in particular to the need to report;

- Lack of staff or equipment,
- Environmental hazards,
- Defects in machinery or equipment,
- Incidents injuries, accidents and near misses.

Please note any information provided to Medacs Healthcare declared by yourself can be shared with the Trusts to ensure they are fully aware of your current professional status and any change in your circumstances in relation to the work you will be carrying out.

7.1 Infection Prevention and Control (IPC)

Infection prevention and control is a key component of delivering safe patient care.

Infections, particularly those known as ‘health care acquired infections’ (HCAI or HAI) are one of the biggest challenges facing health services throughout the world.

There are many kinds of infections that patients/clients can acquire while accessing health care services. Some are associated with specific germs such as Clostridium difficile which causes diarrhoea, while others cause urinary, wound or chest infections. These can be caused by lots of different germs (usually bacteria) and can range from being very mild to serious – sometimes fatal – infections.

Your job as health care workers is to do everything you can to reduce passing (or ‘transmitting’) infection to patients, and from one patient to another. Standard infection control precautions include personal protective equipment, waste streams and most importantly [hand hygiene](#).

Please review the following NHS and NICE links for standard infection control precautions that must be adhered to whilst undertaking locum work: <https://www.infectionpreventioncontrol.co.uk/about-us/>
<https://www.nice.org.uk/guidance/qs61>

7.2 Confidentiality statement

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

- Written records and correspondence are kept securely at all times,
- No information regarding the assignment, client or service user is disclosed to unauthorised persons,
- Where information is requested no details should be given and you should refer the request to your recruitment consultant,

- Do not hold conversations relating to confidential matters affecting the client/service user or Medacs Healthcare in situations where they may be overheard, ie in corridors, reception areas, lifts etc. □ Confidentiality must be preserved in dealing with matters relating to other agency workers,
- Disclosures of confidential information without consent should be made only where they can be justified in the public interest. Usually where disclosure is essential to protect the client/service user or someone else from risk of death or serious harm or, where disclosure is required by law or order of a court,
- Any breach of confidentiality will be regarded as unacceptable conduct, and if proven, will result in your removal from the Medacs Healthcare register.
- In addition to the Caldicott Principles you are required by law to comply with the General Data Protection Regulation (GDPR) (EU) 2016/679. Further information is available from your professional body and from the Information Commissioner's website at <https://ico.org.uk>

7.3 Life support Training

All Life support training must be in line with European or UK Resuscitation Council guidelines. Basic Life Support (BLS) training is valid for one year and may be incorporated in Advanced Life Support (ALS) which is valid for four years. Immediate Life Support is also acceptable and is valid for one year.

For eligible staff, BLS training is incorporated within the following mandatory programmes:

- First Responders IHCD First Person On Scene (Basic/Intermediate)
- Patient Transport Service HSE First Aid at Work
- High Dependency Transfer Service - HSE First Aid at Work,
- Accident and Emergency Service IHCD Ambulance Technician Training.

BLS refresher training is provided to meet the mandatory training requirement:

- First Responders every 12 months,
- Patient Transport Service every three years, □ High Dependency Transfer Service every three years,
- Accident and Emergency Service every three years.

Please ensure you read and understand the Trusts' policies before commencing your placement.

7.4 Mandatory training

Please keep up to date with all relevant clinical guidance as well as attending to CPD requirements. In particular you must have received mandatory training in the following and this training must be updated as required by Medacs Healthcare. Please speak to your consultant about how you can access this training;

All mandatory training must be completed in line with the UK Core Skills Training Framework.

Annually

- Caldicott Protocols/Information governance
- Complaints handling and conflict resolution
- Infection prevention and control, including MRSA and Clostridium Difficile Level 2
- Lone Worker

- Food Hygiene (Nurses and HCAs only)
- Manual Handling / Moving and Handling Level 2 – Must be completed as a practical course
- Mental Capacity Act (those working in Mental Health) ☐ Counter fraud - Renewed Annually (HTE only)

Two Yearly

- Fire safety

Three Yearly

- Conflict Resolution (England) / Handling of violence and aggression (Wales)
- Equality & Diversity
- Health, Safety & Welfare
- Preventing Radicalisation Level 3 or above
- Safeguarding Adults (SOVA) Level 2
- Safeguarding Children (SOCA) Level 3

Nurses and HCA's Only

Once on recruitment

- You Healthcare Career
- Duty of Care
- Person centred care
- Communication
- Consent
- Privacy and dignity
- Fluids and nutrition
- Dementia Awareness

Three Yearly

- Blood component transfusion

7.5 Manual handling

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

Risks you should be aware of;

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

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

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

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

8.0 General policies

8.1 Agency Workers Regulations (AWR)

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

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

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

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

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

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

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

The Week 12 Rights ensure that you receive the same:

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

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

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

You will lose any qualifying weeks:

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

Your qualifying clock will be paused where there is a:

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

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

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

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

If you have any further questions relating to this information please either contact your Medacs Healthcare representative on 0800 442200, or you can email your query to information@medacs.com.

8.2 Duty of Candour

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

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

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

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

In July 2015 The NMC and GMC published guidance that sets out standards expected of all nurses, midwives and doctors practising in the UK. This guidance also emphasises that professionals need an open and honest working environment where they can learn from mistakes and feel comfortable reporting incidents that have led to harm.

Medacs has issued a Duty of Candour Guidance document which all agency nurses have a duty to follow (a copy of this guidance can be obtained from your recruitment consultant)

The guidance emphasises that:

- Agency/Locum workers must understand their duty for being open and must demonstrate the principles of being open in their work,
- Agency/Locum workers who become aware of an incident having occurred must follow Medacs' Reporting Policies and apply the principles of being open and the Duty of Candour throughout these processes,
- Agency/Locum workers dealing with patients or relatives should abide by Medacs' complaints process and advise who they should write to if they wish to formalise a complaint,
- Agency/Locum workers who are concerned about the non-reporting or concealment of incidents, or about on-going practices which present a serious risk to patient safety, must raise their concerns through established governance routes.

8.3 Events and complaints

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

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

We recognise these problems as:

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

The process

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

8.4 General Data Protection Regulation (GDPR) (EU) 2016/679

You are required to comply with the General Data Protection Regulation (GDPR) (EU) 2016/679 and the data protection policy of the client during your assignment. Please ask the client for details of the relevant policy. Further information is available from the information commissioner's website at <http://ico.org.uk>

The General Data Protection Regulation (GDPR) (EU) 2016/679 allows a patient to see the contents of his/her medical records.

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

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

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

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

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

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

1. Where in the opinion of the Health Professional, giving access would disclose information likely to cause serious harm to the physical and mental well being of the patient or any other individual.
2. Where giving access would in the opinion of the Health Professional disclose information relating to or provided by an individual other than the patient who could be identified from the information.

However, access can be given where the individual who could be identified has consented to the disclosure. The rule does not apply if the individual who could be identified is a Health Professional involved in the care of the patient.

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

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

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

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

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

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

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

NB All time limits are calendar days not working days.

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

8.5 Policy Statement on the Recruitment of Ex-Offenders Act

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offence.

Refer to our Policy Statement on the Recruitment of Ex-Offenders Act document for more information:
https://www.medacs.com/uploads/2018/11/16/155832_right_to_work_recruitment_of_ex_offenders_act_policy_statement_v6_mar_17_d45.pdf

8.6 Policy Statement on the Storage and Handling of Disclosures

Refer to our Policy Statement on the Storage and Handling of Disclosures document for more information:
https://www.medacs.com/uploads/2018/11/16/160036_storage_and_handling_of_disclosures_policy_statement_v6_feb_17_d46.pdf

8.7 Pregnancy and Maternity (New and Expectant Mothers)

You must inform your recruitment consultant if you are pregnant as you will be required to undertake a risk assessment for your assignments.

As a Medacs Healthcare agency worker, you are entitled to participate in the Statutory Maternity Pay Scheme subject to satisfying the Government's qualifying requirements. On production of proof, you may be entitled to reasonable time off for attendance of antenatal appointments.

If you are pregnant and believe there may be a risk that your pregnancy could be adversely affected by you carrying out the duties of the post we request that you inform Medacs Healthcare as soon as possible.

An Expectant Mother or New Mother Risk Assessment Form should be completed through discussion between you and your supervisor/manager. The purpose of the assessment is twofold; firstly so that, as an organisation, they ensure that you are not exposed to risks which could affect your health and safety or that of your child and secondly, so that they can meet their legal obligations.

8.8 Quality Assurance

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

8.9 Social Media Policy

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

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

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

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

8.10 Terms of Engagement

For full details regarding Terms of Engagement, please visit:

https://www.medacs.com/uploads/2019/06/17/170342_terms_of_engagement_of_workers_ho6_v8_november_2018.pdf

8.11 Whistle Blowing

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

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

Please note that this list is not exhaustive.

Medacs Healthcare takes malpractice seriously and guidance and support for our agency workers if raising concerns about malpractices at work and we encourage all agency workers to raise any concerns in the right way.

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

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

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

Please note that, if you raise concerns anonymously, it will be much more difficult for the matter to be looked into and for feedback to be provided. While we will consider concerns raised anonymously, any possible actions may be limited because of the anonymity of the person raising the concern.

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

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

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

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

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

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

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

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

You can also contact:

- *Your Trade Union or professional association,*
- *The independent charity ‘Public Concern at Work’ on 020 7404 6609; their lawyers can give you confidential advice about raising a concern about serious malpractice at work, ☐ The NHS Fraud and Corruption Reporting Line on 020 400100*

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

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

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

- British Medical Association (BMA) – guidance for doctors and medical students, www.bma.org.uk,
- General Medical Council (GMC) – guidance for doctors on raising and acting on concerns, www.gmc.org.uk,

- Nursing and Midwifery Council (NMC) – guidance and toolkits for nursing and midwifery, www.nmc.org.uk/uk.org,
- Health and Care Professions Council (HCPC) – guidance for healthcare professionals, www.hpc-uk.org,
- Care Quality Commission (CQC) – guidance for health and care staff about how you can escalate a concern with the CQC, www.cqc.org.uk,
- The Royal College of Nursing – guidance for qualified and unqualified nursing staff, www.rcnn.org.uk.

8.12 Candidate Rota Management

For full details regarding Candidate Rota Management, please visit:

https://www.medacs.com/uploads/2018/11/20/112800_candidate_rota_management_procedure_v1_sept_18_mgg14.pdf

8.13 Working Hours

In line with the working time regulations Medacs Healthcare limit the number of hours an agency worker can work to 48 hours per week.

8.14 Safe Use and Disposal of Sharps

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

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

If a needle stick injury occurs you should immediately:

- Encourage the wound to bleed,
- Wash under running water,
- Cover with a waterproof dressing,
- Report immediately to the supervisor in charge of the clinical area who will organise appropriate action,

Fill in an accident form. You are advised to keep a copy of your completed accident form for future reference. Follow up of any high risk exposure is the responsibility of the employing Trust.

Report the accident also to your Placement Officer and Medacs Healthcare's occupational health department.

8.15 Risk Assessment

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

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

8.16 Personal Protective Equipment

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

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

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

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

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

Disposable plastic aprons should be worn when caring for infected patients/service users in isolation and there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions, discounting sweat.

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

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

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

8.17 Risk Incident Reporting

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

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

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

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

Source of reference - The Health & Safety Executive

8.18 Ionising Radiation

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

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

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

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

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

The Ionising Radiations Regulations 1999 can be found on Her Majesty's Stationery Office (HMSO): http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

Source of reference - The Health & Safety Executive

9.0 Medication Policy

9.1 Introduction

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

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

accounted for over half (57.3%) of all reported incidents and of these the most common was wrong dose/strength/frequency of medicine (28.7%) (NPSA 2007).

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

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

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

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

9.2 Medacs Guidelines

- i. It is essential that you confirm which parts of the medicines administration process you may participate in as a Medacs Healthcare worker under the policy of the hospital you are working in. Even when permitted to do so, you must only undertake those aspects of care in which you have been trained and competent.
- ii. Before administering IV medications all Medacs Healthcare workers must prove evidence of competence.
- iii. Please note that any registered nurses who are qualified non-medical prescribers **must not** use this qualification whilst working as an agency nurse as they have not been commissioned in this capacity by the Trust.
- iv. At interview, each healthcare worker will be requested to sign a form as a record of their signature and initials, to be kept on their personnel file, if required by the clinical establishment.
- v. Health Care Assistants (HCA) will not participate in any way in a Trust with the administration of drugs, IV's, rectal drugs, naso-gastric or peg feeds or any type of gases.
- vi. HCAs may not dispense medicines. They can assist only or prompt the patient in taking the medication.
- vii. The Registered Nurse before administering any type of medication must obtain the consent of the patient. The Nurse must be familiar with the Trust's policy on withholding of consent from the patient. viii. Record keeping in line with the relevant professional body guidelines must be adhered to, and therefore clear records are maintained in the patient's notes or care book on any abnormality in the administration of giving medication via any route, that is refusal to take medication, concerns about patient's health or medication. These issues besides accurate records must be reported to the nurse in charge as soon as possible. The Agency Worker on Induction will have been made aware of the Incident Reporting Policy which includes maladministration of Medicines.

10.0 Guidelines for working in service user homes

10.1 Code of practice

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

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

10.2 Status

To meet Medacs Healthcare's responsibilities in relation to protecting service users in their own homes and the agency worker, Medacs Healthcare will;

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

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

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

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

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

- Maintain and respect the dignity of the service users at all times,
- Remember it is the service user's own home, therefore respect their property.

10.3 Hand washing

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

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

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

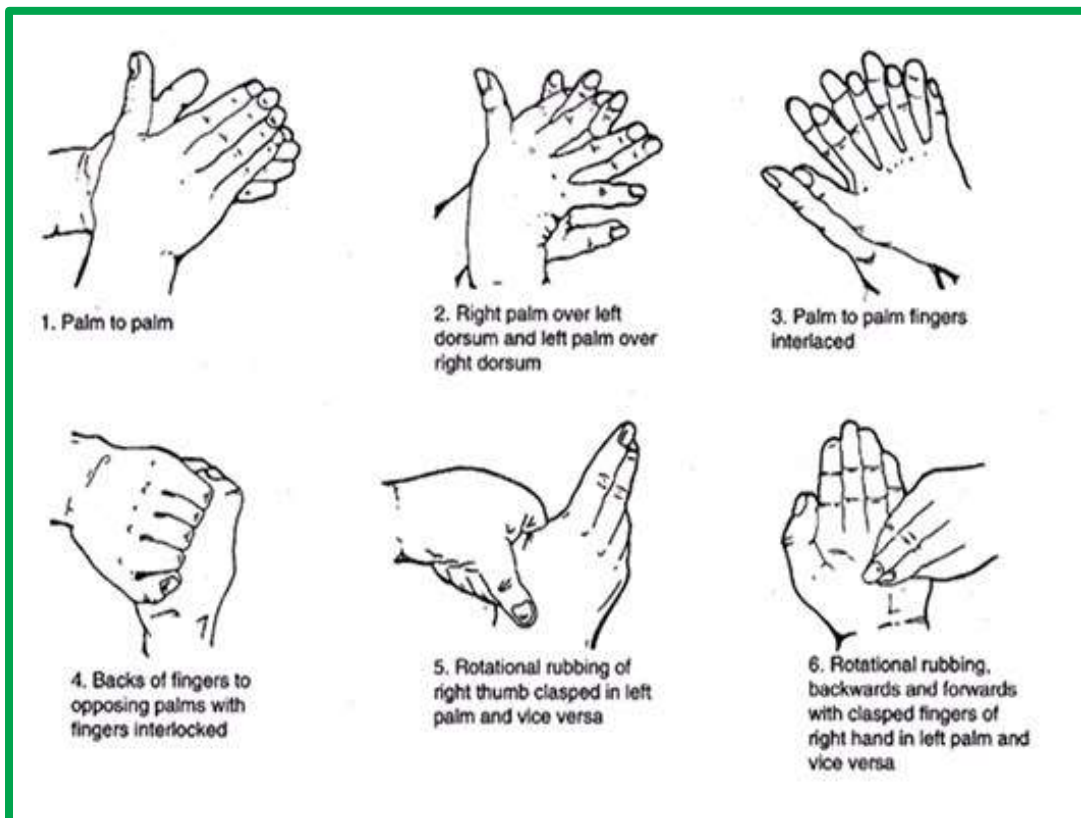
Only a plain wedding ring may be worn as hand jewellery. Wristwatches and bracelets must not be worn. Cuts and abrasions must be covered with a waterproof dressing. Fingernails must be kept short, clean and free from nail polish. False nails and extensions must not be worn.

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

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

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

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



10.4 Safe Waste Management

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

- The healthcare establishment's local policy on waste disposal, spillages and other relevant areas must be followed,
- Issues or difficulties in following the policy should be reported to the nurse in charge of the ward or department,
- Waste should be disposed of as close to the point of use as possible, and immediately after use,
- Identified bag holders should be used wherever possible in healthcare settings. These should be hands free/pedal operated lids, hard bodied, containing appropriate waste bags, so that hands do not become contaminated during waste disposal eg by having to touch lid to open,
- UN approved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment/incineration and disposal should always be used depending on the waste being generated, □
Bags should be no more than $\frac{3}{4}$ full,
- Never dispose of waste into an already full receptacle,
- Never touch the waste receptacle itself, eg the lining of the outside of bags/containers,
- Where patients can dispose of their own waste (eg tissues) they should be encouraged to do so and provided with appropriate waste receptacles for this,
- Items containing fluid, particularly those containing blood/body fluids that have to be disposed of should first have the contents solidified in order that they are safe to transport. Seal all bags/containers appropriately before disposal/transporting/processing in accordance with local guidance.

10.5 Laundry

- The local policy on dealing with dirty/contaminated laundry must be followed,
- Any issues or difficulties in following the policy should be reported to the nurse in charge of the ward/department,
- Every day soiled linen ie bed linen should be deposited into a white linen skip or white plastic bag,
- Heavily contaminated/infected linen ie bed linen/pyjamas go into a red skip, which may have an alginate red sack inside,
- Always follow the hand washing procedure.

10.6 Zika Virus

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

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

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

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

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

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

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

11 Appendices

11.1 Useful contacts

Nursing & Midwifery Council

Tel: 020 7637 7181

Website: <http://www.nmc.org.uk>

Health & Care Professions Council

Tel: 0800 328 4218

Website: <http://www.hcpc-uk.org>

General Medical Council (GMC)

Tel: 0845 357 3456

Website: www.gmc-uk.org

Home Office

Tel: 020 7035 4848

Website: www.homeoffice.gov.uk

Department for Work and Pensions

Tel: 020 7712 2171

Website: www.dwp.gov.uk

Disclosure and Barring Service (DBS)

Tel: 0870 909 0811

Website: <https://www.gov.uk/disclosure-barring-service-check/overview>

Disclosure Scotland

Tel: 0870 609 6006

Website: www.disclosurescotland.co.uk

British Medical Association

Tel: 020 7387 4499

Website: www.bma.org.uk

Department of Health

Tel: 020 7210 4850

Website: www.doh.gov.uk

Medacs Healthcare

1 Belle Vue Square, Broughton Road, Skipton. Yorkshire BD23 1FJ

Tel: 0800 224 400

Website: www.medacs.com

