

HMR

Staff Handbook

TEAM NURSING AT ITS BEST

Welcome

HMR prides itself in providing high quality experienced nurses and care workers to a wide range of HealthCare settings. As such, we rely on you to provide a professional service when representing us to our clients.

The purpose of the handbook is to help you learn about us and how we operate. We hope you find the information contained useful. If at any point you are unsure about any of the contents, please do not hesitate to contact a member of our dedicated staff.

HMR welcomes you and hope you will find your experience enjoyable and rewarding.

CONTENTS

- 1.1 Legislation
- 1.2 Terms of Engagement
- 1.3 Equal Opportunities
- 1.4 Medical Fitness

- 2. Conduct of Staff
 - 2.1 Code of Professional Conduct
 - 2.2 Removal from HMR Register
 - 2.3 Complaints & Compliments

- 2.4 Confidentiality – Data Protection / Caldicott Principles
- 2.5 Whistleblowing
- 2.6 Record Keeping
- 2.7 Dealing with aggression
- 2.8 Reporting Abuse
- 2.9 Administration of Medicines – Medicine Policy

3. Roles & Responsibilities

- 3.1 Reporting to work
- 3.2 Assignment
- 3.3 Timesheets
- 3.4 Payment
- 3.5 Dress Code
- 3.6 Identification

4. At Work

FIRE

General Health & Safety

- 4.1 Prevention of Accidents
- 4.2 Accidents & Incidents – RIDDOR / Risk Management / Incident Reporting
- 4.3 Hygiene & Universal Precautions/ Infection Control
- 4.4 Sharps / Splash Injury
- 4.5 Hand washing
- 4.6 COSHH Regulations 2002 on Protective Equipment
- 4.7 MRSA

- 4.8 HIV / AIDS Awareness
- 4.9 Hepatitis
- 4.10 Lone Workers
- 4.11 When Service Users are patients in their own homes
- 4.12 Food Hygiene

5. Miscellaneous

- 5.1 Training and Development
- 5.2 Other Employment
- 5.3 Insurance cover
- 5.4 Disclosure of Convictions
- 5.5 Out of hours service
- 5.6 CSCI

1.1 Legislation

HMR acts in line with the Care Standards Commission and any statutory modification or re-enactment thereof.

1.2 Terms of Engagement

In order to familiarise yourself with HMR Company Policies, All members are advised to read carefully our Terms of Engagement together with this handbook.

The nature of Agency work means that HMR are not obliged to offer or provide you with work. Similarly, as a member you are not obliged to accept work offered to you. As a member you are self –employed and as such HMR will act as an introductory service between you the Member

and Clients. Tax and National Insurance contribution will be collected by HMR on behalf of Inland Revenue and the Contributions Agency.

1.3 Equal Opportunities

It is our objective to ensure that everyone who works for and with HMR should be treated fairly and valued equally. As such we operate an Equal Opportunities Policy. Any member who feels unfairly discriminated against or experiences harassment and abuse is encouraged to address the issue with HMR. For the purpose of statistical monitoring only, all those using the service will be asked to provide information at their own free will. Such information will help us monitor the effectiveness of the policy and make changes where necessary.

1.4 Medical Fitness

New staff are appointed subject to a satisfactory 'Declaration of Health' being received from the Occupational Health Department. Issues relating to your health that may affect your work must be discussed with Occupational Health. It is the duty of the staff member to inform us if they are pregnant. You will need to be risk assessed for certain client groups and for certain work patterns.

2 CONDUCT OF STAFF

2.1 Code of Professional Conduct

All staff must abide by the Code of Professional Conduct as laid down by the NMC. This states that 'as a Registered Nurse/ Midwife/ Health Visitor you are personally accountable for your practice'. HMR takes seriously any allegations of misconduct. It is our duty to ensure the NMC is informed of any such allegations

Should any complaint come to light deemed serious and proven to justify removal, the NMC will be informed immediately.

Complaints include the following:-

- Physical/ Verbal Abuse
- Theft from patients
- Committing any criminal activities, etc

Removal from the NMC register is not to punish the practitioner but to protect the public.

2.2 Removal from HMR Register

Any member who is found to act in an unprofessional manner may be removed from the Company books. We will investigate fully and if necessary, will not assign any work until the matter is resolved. Any evidence of failure to comply with the NMC Code of Professional Conduct will be reported to the NMC.

2.3 Complaints & Compliments

We welcome compliments and complaints from both staff and clients. We encourage both parties to inform us of any such matters as soon as possible. We aim to resolve the matter with minimal destruction to the services.

Any complaint made against our staff is communicated to them as soon as possible. We will request that you respond in writing as soon as possible in order to resolve the matter quickly. Our complaints policy details the procedure to be followed.

2.4 Confidentiality

Client details should be treated in the strictest confidence. Any information that is disclosed by a member without consent may be deemed a serious breach of confidentiality. If you are unsure about any information you come across, please ask the Manager.

Data Protection:

It is a legal requirement to comply with the provisions of the Data Protection Act 2000. The Act gives legal rights to individuals with regard to how their personal data is used. Personal data must be:

- Processed fairly and lawfully.
- Obtained & processed for specified and lawful purposes only.
- Kept no longer than necessary.
- Processed in accordance with the individual's rights
- Kept secure

Data Protection Act on Computer Systems

Whilst working within our client settings, health-care workers must be aware that any information transmitted across the Internet in electronic format may be capable of interpretation as a legally binding contract. As an agency worker, should you be allowed to use computer systems at work, this should only be for educational and developmental reasons only, provided the computer is not required during that time for business use.

- "Surfing" the Internet to access information for non-business purposes is strictly prohibited. Abuse of Internet systems may be deemed to be gross misconduct in some instances.
- Workers must never leave an Internet connected workstation unattended.

- User ID and password must not be shared by anyone.
- Software must not be downloaded without prior permission. All data downloaded must be virus checked
- Attached files from an unknown source must not be opened
- Confidential or sensitive information should not be sent via the Internet.

Caldicott Principles

Caldicott Principles have to be followed as laid down by the NHS Executive. All patient-identifiable information, relating to living or deceased patients, is confidential.

- Justify the purpose for using confidential information
- Only use when absolutely necessary
- Access should be on a strict 'need to know' basis. Do not gain consent from individuals to use their data. The sharing of personal & sensitive information will be based on 'informed' consent.
- Ensure awareness & understanding of everyone's responsibilities in complying with the law.

2.5 Whistle blowing

This means the disclosure to authority of misdemeanours on the part of colleagues or members of other organisations. If acting in good faith, any member would be expected by the company to report any misdemeanour or malpractice whether one off or ongoing.

Examples:-

- Falsifying records
- Abuse of any kind
- Endangering someone's health & safety

A criminal offence

2.6 Record Keeping

HMR believe our members are an essential part of our client needs. As such we re-iterate the importance of record keeping. To ensure continuity of care and effective communication, it is imperative that members document the care given. The information should be legible, dated and signed for prior to leaving your shift. The NMC offers guidelines on record keeping and staff are encouraged to familiarise themselves with these.

2.7 Dealing with Aggression

Our Service users include client groups with known challenging behaviour. Nevertheless all members (including those who work with clients not known to have aggressive behaviour) should be aware of how to deal with aggression. . HMR offers training on “Breakaway” and also encourages members to familiarise themselves with the service user’s policies and procedures on control and restrain.

All staff can be in a potentially vulnerable position when dealing with confused or violent patients. A key part of the ‘Breakaway’ training for staff who are likely to come into contact with violence and aggression includes how to deal with abuse, harassment and actual violence from a client or family member. During the training staff learn how to identify reasons for aggression, how to defuse a potential violent situation, and what action to take in the event of actual aggression and violence.

All staff will have a responsibility for their own and other people’s welfare and safety at work. This duty will include following safety rules, reporting

accidents, untoward occurrences, hazards and faults, to their clients/ supervisors on site. HMR adhere to review and revise this policy as necessary at regular intervals.

2.8 Reporting Abuse

If you have suspicions of abuse, whatever it might be, please report it immediately. Please remember that abuse can be the result from well intentioned actions on vulnerable clients who through no fault of their own are unable to self care or perform certain tasks. Any one found to be abusing patients/ clients in any way will be removed from the register.

2.9 Administration of Medicines

It is the aim of the Company to ensure that all trained members administer medicines in accordance with statutory and local rules and the guidance issued by their professional body. To this end all members will follow the company's procedures.

Unqualified health-care workers must:

- **never** dispense, administer any medication, orally, intravenously, rectally, naso-gastric or peg feeds, or any types of gases.
- Only change certain wound dressings as per direct instruction and supervision of a trained member of staff.
- Only assist or prompt the patient whilst taking their medication by helping them with water or repositioning only.

Primary legislation concerning the administration of medicines is Medicines Act 1968 and the Misuse of Drugs Act 1971. Professional Guidance is given in the NMC Standards for the administration of medicines.

All registered nurses are accountable for their professional practices and must adhere to their Professional Code of Conduct as laid down by the Nursing and Midwifery Council. Our clients have internal policies regarding the administration of medicines. We ask all staff to be familiar with these policies and adhere to them.

General Administration of Medicines:

Trained Agency workers may not always be familiar with the patients in their care. As such, all nurses must adhere strict guidelines in the workplace to comply with safe practices. Each agency worker should establish the policy of each establishment with the senior member at the beginning of their shift.

Qualified agency workers:

- May administer oral and intra-muscular, subcutaneous drugs, gases, naso-gastric and peg feeds and rectal drugs. They may not administer Intravenous drugs unless local specific training has been undertaken.
- May not administer IVs unless specific local training has been undertaken.
- May only in very specific posts where formal and local training has been undertaken prescribe certain drugs.
- Informed *consent* from the patient must be sort prior to assistance or administration of medication.
- The identity for the patient must be verified by checking the identification nametag against the name on the patient's drug chart.
- The prescription on the chart must show date, medicine name, dose, route of administration and times to be administered.
- The nurse must be able to read and fully understand the prescription, have knowledge of the medicine & be able to calculate the dose.
- Check the expiry date of the medicine to be administered
- Any contraindications or change in the patients' condition that may require the drug to be withheld must be noted. If necessary, immediate advise should be sought.
- Ascertain that there is no previous history of sensitivity or allergies associated with the medicine to be given.

- Ensure the notes are checked prior to administering PRN medication.
- Once administered, and ensuring that the medication has been taken, immediately record the time and date the dose is given and sign.

Any difficulties encountered must be documented and reported to the Nurse Manager. The nurse must also be aware of the policy regarding this in each place of work.

Administration of Controlled Drugs:

- This must involve 1 trained nurse and 1 other (e.g. doctor/ student nurse)
- The above procedure will apply but the following additions are specific:
 1. Prior to administration, the stock must be checked & the remaining stock recorded in the controlled Drug Book. The patient's name, date, time and dosage given is recorded together with legible signatures of both witnesses.
 2. If a controlled drug is wasted, it must be destroyed in the presence of a witness and recorded.

Recording:

As the person administering the medication, it is your responsibility to complete all records:

This also means that any refusal of drugs must be recorded on the drug chart & documented in the notes. The nurse must be familiar with the policy within our client settings in dealing with withheld consent.

Reporting concerns:

If you have any concerns regarding a patient, their health or their medication, please inform the senior responsible person in your place of work immediately.

Drug Errors:

If an error in the administration of medicine is made, e.g.:

- A patient is given a medicine which has not been prescribed
- An incorrect dose of medicine is given to the patient

- A medicine is given the correct medicine but wrong route.

The nurse must make a record of the occurrence and report it to the Nurse Manager.

If the wrong drug is administered to the patient, twenty-four hour observations should be carried out and recorded in the patients' notes. If the administered drug is likely to cause side effects, the doctor must be called immediately.

It is our duty to inform the CSCI of any errors relating to drug administration. In which case we will request a written statement.

Verbal Orders:

Only Registered Nurses and Midwives, whose prescribing status is noted on the NMC register and who are approved by the client to do so, may prescribe from the *Nurse Prescriber's Formulary*. Nurse and Midwife prescribers must comply with the current legislation for prescribing and be accountable for their practice.

Each nurse must ensure that they are aware of the local policy on verbal orders. In the majority of cases, most establishments do not permit this practice.

Should there be any issues relating to the administration of medication you are unsure of, please contact the Nurse Manager

3. **ROLES & RESPONSIBILITIES**

3.1 Reporting for Work

If you agree to an assignment, we rely on you to show up on time and correctly dressed. Should there be an emergency and you have no

option but to cancel, please inform the office at the earliest convenience. You also need to inform us if you are running late for a shift.

3.2 Assignment

HMR shall endeavour to obtain suitable work for its members. However, we reiterate that no guarantees are placed on availability of work. Work will be offered as and when it becomes available. Members are encouraged to ring the office and place their availability as far in advance as possible.

Should a client pre-book you for any advance shifts, kindly inform the office prior to the commencement of the shift.

Please ensure when you are given the start time for a shift that is the time you start, not earlier, not later. Timekeeping is essential. If you arrive earlier for your shift you will not be paid for the extra time. If you are late, pay will be deducted.

When you accept an assignment, it is imperative that you carry it out unless there is an emergency situation. HMR runs a 24 hour service with an **emergency on-call** operating outside of office hours.

3.3 Timesheets

At the end of each assignment, members should complete a timesheet. Timesheets must be signed by the person in charge. All white copies must be returned to the office along with the yellow copy and the blue copy to the client. Timesheets must be filled in correctly with correct weekending date, correct ward or unit you worked at, plus start and finish times of your shift. If you have a break, please ensure this is subtracted from the total hours. Any alterations have to be initialled by the signatory.

Timesheets have to be in the office by 09:00am Monday. If you post your timesheets, (please be aware sometimes the mail can be unreliable and they do not arrive on Monday morning, if this happens you will not be paid).

As of 1st August 2007, you are required to submit your timesheets **within 30 days** of the assignment date.

3.4 Payment

HMR pay week runs from Saturday to Friday (including Friday night duty). You will be paid on the Friday following the week ending which you have worked. A Direct Bank transfer will make payment to your bank account on Friday of the same week. A pay advice slip is posted to your home address along with more timesheets. Any lawful deductions (e.g. national insurance/ income tax) and any agreed with HMR will be indicated on your pay advice slip. The advice slip should also detail any corrections made relating to over/under payment from previous wage slip or any holiday pay claimed.

3.5 Dress Code/ Personal Appearance

In line with our Uniform Policy, all members are expected to maintain a high standard of hygiene at all times:

- Whilst undertaking assignments on behalf of HMR, members are expected to wear an HMR uniform. This can be purchased at the office.
- Members are also reminded that personal body and oral hygiene must be maintained to a reasonable standard.
- Please ensure your hair is kept clean and tidy. Long hair should be tied back.

- Jewellery must be kept to a minimum. Do not wear hoop or long earrings.
- Makeup should be to a minimum standard. Fingernails kept short with no nail varnish.
- Shoes must be of a practical design and should comply with Health & Safety guidelines.

3.6 Identification

For security reasons, our clients need to be able to identify all personnel assigned to them. All members are issued with and should **always** carry an Identity Badge. This will bear your photograph and signature. Please ensure to keep it safe. Should you lose or misplace it, please inform us immediately. We ask you to surrender your I.D. badge on termination of employment with HMR.

4. AT WORK

4.1 Fire Procedures

Detailed local Fire procedures are displayed in all areas of a hospital/ work place and must be followed at all times. It is the duty of all staff to familiarise themselves with the local fire procedures that exist within their area of work.

- Be aware of fire exists
- Positioning of fire alarms
- Positioning of Fire extinguishers
- Central meeting point

If you discover a fire activate the fire alarm immediately. It should bring immediate assistance from within the building as well as helping to summon the Fire Brigade. If the alarm sounds, then check with a permanent member of staff as to what action needs to be take.

Fire Safety

Statutory Requirements

- The Fire Precautions Act
- Fire Precautions (Workplace) Regulations 1997
- Building Regulations 1991
- The Building Act 1984
- Housing Act
- Management of Health and Safety at Work (1999)
- Disabled Discrimination Act

General Health & Safety

It is the policy of HMR to provide safe & healthy working conditions for all employees and to enlist their active support in achieving those conditions.

HMR observes the requirements of the Health & Safety at Work Act 1974 and any subsequent legislation or regulations.

Every Trust / Client should make health and safety information available to you including its policies, procedures, safe systems of work and risk assessments. You should familiarise yourself with these documents so that you have a good understanding of them.

It is your legal responsibility to report any concerns you have about Health & Safety to a senior member of staff/ Health & Safety Co-

ordinator immediately, even if you are there for a single shift. Health & Safety is everyone's responsibility and your co-operation is a legal requirement.

4.2 Prevention of Accidents

Staff must observe all instructions applicable to the work being performed in ones department/ area. Familiarise oneself with procedures, use your common sense, and if you think something is dangerous take necessary steps to compromise your safety. Bring to the attention of persons in charge all accidents, occupational ill-health, assault and hazards in the workplace. Staff must adhere to the Manual Handling Policy at all times including updating training annually. Any accidents that do occur to staff/ colleagues or patients must be recorded on scene in an AIRS form (Adverse Incident Report) which is provided by the client.

4.3 Accidents & Incidents

Any accidents that do occur to staff/ colleagues or patients must be reported to HMR. Similarly they should be recorded on scene in an AIRS form (Adverse Incident Report), which is provided by the client. Staff need to familiarise themselves and adhere to each client's policy regarding this.

RIDDOR

The **R**eporting of **I**njuries, **D**isease and **D**angerous **O**ccurrence **R**egulations (RIDDOR) 1995 places the legal responsibility to workers as well as employers to report such incidents.

Whilst working for our clients, all members need to report:

- major incidents i.e death or serious injury immediately to the Manager on site or on-call.
- Work related diseases by completing a disease report form.
- Dangerous occurrence immediately.

All this should be clearly documented and the office notified.

RISK Management

With all our clients risk management is considered to be an essential and positive element of the provision of care provided. Risk is inherent in everything that we do and as such our clients aims to identify and prepare for unintentional occurrences and prevent potential problems where possible. In addition, risk management systems and communication channels are established to learn from incidents, near misses, patient complaints and litigation. The Risk Management Team in each TRUST supports risk management structures and processes.

Hazards: A hazard is anything with the potential to cause injury, damage or loss, e.g. faulty equipment, defective windows or doors, inadequate or absent safety signs or warnings

Adverse Incident: An event or omission arising during clinical care and causing physical or psychological injury to a patient.

Near Miss: A situation in which an event or omission, arising during clinical care fails to develop further, whether or not as a result of compensating action, thus preventing injury to the patient.

Incident Reporting

If a near miss or incident occurs that staff member involved or witnessing the incident should ensure that the situation is made safe and that where

appropriate the incident is escalated to the person in charge of the area concerned. The staff member involved should complete an incident form and the top copy should be sent at that time to the Risk Manager.

The remaining copies of the incident reporting form should be given to the Ward Manager. It is the duty of the work to inform us of this. We ask all staff members to familiarise themselves with local policies. A follow up may be necessary and workers may be called upon to be called back to the trust for a meeting

4.3 Hygiene & Universal Precautions / Infection Control

Barrier protection should be used at all times to prevent skin and mucous membrane contamination with blood and body fluids. The type of barrier protection used should be appropriate for the type of procedures being performed and type of exposure anticipated, avoiding cross infection for example disposable aprons, gloves, and eye and face protection. Wash hands or other skin surfaces thoroughly after gloves are removed and immediately if contaminated with blood and body fluids. Staff must adhere to the Uniform Policy with regard to personal appearance, hygiene and cross infection.

4.4 Sharps / Splash Injury

If you sustain a sharps or splash injury you must immediately:

- Encourage bleeding from the wound (sharps injury)
- Wash the wound with warm running water and cover it
- The skin, eyes etc must be washed with plenty of water.
- The incident must be reported to the person in charge and an accident form completed.

- Local policy should be adhered to & all information recorded in an accident book.

4.5 Hand washing

Handwashing is widely acknowledged to be the single most important activity for reducing the spread of infection. Sufficient facilities must be available and easily accessible in all patient areas, sluices, kitchens & treatment areas.

Hands must be washed at every interval of changing activity. i.e.:

- At commencement of shift
- Before Handling food
- Before (and after) patient contact
- Before (and after) invasive procedures
- After touching or blowing nose
- After using the toilet

Nails should be cut short, remain clean & without nail polish. Jewellery must be kept to a minimum i.e. wedding band. All jewellery must be removed during clinical care. If you have any wounds, please ensure to cover them with a waterproof dressing. Those involved in food preparations must use blue dressings.

Once washed, hands must be dried thoroughly to avoid re-contamination.

4.6 COSHH Regulations 2002 on Protective Equipment

HMR advise all our workers to be aware of substances in the workplace hazardous to health

- Gloves must be worn where there may be contamination of hands or body fluids. Non-sterile latex or vinyl are sufficient for this level of barrier and should be disposed off after each patient.
- Disposable aprons should be worn if there is likelihood of splashing of body fluids or blood.
- Eye goggles may be required where there is a danger of splashes from irritants or foreign bodies.
- When using bleach or cleaning fluids, always wear gloves.
- All chemicals must be labelled correctly and stored in a safe place out of reach of children and older confused and poor sighted clients.
- Chemicals must never be mixed or transferred to another container.

4.7 MRSA

Methicillin Resistant Staphylococcus Aureus is a bacterium, which is resistant to many antibiotics. MRSA can be severe and sometimes fatal particularly in the elderly and frail. Because of its resistance to most antibiotics, it is difficult to treat and can be costly. It is acquired through exposure to antibiotics or from exposure to the organism.

The main spread of MRSA is through contact with the skin or via the contaminated environment or equipment. To minimise the spread of MRSA healthcare workers must:

- Encourage patients and relatives to wash their hands properly.
- Healthcare workers must also ensure they wash hands thoroughly between patient contact.

- Ensure all equipment is kept clean and dry and the environment as clean and as dry as possible.
- Some NHS Trusts may ask you, the healthcare workers to be screened for MRSA.

4.8 HIV/AIDS AWARENESS

Human Immunodeficiency Virus affects the immune system breaking down a person's defence against infection. The virus causes Acquired Immunodeficiency virus (AIDS). The increasing prevalence of HIV increases the risk that health-care workers will be exposed to blood from patients infected with HIV.

Healthcare personnel should therefore assume that the blood and other body fluids from all patients are potentially infectious. They should therefore follow infection control precautions at all times.

These precautions include:

- the routine use of barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids, mucous membranes, or non-intact skin of all patients. Gloves should be changed after contact with each patients.
- Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets.
- washing hands and other skin surfaces immediately after contact with blood or body fluids, and the careful handling and disposing of sharp instruments during and after use.
- Safety devices have been developed to help prevent needle-stick injuries. If used properly, these types of devices may reduce the risk of exposure to HIV. After use needles should not be recapped,

purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand.

- Although saliva has not been implicated in HIV transmission, to minimise the risk of mouth-to-mouth resuscitation, mouth pieces or resuscitation bags should be used.
- Pregnant health care workers are not known to be at greater risk of contracting HIV infection more so than non-pregnant healthcare care workers. However, should a care worker develop HIV during pregnancy there is a risk of transmission to the unborn child.

4.9 Hepatitis

This virus causes inflammation of the liver.

Hepatitis A - Transmitted via faecal-oral route from person to person

Hepatitis B - Via blood, semen, blood transfusion or sharing needles

Hepatitis C - as Hep B

Hepatitis D - as Hep B. Occurs only in patients with Hep B

Hepatitis E - Via faecal-oral route and person to person

Hepatitis infected healthcare workers will receive the same right of confidentiality as any patient seeking or receiving medical care

4.10 Lone Workers

HMR are committed to ensuring as far as is reasonably practicable, a safe working environment for all people working on their own, or with limited support both with and outside our client settings. It is important that agency staff act appropriately and play your part in reducing potential risks:

- Be aware of potentially violent clients/ residents.

- Be familiar with the system in place for 'raising the alarm' and 'calling' for assistance
- Be aware on what is expected of you should someone 'raise the alarm' or ask for assistance.
- Have access to a telephone within relatively easy reach.
- Be trained in 'Breakaway' techniques.
- Restrict the availability of weapons and projectiles in the working area.
- Be aware and keep clear of all escape routes should you need to use them

We encourage any community workers to be aware of the above guidelines as well as:

- To carry mobile phones, but exercise caution when using it. Ensure if any personal alarm is working
- Ensure vehicle has sufficient fuel and is well maintained. Staff should lock their vehicle whilst driving. Try wherever possible to park in an area with good street lighting.
- Ensure all visits are as per office diary and alert someone if any changes.

4.11 When service Users are patients in their own homes

Please be aware HMR does not ordinarily deal with any patients in their own homes. Should you at any point be expected to attend to a client in their own home, agency workers must adhere to the following guidelines. Staff should treat clients courteously and remember that they are a guest;

- Do not enter a location if uneasy about your safety
- Wear and present identity badge on arrival
- Ring the bell or knocker and wait to be invited into the client's home.
- Remain aware of the environment and try to maintain escape routes in case problems arise.
- Ensure to carry a mobile phone/personal alarm with you.
- If necessary, do ask the client to remove any pets in the room to be used for the visit.
- Any situation that causes concern should be reported to the Line Manager. Contact the police if necessary.

All care given should be clearly documented. Please remember to put your own safety first.

Whilst on duty, staff are not permitted to take with them to service users house or place of work pets, or any member of family, children, friends or relatives.

Abuse is more common in some patient groups such as those with dementia and communication difficulties. Abuse may take many forms but these include physical, psychological, financial, sexual and neglect. Abusers may be a partner, child or relative; friends, neighbours or visitors; other patients or residents; health, social care or other workers: home owners or managers or volunteer workers.

In June 2004, the Department of Health issued guidance for the protection of vulnerable adults (POVA) scheme, which requires registration of workers in the care environment. We encourage all health-

care workers to familiarise yourselves with the 'No Secrets' policy implemented in 2000.

While visiting a client in his or her own home, should you suspect any form of abuse taking place, it is your duty to report this immediately.

4.13 Food Hygiene

Should you be preparing food at the home of a client or handling food on a ward or unit please adhere to the following guidelines:

- Keep yourself clean and wear clean clothing
- Always wash your hand thoroughly: before handling food, after using the toilet, handling raw foods or waste, before starting work, after every break, after blowing your nose.
- Tell your supervisor, before commencing work, of any skin, nose, throat, stomach or bowel trouble or infected wound. You are breaking the law if you do not.
- Ensure cuts and sores are covered with a waterproof, high visibility dressing.
- Avoid unnecessary handling of food.
- Do not smoke, eat or drink in a food room, and never cough or sneeze over food.
- If you see something wrong – tell your supervisor.
- Do not prepare food too far in advance of service.
- Keep perishable food either refrigerated or piping hot.
- Keep preparation of raw and cooked food strictly separate.
- When reheating food ensure it gets piping hot.
- Clean as you go. Keep all equipment and surfaces clean.

- Follow any food safety instructions either on food packaging or from your supervisor.

5. Miscellaneous

5.1 Training & Development

This handbook serves as part of your induction training. Please ensure you have understood all areas discussed before signing the declaration. As part of your induction, you will be expected to attend a 2 day mandatory training course. The contents will be discussed at interview.

HMR encourages all our staff to undertake on-going training. We also strive to have all staff updated regularly on mandatory courses. As a member it is your responsibility to maintain your **Continuous Professional Development**. If there is any particular area of interest that we are able to help, we will where possible assist you source funding for the training.

Your job performance will also be monitored regularly to identify not only areas that need improving, but skills that may benefit from advancing them. We ask that any feedback forms sent to you be returned after a shift and any appraisal form to be handed to the client at commencement of shift.

Each member of the agency will be expected to attend a face-to-face appraisal meeting in the office every 6months. A form will be sent to each person prior to the interview in order for you to reflect on past and future objectives.

Please note that should a member want to discuss any issues prior to the meeting, they can contact the office to arrange a meeting.

5.3 Other Employment

It is only common courtesy that you inform us of your intent to leave or seek reference from HMR.

Please be advised that you are required to give **written notice** if you intend to take up a position with any of our clients.

5.4 Insurance cover

HMR holds Public and Employers' liability Insurance. An optional policy to cover accidents and personal injury is available to staff for a nominal charge. The NMC recommends that all Registered Nurses secure a Professional Indemnity Insurance policy. All Trained Nurses wishing to join the agency must provide evidence of insurance cover.

5.4 Disclosure of Convictions

An enormous amount of trust is imparted to nurses and others whose jobs involve the care, supervision, training or charge of children, young persons, and the elderly and vulnerable adults. HMR meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act (1974). All applicants are subject to an Enhanced Criminal Records check prior to commencement. Information received will only be taken into account if offences are relevant to the post applied for. More information about Disclosures can be found at www.disclosure.gov.uk or by telephoning 0870 90 90 844.

5.5 Out of Hours Service

The HMR office is open Monday to Friday 8.30am – 5pm. An emergency on-call service operates off site outside of these hours including weekends and bank holidays. We regret that the on-call service is unable

to deal with issues not relating to bookings within the on-call hours. We are more than pleased to deal with all other issues during office hours where all the information is at our disposal.

Staff Benefits

HMR works with COMBINED benefits Services to offer all our workers a financially secure working environment. As a COMBINED member you will have access to the following benefits:

Illness Policy

Accident at Work Policy

Free legal advice

Free Financial Advice

Dental Plans

Discount Car recovery

... and many more

We also offer subsidised training & travel to certain clients.

5.6 CSCI

HMR is regulated by the Commission for Social Care Inspection. In order to assess the quality of service, an inspection is undertaken annually and a report drawn. This report is available to you in the office or can be viewed on the internet on www.csci.org.uk. The CSCI welcomes your comments and feedback and this can be addressed to the following:-

CSCI

**Colston 33
33 Colston Avenue
Bristol
BS1 4UA**

Tel: 0117 930 7110 e-mail: enquiries.southwest@csci.gsi.gov.uk

Thank you for choosing to work through HMR. Your support is invaluable...



HMR MEDICAL & NURSING
1 KINGLAND ROAD, POOLE, DORSET

HMR INDUCTION RECORD

	MEMBER Initials	HMR staff Initials	DATE completed
Code of Conduct			
Complaints/compliments Reporting Abuse Dealing with Aggression Whistle-blowing			
Administration of Medicines Record Keeping Confidentiality			
Health & Safety @work Risk incident reporting MRSA Hand-washing Sharps/Splash			
Assignments Timesheets/payment Dress Code Identification			

Training & Development			
Insurance Cover			
Out of hours Service			
Lone workers			
CSCI			
Induction Training			

***DECLARATION**

HMR have supplied me with the staff handbook. I declare that I have read and understood the handbook supplied to me by HMR Medical & Nursing Service. I agree to abide by the terms and conditions as laid down by HMR.

I understand that HMR will hold personal data concerning me and that the Company will process that data in the course of my work. I am aware that I have access to this information at anytime.

Name:

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Address:

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Signature:

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Date:/...../.....