



NURSDOC

NURSE INFORMATION & POLICY BOOKLET

Thank you for your interest in joining Nursdoc. We are committed to ensuring that your work requirements are met whenever possible.

Nursdoc is a National Healthcare Agency specialising in providing high quality Nurses and locum Doctors and to a wide range of health institutions.

Our continuing success depends on how well we work together. To achieve this, there have to be agreed rules, guidelines and standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policy and Procedures. Copies of these are available on our website nursdoc.com

The amount of work that we receive from our clients depends not only on us, but also on your performance. Therefore we have some basic expectations of you which are listed in your terms of engagement. I have taken time out to summarise some of these for you;

- Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you're running late, you must ring Nursdoc as soon as possible to advise us of this so that we can ring the client.
- You are our representative at the client; please ensure that you perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
- Nursdoc will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Monday 12.00pm for payment on Friday. We cannot guarantee that your timesheet has been received unless it is physically brought to us.

If for any reason you are unhappy with any aspect of the service that Nursdoc provides please feel free to contact our HR Dept on **0330 555 5000**.

Prior to starting your first placement with us we ask that you familiarise yourself with your Terms and Conditions of employment. This information should provide you with all of the reference material you may require.

Please feel free to ask your contact within the organisation if there is anything that you are unsure of, as we are always here to help, 24 hours a day.

Thank you and welcome aboard.

INDUCTION

We are committed to ensuring that you are appropriately inducted prior to starting work. This full day induction is mandatory prior to your commencement of work with Nursdoc. The day includes comprehensive induction information as well as mandatory training in Manual Handling, Basic Life Support and Health & Safety. Each location that you may work in will have their own local procedures and policies and it is very important that you make yourself aware of these when you first visit. At the back of the booklet is a clinical induction checklist to guide you in how to find out this information. Please use a fresh form for each clinical setting and retain the completed form for future reference.

CODE OF CONDUCT

Please conduct yourself in a professional manner at all times when working through Nursdoc. In particular, we ask you to pay special attention to:

- Punctuality
- Standards of dress and courtesy
- Quality of care
- Consideration and respect for those around you
- Confidentiality, honesty and integrity

All Nursdoc registered nurses, midwives and health visitors are required to be registered with the Nursing and Midwifery Council (NMC) and must therefore abide by the Code of Professional Conduct set by the NMC. Midwives must also be aware of the NMC requirements regarding Intention to Practice.

All Nursdoc ODPs are required to be registered with the Health Professionals Council (HPC) and must therefore abide by the Standards of Conduct, Performance & Ethics set by the HPC.

We ask all associates to behave in a way that upholds the reputation of their profession and of Nursdoc.

- You must comply with the client's procedures for the safe handling of money and property belonging to patients and service users.
- Under no circumstance will you accept any gifts, loans or gratuities from patients, service users, relatives or other interested parties.
- You are not permitted to act as a witness to the Will of any service user for whom you are providing or have provided care.
- You must not give any gifts or lend money to your patients, service users or clients.
- Do not agree to look after or safeguard any part of a patient/client's property.
- You must ensure that your registration status is not used in the promotion of commercial products or services; declare any financial or other interests in relevant organisations providing such goods and services and ensure your professional judgement is not influenced by any commercial considerations.
- When providing advice regarding any product or service relating to your professional role or area of practice, you must be aware of the risk that, on account of your professional title or qualification, you could be perceived by the client as endorsing the product.
- Most importantly, know your own limits and always ask if you are unsure of anything.

Please read the Code of Professional Conduct booklet from the NMC (www.nmcuk.org) or the Standards of Conduct Performance & Ethics (www.hpc-uk.org) or ask your consultant for a copy.

You must also comply with all Nursdoc policies and procedures, which you will find later in this handbook.

OUR EXPECTATIONS OF YOU

- To act in a manner that promotes and safeguards the interests and well being of patients, services users, clients and Nursdoc.
- To acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless you are able to perform them in a safe and skilled manner.
- To arrive for your shift at least 10 minutes before it is due to start in order to get changed and be ready for handover at the start of the shift.
- To familiarise yourself with any client specific policies and procedures (e.g. Health & Safety Procedure, Security & Fire Procedure, Evacuation Procedure, Safe Systems of Work Procedures, IV and Administration of Medicines Policies, Documentation Guidelines, etc.) If induction, fire escapes and risks are not identified to you, you must ask your line manager. If they are still not identified to you, you must inform your Nursdoc consultant immediately.
- To carry your NMC (UKCC) PIN or HPC card with you at all times as you may be asked by the client to present the card before you start work.
- To wear the correct Nursdoc uniform & photo ID badge.
- To report any accidents, incidents or near misses to your line manager and to Nursdoc.
- To let us know if you find a particular assignment is not to your liking so we can find you alternative work.
- To maintain and improve your professional knowledge and competence.

PROFESSIONAL BOUNDARIES

The NMC Standards of conduct, performance and ethics for nurses and midwives state that you must maintain clear professional boundaries:

- You must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment.
- You must not ask for or accept loans from anyone in your care or anyone close to them.
- You must establish and actively maintain clear sexual boundaries at all times with people in your care, their families and carers.

For more information about this please read The Code available from www.nmc-uk.org

AVAILABILITY

Let us know when you want to work by calling the office and giving us your availability. Try to give us as much notice of your availability as possible. Alternatively, please call us to find out what work has become available. Nursdoc has many different positions from short-term placements to ongoing placements in all grades and specialities. Please remember to call Nursdoc if your availability changes.

PLACEMENTS

- The Nursdoc office is open Monday to Friday and contactable by telephone seven days a week (see page 364 for office opening hours).
- Shifts are received from our clients (a combination of hospitals, clinics and private individuals) throughout the day.

- When shifts are received from clients, we will call you with the details of the shift. We take into consideration the requirement of the client and match it against your skills, qualifications and work preferences.
- If you haven't heard from us call.

WHAT YOU SHOULD EXPECT WHEN GIVEN A PLACEMENT

- The name of the client
- Details of the role
- The grade, speciality & pay rate
- Details of on-call hours if applicable
- The location and directions
- Start and finish times of the shift
- The expected length of the placement and hours of work
- The dress code
- Any special timesheet requirements and any placement reference number applicable

Remember to take a note of ALL the details of the shift, including any placement reference number and timesheet requirements.

LETTING NURSDOC KNOW WHEN YOU ARE UNABLE TO ATTEND WORK

Please call Nursdoc as soon as possible if you are unable to attend work.

DISCLOSURE BARRING SERVICE (DBS)

We are required by law to obtain a criminal record Enhanced Disclosure for all Associates which includes the barring service check, prior to your first placement with NURSDOC and again usually on an annual basis. Your Consultant will contact you when an update is required.

If you have entered the UK within the last 6 months, you must also provide us with a clear Police Check from your country of origin dated within the last 3 months. If you did not obtain this prior to entering the UK more information can be by contacting your Consultant.

Please note that due to the new changes that have come into force from June 2013, NURSDOC will no longer receive a copy of your DBS, therefore you will be contacted to provide a copy of your DBS to NURSDOC.

You will also have the opportunity to join the Update Service this means:

- One DBS Certificate is all you may ever need.
- You can take your DBS Certificate from role to role within the same workforce.
- You are in control of your DBS Certificate.
- Get ahead of the rest and apply for jobs DBS pre-checked.

There is a cost of £13 per year and some conditions will apply. Speak to your NURSDOC Consultant for more information or log on to the DBS website: www.gov.uk/government/organisations/disclosure-and-barring-service

TRAINING REQUIREMENTS

In order to ensure your safety and the safety of patients and service users, you are required to provide Nursdoc with evidence of training in Health & Safety (including COSHH and RIDDOR) Manual Handling & Basic Life Support within the last 12 months. Some clients also require additional training to be undertaken such as paediatric/neonatal life support or physical restraint skills. Your consultant will discuss any training requirements with you prior to your first placement and again usually on an annual basis.

OCCUPATIONAL HEALTH

When you received your application pack to join Nursdoc, you will have been asked to complete a health questionnaire to ensure that you are fit to carry out the duties required. In line with current Department of Health guidelines, Nursdoc is required to conduct Occupational Health pre-employment screening prior to your first placement. This must also be updated on an annual basis. Your consultant will contact you when an update is required.

FITNESS TO PRACTICE

It is important for your own health and that of those in your care that you are fit to practice whenever you attend an assignment. You must declare your fitness to practice or otherwise when you accept an assignment. In particular, please report illness, especially vomiting or diarrhoea, ear, nose or throat infection or skin conditions to your consultant.

Because of the potential risks to an unborn child, you MUST let us know if you become pregnant. If you are concerned that your placement involves unnecessary risks to your health or fitness or that of your unborn child, please do not hesitate to contact us. This is important, as we are required to perform a health and safety risk assessment for all expectant mothers.

The client may request that you undergo a medical examination prior to commencing work.

AIDS/HIV

If you believe you may have been exposed to HIV infection in any way you should seek medical advice from your GP and, where appropriate, undergo diagnostic HIV antibody testing. If you are found to be infected, you must again seek guidance from your GP.

Please be aware that it is the obligation of all associates to notify their employer and, where appropriate, the relevant professional regulatory body.

Please note that the above guidance does not supersede current Department of Health Guidelines (in particular HSC 1998/226) or local practices and procedures. Any information that you disclose will be held confidentially.

You are advised to read: 'Guidance on the Management of HIV/AIDS infected Health Care Workers' available on the Department of Health website www.dh.gov.uk or from your Nursdoc consultant upon request.

Working for Nursdoc

RATES OF PAY

Nursdoc offers competitive hourly pay rates, which vary according to grade and speciality. You will be advised of the rate of pay when you are offered a placement.

ATTENDANCE/PUNCTUALITY

If you accept a placement you must ensure that you arrive on time. If you are unable to work it is essential that you let us know as soon as possible. Remember that you can contact us 24 hours a day.

CANCELLATIONS

Due to the nature of temporary work, the requirements of our clients may change resulting in the cancellation of your placement. In some cases this can occur at very short notice. In the event of a cancellation we will try to contact you as soon as possible.

If you are cancelled from a placement, Nursdoc will always endeavour to find you alternative work.

If the placement is cancelled when you arrive at the client's site, it is important that you call the office immediately and get a timesheet signed by the client that you have been cancelled from. Wherever possible, Nursdoc will try to relocate you to another area of the same client.

DIRECT PLACEMENT WITH CLIENTS

In some circumstances, the client may approach you directly with work. It is essential that if you are booked in this way you inform Nursdoc immediately.

Many clients have clear placements procedures in place and will not pay for work that has been booked outside of these arrangements.

ELIGIBILITY TO WORK IN THE UK

You must have current eligibility to work in the UK. Please inform Nursdoc immediately if your right to work status changes whilst you are working for Nursdoc.

UNIFORMS & IDENTIFICATION

- You will be issued with a ID badge before your first placement that you must wear at all times whilst working for Nursdoc.
- Nurses & Midwives should carry their NMC PIN.
- All Nursdoc associates should wear either a plain white tunic top with black or navy trousers or a plain white dress with stockings and sensible black shoes. Please do not wear trainers otherwise you will be sent home.
- Please ensure your clothes and shoes are clean.
- Please make sure your hair is off your shoulders.
- Nails must be kept short and no nail varnish is to be worn. Acrylic or gel nails are not permitted.
- You are permitted to wear a wedding band but all other jewellery should be removed whilst working for Nursdoc.
- No other forms of visible body jewellery (including tongue, eyebrow, nose and labrets) are to be worn.

TIMESHEETS

- You can print, photocopy and use our timesheets as often as required, you do not need to request further timesheets from us.
- Please always use your own timesheet and do not let anyone else use yours.
- Timesheets must be submitted on a weekly basis on a Monday by 12pm.
- Timesheets must be emailed to timesheets@nursdoc.com
- The Nursdoc working week runs from Monday to Sunday and this is reflected on the timesheet. Some clients have different working weeks which will be advised to you.
- Please fully complete your timesheet including your name, the client name and hours worked (less any breaks taken)
- You should complete a new timesheet each week and must only include one client per timesheet.
- If you are given a reference number for the booking, please write it on your timesheet.
- At the end of each shift make sure your timesheet is signed by your supervisor or line manager at the client you are working. Failure to have the timesheet signed will result in the timesheet being rejected for processing.
- You must also sign your timesheet yourself as confirmation the information on the timesheet is accurate.
- Please use a separate timesheet for each separate booking (do not put the details of different clients, wards, grades or weeks on one timesheet) If you are in any doubt, contact the Nursdoc office.
- Some clients require you to fill in their own timesheet (e.g. on-line timesheets) as well as a Nursdoc timesheet. If this is the case your consultant will advise you at the time of placement.
- If you do not get the correct timesheets filled in, we will contact you to let you know what we need in order to pay you. If you have any queries please call the office for clarification.
- If either a client timesheet or a client reference number are missing when you submit your timesheet, payment may be delayed until Nursdoc can obtain these.
- Please deduct breaks from the total hours, as these are unpaid.
- Always remember to leave a copy of your signed timesheet with your line manager, and keep a copy for yourself. If a client specific timesheet is also required, follow the same principles as above Nursdoc will treat any attempt to falsify any of the information on your timesheet very seriously.

PAY

Nursdoc will accept timesheets up to Midday on Monday. Please can you ensure that your timesheet is emailed to timesheets@nursdoc.com by this time so that we can pay you by Friday of the same week.

You will be advised of any changes to timesheet deadlines for Bank Holidays.

THE WORKING TIME DIRECTIVE & HOLIDAY PAY

All agency workers that engage with Nursdoc through our PAYE payroll are entitled to paid annual leave.

- You are entitled to the equivalent of 5.6 weeks annual leave, per annum, pro rata based on the amount of time you work
- Paid annual leave is calculated in accordance with and in proportion to the number of hours that you have worked on assignment and is based on reference pay as defined by the Working Time Regulations 1998
- Your accrued annual leave is shown on your payslip.
- You can request your annual leave by submitting a timesheet requesting holiday to timesheets@nursdoc.com.
- All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next leave year.
- The leave year commences on 1st October until 30th September
- You must give notice in writing to Nursdoc of your intention to take leave to which you are entitled and that notice should include the dates of your intended absence.
- You cannot claim annual leave at the same time as you are working or in lieu. This is a statutory requirement that aims to protect your rights and ensure you have the opportunity to take days off.
- Full details of your right to annual leave are detailed in section 8 of your terms and conditions.

TAX & NATIONAL INSURANCE

If this is your only or main job and you are working as PAYE, please provide Nursdoc with your P45 from your last employer. If you do not have a P45 or if this is not your main job, please complete a P46 available from the Nursdoc office, or you can download from the HMRC website: www.hmrc.gov.uk/forms/p46.pdf

If a P45 or P46 is not supplied then Nursdoc will need to apply tax at Basic Rate.

PERSONAL ACCIDENT INSURANCE

Nursdoc does not provide personal accident insurance cover. We advise that you consider taking out your own cover.

PROFESSIONAL INDEMNITY INSURANCE

You are professionally accountable for all of your practice. For nurses, Nursdoc strongly advises you to have your own Professional Indemnity insurance. For midwives, Nursdoc requires you to have your own Professional Indemnity insurance. If you do not already hold this, please contact a suitable organisation to arrange the relevant cover.

You can find further information at;

RCN www.rcn.org.uk UNISON www.unison.org.uk RCM www.rcm.org.uk

TRAINING AND DEVELOPMENT REQUIREMENTS AND OPPORTUNITIES

Nursdoc is committed to supporting you in your professional development.

Nursdoc will provide mandatory training for all associates prior to placement including annual updates. This includes:

- Moving & Handling.
- Basic Life Support (in line with Resuscitation Council (UK) guidelines).
- Health & Safety.
- Complaints Handling
- Protecting and using patient information including the Caldicott Principles.
- Infection Control
- Fire Prevention
- Lone Worker Guidelines
- Management of Violence and Aggression
- Safeguarding

Post Registration Education and Practice - P.R.E.P / Continued Professional Development

NURSES, MIDWIVES & HEALTH VISITORS - MEETING PREP CPD AND PRACTICE STANDARD

When nurses, midwives and specialist community public health nurses re-register they must have undertaken and recorded at least five days (35 hours) of learning in the previous three years. This is called the PREP (CPD) standard. Practitioners can complete their 35 hours of learning in a wide variety of ways; it does not have to cost any money. Basically, any activity that maintains and develops your professional competence is suitable.

Practitioners must also have completed a minimum 450 hours of practice, in each area of practice, during the three years prior to renewal of registration. This is the PREP (practice) standard.

For more information about this please read The PREP Handbook available from www.nmc-uk.org

ODPS

The HPC has defined Continuing Professional Development (CPD) as:

“A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.”

In order to maintain your registration with The HPC:

- You must keep a record of your CPD.
- You must make sure that your CPD is a mixture of different kinds of activities - not just one kind of learning - and that it's relevant to your work. It could be relevant to your current role or to a planned future role.
- You should aim for your CPD to improve the quality of your work. It may not actually improve your work, due to factors beyond your control, but when you choose your CPD activities you should intend for them to improve your work.
- You should aim for your CPD to benefit service users. As above, you may not be able to make sure that this happens, but you should have the intention of benefiting service users. Depending on where and how you work, service users might include patients, clients, your team, or students.

For more information, download the CPD brochures available from www.hpc-uk.org

CARING FOR PEOPLE IN THEIR OWN HOMES

Nursdoc may offer you assignments that involve working in a patient or a service user's own home.

Service User Care Plans - Each patient or service user will have a Care Plan. You must ensure you read this information as it will give you guidelines on what care your patient or service user requires, instructions on how to move your patient or service user (if appropriate), any medication required and any hazards that you need to be aware of within the patient or service user's home.

At the end of each visit ensure that the log sheet in the service user's care plan is completed including:

- Time you arrived and left with your initials
- The tasks that you performed at that visit
- Any medication given
- Any changes in the service user's condition
- Information important to colleagues or others involved in the care package regarding any accidents that have occurred to your service user or yourself*

* If any accidents have occurred to your service user or yourself fill in the accident report and the log sheet. Accidents or incidents must be reported to the Registered Manager immediately.

Follow-on sheets are included in the folder and more can be obtained from the office. Ensure that the sheet number is entered in the box at the top left hand corner. These records should be written objectively and state what you have actually done.

Never assume or write what you think about your patient or service user. These are official documents, which could be used in a court of law. Ensure they are filled in accurately with a black pen. You should only ever record what you would wish a service user to read - patients and service user's have a right to access their care records.

GENERAL CONDUCT

- Patients, service users and their families should at all times be treated with dignity and respect and due consideration should be taken of their religion, culture and any other preferences that they may have.
- Patients and service users should be addressed using their preferred form of address.
- Care and support should be offered in the least intrusive manner possible.
- The independence of patients and service users should be supported and encouraged where possible through appropriate communication about and involvement in their own care. This independence should only be curbed where it is in the patient or service user's best interests.

Attending a Patient or Service

USER'S HOME

- You should announce your identity clearly on arrival and not enter a patient or service user's home without invitation.
- Where possible, the patient or service user should be allowed to answer the door themselves.
- Always ensure your ID badge is worn visibly and encourage your patient or service user to check it on each visit.
- Upon arrival you should check whether your patient or service user has any specific needs for this visit.
- Remember you are a guest in the patient or service user's home; you should treat their property and possessions with respect. Leaving a Patient or Service User's Home
- If another nurse or carer is due to be attending the patient/service user's home, do not leave until they have arrived. If they are late, contact your Nursdoc consultant immediately.
- Ensure the patient or service user is aware you are leaving
- Check that they are comfortable and have everything they need within easy reach.
- Check that potential sources of danger are not accessible
- Make sure that they know which windows, if any have been left open.
- Ensure appliances that are no longer in use are switched off
- Please take full care in securing the home when leaving including, where appropriate, doors and windows and the safeguarding of keys.

CARRYING OUT ASSIGNMENTS

- Medication should be stored in a safe place, known and accessible to the patient or service user, or to relatives and other carers where appropriate.
- You should not make use of a patient or service user's property (including, for example, their telephone) without their express permission.
- You should report any accident or emergency situations as soon as possible to the relevant authorities and to the Nursdoc office.

- All visits, incidents, observations, care and, where relevant, financial transactions should be logged on records kept securely in the patient or service user's home. Records are kept for one month, or until the assignment is over whichever is the longer and are made available to the service user, their relatives and representatives.
- If you are unable to attend any specific appointment please let us know as soon as possible.

OUR POLICIES & PROCEDURES FOR ALL ASSOCIATES...

Many of our clients have their own specific policies and procedures. When you start work at any client it is important that you make yourself familiar with ALL policies and procedures relating to the work you are undertaking e.g. Clinical procedures, infection control, fire safety, confidentiality and child protection.

ABSENTEEISM

If you are absent from work on any day not pre-arranged you must ring your Nursdoc consultant no later than one hour before your assignment was due to start.

You must state the reason for your absence, what action you are intending to take to ensure you return to work as soon as reasonably practicable and when you hope to return to work. Thereafter you must continue to notify your Nursdoc consultant of your absence on a daily basis unless you have submitted a doctor's medical certificate.

In all cases of sickness absence you must submit a Company Self Certification Form immediately on return to work. In accordance with SSP regulations, failure to submit a Self Certification Form will result in no payment for periods of sickness. In the event of that absence exceeding seven continuous days due to sickness or injury, you must also submit a Medical Certificate as soon as possible. Thereafter, further Certificates must be submitted covering all absence until you resume work.

Failure to follow the above rules will result in any payment from the Company, including Statutory Sick Pay, being withheld and could result in disciplinary action being taken against you.

Where an associate is absent through sickness (or sickness is given as the reason) or any other combination of days which clearly reflect an ad-hoc attendance pattern or where the absence record is cause for concern, the associate will be asked to attend a formal disciplinary hearing where the attendance record will be discussed.

The Company reserves the right to arrange for a medical examination by an independent medical practitioner, or to request a report from your own doctor/ specialist, in order to ensure that you are fit to continue or undertake your job, or to determine your current state of health. Full consultation will take place with you in this event.

Rehabilitation of Offenders

ACT (1974)

The Rehabilitation of Offenders Act (ROA) 1974 is aimed at helping people who have been convicted of a criminal offence and who have not re-offended since.

This act makes it unlawful to take into account any offences of a person who is considered to have undergone a satisfactory period of rehabilitation. However, there are some exceptions. Anyone applying for a position that involves working with children or vulnerable adults are required to reveal all convictions, both spent and unspent.

NURSDOC EX-OFFENDERS RECRUITMENT POLICY

- We will consider which posts require Disclosure and at what level.
- We will not request an Enhanced CRB unless the job is exempt under the terms of the Rehabilitation of Offenders Act 1974.
- We will inform prospective candidates of the requirement, where applicable, to carry out a Disclosure for the position.
- We will where possible, consider the nature of any conviction and it's relevance to the job in question.
- We will take a balanced view during the recruitment process whilst at the same time maintaining awareness of our obligations to protect our clients, service users and general public.
- We will comply with the Data Protection Act when accessing criminal records information.

You must inform Nursdoc if you receive any warnings, cautions or convictions at any time.

INFORMATION GOVERNANCE, CONFIDENTIALITY AND DATA PROTECTION

Any information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation.

All Nursdoc associates are expected to observe the highest standard of confidentiality, protecting all confidential information concerning patients, service users and clients obtained in the course of their work. For example, talking to one patient about another patient on the ward is a serious breach of confidentiality. Please take care with service user and client records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals.

It is of vital importance that you understand the principles concerning confidentiality and the use of patient information. Information Governance is the way the NHS handles information, in particular the personal and sensitive information about patients and employees. It provides a framework to bring together all the requirements, standards and best practice that apply to the handling of personal information.

The Department of Health has developed a model for managing information using the acronym HORUS. Information should be:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully

WHAT STANDARDS MAKE UP INFORMATION GOVERNANCE?

- Data Protection
- Freedom of Information
- Information Quality Assurance
- Information Security
- Records Management
- Confidentiality Code of Practice

WHAT LEGISLATION IS IN PLACE?

- The Data Protection Act 1998
- The Freedom of Information Act 2000 and Freedom of Information (Scotland) Act 2002
- The Human Fertilisation and Embryology Act 1990
- The National Health Service Venereal Disease Regulation (SI 1974 No.29)
- The Mental Capacity Act (2005)
- The Computer Misuse Act 1990
- Guidance on Health Act (S31 Partnership Arrangements) 1999

THE DATA PROTECTION ACT - WHAT IS IT?

- The Data Protection Act reinforces common sense rules of information handling and is there to ensure that any information is managed and held in a sensible way
- The Data Protection Act applies to anyone who handles or who has access to information about individuals

TWO MAIN TYPES OF DATA

Personal Data - Anything that relates to a living, identifiable individual

- Factual Information
- Expression of Opinion
- Indication of Intent
- Sensitive Personnel Data
- Ethnic Origin
- Political Opinions
- Religious or other beliefs
- Trade Union Membership
- Physical or mental health
- Sexual Life
- Offences
- Criminal proceedings or sentencing

DATA PROTECTION

You should adhere to the requirements of the Data Protection Act 1998. In brief, anyone processing personal data must comply with the seven enforceable principles of good practice – data must be:

- Fairly and lawfully processed
- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate
- Not kept for longer than necessary
- Processed in accordance with the data subject's rights
- Secure

FREEDOM OF INFORMATION - WHAT IS IT?

- The Freedom of Information Act (2000) is a law giving people the general right to see recorded information held by public authorities.
- The Act gives people a better understanding of how public authorities carry out their duties, make decisions and spend public money.

Information Quality Assurance

WHAT IS IT?

- It relates to the quality information on our systems.
- Data is regarded as being of high quality if it is accurate and up to date, complete and comprehensive.
- Poor quality information impacts directly upon every use made of that information.

PASSWORD MANAGEMENT

Keep passwords secure and change periodically. Avoid using passwords that are easy to work out. The most common words used on passwords are either a person's pet name or their child's name. Consider the strength of your password.

INFORMATION SECURITY - DO NOT BE THE WEAK LINK

Information security is the protection of information from a wide range of threats in order to ensure continuity and minimise risk. Requirements & risks include:

- IT security dictates: Rapid detection, isolation and removal of a threat.
- Malicious software: DO NOT download information unless certified by IT dept.
- Password management: keep it secure and change periodically with advised upper lower case.
- Secure transfer of information: DO NOT transfer or remove (stick/disc) with unencrypted data/permission.

CALDICOTT

The Caldicott report published in 1997 reviewed how the NHS patient information is shared and kept confidential. From this report the position of a "Caldicott Guardian" was born. The Caldicott Guardian is a senior member of staff with responsibilities to oversee access to patient data and ensure appropriate data governance being compliant with the Caldicott principles.

The Caldicott Protocol identified the following principles:

- Justify the purpose of the use of patient identifiable information.
- Don't use patient-identifiable information unless it is absolutely necessary.
- Use the minimum necessary patient identifiable information.
- Access to patient-identifiable information should be on a strict need-to-know basis.
- Everyone with access to patient identifiable information should be aware of his or her responsibilities.
- Understand and comply with the law.

DISCLOSURE - WHAT IS IT?

- Disclosure means the giving of information.
- It is only lawful and ethical if the individual has given consent to the information being passed on.
- Content must be freely and fully given Consent to disclosure of confidential information may be;
 - Explicit
 - Implied
 - Required by law or
 - Capable of justification by reason of the public interest

WHEN WOULD YOU DISCLOSE INFORMATION WITHOUT CONSENT?

- Information is required by statute or court order.
- Where disclosure is essential to protect the patient, or someone else from risk of death or serious harm.
- For the prevention, detection or prosecution of serious crime.
- If a patient is not competent to give consent, in public interest.
- In the public interest where the benefits of disclosure to an individual or society outweigh the patient's and public interest in keeping the information confidential.

The decision to release information in these circumstances should be made by a nominated senior professional and it may be necessary to take legal or other specialist advice.

WHAT IF YOU THINK THERE IS A RISK OR BREACH OF CONFIDENTIALITY?

- Inform your manager
- Inform a Caldicott Guardian

You are not authorised to make any statement to representatives of the press, radio or television or other body. Any such request for information should be referred to the Nursdoc manager.

Please refer to the NMC Code of Conduct or the HPC Standards for further information. This is available on the NMC website www.nmc-uk.org the HPC website www.hpc-uk.org or ask your consultant for a copy.

USE OF DATA

Nursdoc holds a personnel file and computer records within the UK, which contain data relating to you and concerning a wide variety of matters. These include matters such as your contact details, application, references, bank details, and other personal details. It may include some sensitive data concerning your health and ethnic origin. It is held for the following purposes:

- Staff administration.
- Administration of payroll and associate benefits.
- Internal accounts and records, marketing and business transactions.
- The provision of management information for business purposes such as marketing activities and corporate and staff planning.
- To ensure fair treatment and permit Nursdoc to comply with its legal responsibilities.

We may collect from you certain details relating to another individual, for example, details of a person to contact in case of emergency. In such cases, it is your responsibility to ensure that you have informed any such individual of the use of his/ her data by Nursdoc for the applicable purpose.

It may, in certain circumstances be necessary to disclose your personal data to:

- Customers, suppliers or clients of Nursdoc.
- Third parties who provide services to Nursdoc.
- Business partners or third parties involved in the management of Nursdoc business, as a result of, for example, a joint venture, merger or outsourcing contract.
- Nursdoc advisers, the relevant regulatory authorities.
- Other third parties where required by law.

In all cases, third parties to whom your personal data is disclosed for processing on behalf of Nursdoc will be contractually obliged to use the data only for the relevant purpose specified above and not to forward the data to other parties without your consent.

OWNERSHIP OF RIGHTS & INTELLECTUAL PROPERTY

You are not permitted at any time whilst working with Nursdoc or at any time after you have ceased working with Nursdoc to disclose to any person, company or third party any Confidential Information obtained during the course of any client assignment.

For the purposes of this agreement, Confidential Information means information relating to Nursdoc or its clients including patents, trademarks, rights subsisting in domain names, registered designs, unregistered designs, copyrights, database rights; and all similar or equivalent rights protecting software programs, databases, data, methodologies, technical information, know-how, inventions, technological improvements or discoveries together with all applications and rights to apply for registration of any such rights and the right to enforce past infringements of the same.

To the extent permitted under any applicable laws, you now assign to Nursdoc or its nominee with full title guarantee all Intellectual Property arising in the course of your work with Nursdoc ("Company IP") capable of being assigned in advance of its creation in accordance with the laws of the applicable jurisdiction (whether by way of future assignment or automatic assignment upon creation); agree to assign to Nursdoc or its nominee with full title guarantee any Company IP that is not so capable of being assigned in advance of its creation; and unconditionally waive all moral rights that you may have in respect of any Company IP and shall promptly at Nursdoc's request and expense execute all such documents and carry out such acts as may be reasonably necessary or desirable in order to effect the provisions of this.

INFORMATION TECHNOLOGY

During the course of your assignment, you may be required to use client IT systems. Please make yourself aware of and adhere to, any client specific guidelines related to Information Technology and the use of computer hardware and software. You must not use any computer equipment unless directed to by an authorised member of staff and it should only be used for work related purposes.

SMOKING

You are not permitted to smoke except in places where it is expressly permitted. Smoking on duty is forbidden. Please remember that if you smoke the smell remains on your clothing which many people find offensive.

HEALTH AND SAFETY

All employees have a duty under section 7 of the Health and Safety at Work etc Act 1974 to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. Therefore all associates must use all work items provided for them correctly; in accordance with their training and the instructions they received to use them safely.

Regulation 14 of the Management of Health and Safety at Work Regulations 1999, states that:

- Every employee shall use any machinery, equipment, dangerous substance, transport equipment, means of production or safety devices provided by his employer in accordance both with any training in the use of the equipment concerned which they have received, and the instructions respecting that use which have been provided by the employer in compliance with the requirements and prohibitions imposed upon that employer by or under the relevant statutory provisions.
- Every employee shall inform his employer or any other employee of that employer with specific responsibility for health and safety of his fellow employee:
 - Of any work situation which they consider represents a serious and immediate danger to health and safety.
 - Of any matter which they consider represents a shortcoming in the employer's protection arrangements for health and safety.

We will let you know about any specific hazards relating to your place of work that we have been notified about.

If during the course of your work you identify a risk to the health, safety and welfare of your own personal safety, and/or that of your colleagues, patients or service users, you have a duty to report this to your Nursdoc consultant.

FIRE & OTHER EMERGENCIES

All clients have evacuation procedures in order to prevent injury to persons and avoid impeding emergency services. For your own safety and that of other people you must familiarise yourself with, and adhere to, fire regulations and procedures. It is the smoke from the fire that kills. If you see, or suspect a fire, act immediately. Never try to tackle a fire yourself - call the emergency services immediately.

WASTE DISPOSAL

All associates have a responsibility to comply with local waste disposal procedures. These include the requirement to dispose of waste materials safely and correctly.

C.O.S.H.H (CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH)

Control of Substances Hazardous to Health Regulations 2002: COSHH requires employers to control exposures to hazardous substances to protect both employees and others who may be exposed from work activities. All associates must adhere to the client's COSHH requirements, at their workplace.

Please refer to your Health & Safety training guidelines for more information about C.O.S.H.H and the role you play.

RIDDOR (REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) places a legal requirement on employers, self-employed people and people in control of premises to report work-related deaths, major injuries, injuries that result in more than three days off work, work related diseases and dangerous occurrences (near miss accidents) to the HSE.

All accidents involving staff or patients and service users must be reported your line manager.

If during the course of your work you identify a risk to the health, safety and welfare of your own personal safety, and/or that of your colleagues, patients or service users, you have a duty to report this to your Nursdoc consultant.

Please refer to your Health & Safety training guidelines for more information about RIDDOR and the role you play.

SAFE HANDLING OF MONEY & OTHER VALUABLES

Please familiarise yourself with any client specific policies on the safekeeping of patient & service user valuables and money.

If you are asked to handle money or other valuables, please seek guidance from your line manager.

EQUAL OPPORTUNITIES

Nursdoc seeks to offer equality of opportunity to all associates and will treat all allegations of discrimination with the utmost seriousness. In accordance with these principles, associates may not discriminate on the grounds of race, ethnic origin, nationality, colour, religion or belief age, gender, sexual orientation, marital status or disability.

COMPLAINT HANDLING

During the course of your work with Nursdoc you may encounter complaints from patients, service users and their relatives or interested parties, colleagues, co-workers, referring hospitals/care environments, the media or HR. Please advise your line manager of any complaints in order for the client to invoke their own complaints policy. Depending on the nature and severity of the complaint you may be requested to put details of the complaint in writing on a complaint record form and/or attend an interview to investigate details further.

To ensure that you deal with complaints effectively, it is important that you understand who may complain, common reasons for complaints and the process for dealing with complaints.

The main causes of complaints are:

- A lack of information
- Withholding information
- "Not my patient"
- Constantly being referred to someone else for advice/resolution
- Lack of explanations of procedures
- Lack of fundamental care
- Questioning judgement/ability/decisions of staff

DEALING WITH A COMPLAINT

An effective and efficient initial response to a complaint will often be all that is required for a local resolution.

You should immediately acknowledge the complaint verbally. Give the complainant privacy and show that you have the time to listen. Identify the cause of concern and what the complainant wants. You should attempt to resolve issues local to the event.

Not all complaints will be resolved locally and it may need to be escalated upwards if local resolution is not achieved. This will depend on your role in the organisation. You must also inform the Nursdoc manager at the earliest opportunity, even if the complaint has been resolved locally.

DO

- Remain calm and actively listen
- Isolate the situation
- Enforce limits
- Be aware of the non-verbal
- Be consistent
- Report any level of complaint to your manager

DO NOT

- Over react
- Get into a power struggle
- Make false promises
- Fake attention
- Be threatening
- Use jargon as it can confuse or frustrate

COMPLAINTS PROCEDURE

You should be aware of the local policy and also Nursdoc's policy for complaints handling:

- You report the complaint to Nursdoc Office.
- Enter complaint onto system.
- Manager reviews the report and appoints investigator.
- Investigation
- You may need to complete a statement/attend a meeting.

OUTCOME REPORT ISSUED FOR REVIEW BY A DIRECTOR

A typical example would be:

- Acknowledged within 3 working days.
- If the complaint can be fully answered to our satisfaction this should be within 5 days.

- Wherever possible a documented full response is provided to the complainant within 15 working days.
- Where a resolution cannot be agreed and the investigation is still in progress then more time should be negotiated with the complainant.

MAKING A COMPLAINT

If you have a complaint about the way you have been treated on assignment or by our staff, please direct this in the first instance to your Nursdoc consultant.

If for any reason you are still unsatisfied with the outcome, please call our head office on 0330 555 5000 to talk to a director. Please address all post to:

Nursdoc, NWS House, 1E High Street, Purley, Surrey CR8 2AF

If you have serious concerns about our service, which have not been resolved, the representative body for the recruitment and staffing industry is the Recruitment and Employment Confederation (REC). Their helpline is available from 8am to 6pm, Monday through Friday on 020 7009 2144. Their headquarters are at the address below:

Recruitment and Employment Confederation 15 Welbeck Street London W1G 9XT
Email: info@rec.uk.com www.rec.uk.com

The full Nursdoc Complaints Procedure is available upon request.

Nursdoc Child Protection Policy

'The child's welfare is paramount and should be safeguarded and promoted by all staff'.

IT IS THE POLICY OF NURSDOC;

- To ensure all children are treated as individuals and protect their right to be treated as individuals.
- To ensure each child encountered in the course of providing services is protected from all types of abuse and neglect.
- To ensure that Nursdoc does everything possible to prevent, report and tackle abuse wherever it is encountered.
- To comply with the Department of Health Guidance on multi-agency policies.

SAFEGUARDING CHILDREN AND YOUNG PEOPLE:

Roles and Competencies for Health Care Staff

Safeguarding Children and Young People: Roles and Competencies for Health Care Staff has been published by the Royal College of Paediatrics and Child Health on behalf of a number of contributing organisations to clarify the competencies required by all health staff to safeguard children and supersedes the 2006 version.

To protect children and young people from harm, all health staff must have the competence to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties.

Following every serious case of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information sharing between professionals and agencies, inadequate training and support for staff and a failure to listen to children.

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have any concerns about child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer's health or behaviour. To fulfil these responsibilities, all health staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

Six levels of staffing have been identified; level one applies to all non-clinical staff working in health care settings and therefore applies to any associates working through Nursdoc. Level two is the minimum level required for clinical staff who have some degree of contact with children and young people and/or parents/carers. Level three is for clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person. Levels 4 to 6 are related to specific roles rather than staff categories.

As a result, you should, as a minimum:

- Understand what constitutes child abuse.
- Know about the range of physical, emotional, neglect and sexual abuse.
- Be able to recognise the signs of child abuse.
- Know what to do when you are concerned that a child is being abused.
- Be able to seek advice and report concerns, ensuring that they are listened to.
- Know about local policies/procedures.
- Understand the importance of sharing information, how it can help and the dangers of not sharing information.
- Know what to do if they experience barriers to referring a child/family.

As part of your induction to Nursdoc, your mandatory training will include a Safeguarding Children Level 2 module which will cover these areas and subsequent refresher training will also be provided. If you feel unsure of any of the above, please speak to your Nursdoc Consultant who can provide some additional training for you. In addition, if your role is identified as requiring Level 3, your Nursdoc consultant will contact you to arrange this.

NURSDOC PROTECTION OF VULNERABLE ADULTS POLICY

Nursdoc is committed to safeguarding vulnerable adults. At all times the safety of vulnerable adults is paramount.

Associates are expected to report any concern about the abuse of a vulnerable adult immediately to their assignment manager. The associate must objectively record the nature of their concern and the date, time and name of the person to whom it was reported. Associates must also:

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

Any action or behaviour by an associate which is believed to be a criminal offence will be reported to the police.

RECOGNISING THE SIGNS OF ABUSE OR NEGLECT

You must always be alert to the signs of abuse, which can take many forms.

- Verbal/psychological abuse - such as using demeaning language or name calling, provoking or frightening the service user or subjecting them to witness unpleasant acts. The person may appear frightened, nervous, irritable or withdrawn.
- Physical abuse - such as rough handling, slapping, punching or burning. Look for marks and bruises that cannot be adequately explained. The person may wince or withdraw from you when you approach them.
- Sexual abuse - people who have been sexually or indecently assaulted may have soreness or bleeding in the genital area.
- Financial abuse - such as using someone's credit card or chequebook to steal money without them knowing, or stealing valuable or sentimental items. The person may appear worried or withdrawn.
- Neglect/deprivation - such as the withholding of basic rights or comforts such as food, light, heating, medication or personal hygiene. The person may appear dirty, or be inappropriately dressed for the time of year.

At each new client, please familiarise yourself with the any policies and procedures related to abuse and be aware of the signs that may indicate abuse or neglect.

If you suspect any form of abuse or neglect is taking place, report it to Nursdoc immediately.

ALLEGATIONS OF ABUSE OR NEGLECT

Nursdoc will take seriously any allegations of abuse by or neglect against associates working through us.

If we receive complaints of this sort against you, we may not be able to offer you work whilst the allegation is being investigated. Ultimately, if allegations are well founded, we may not be able to offer you work in future and it may result in a referral being made to Independent Safeguarding Authority (ISA).

WHISTLE BLOWING

Whistle blowing is the disclosure of confidential information that relates to danger, fraud* or other illegal or unethical conduct connected with work including abuse or neglect of patients or service users.

The disclosure may relate to concerns regarding:

- The location in which you currently work or have worked
- Nursdoc
- A fellow Nursdoc associate
- A member of the Nursdoc team
- Any other party e.g. A patient or service user's relative

* Common type of fraud within the NHS include professionals claiming money for shifts not worked (commonly known as 'timesheet fraud'), patients falsely claiming exemption from optical, dental or pharmaceutical charges ('patient fraud') and staff working in unauthorised jobs while on sick leave. Please visit www.nhscounterfraud.nhs.uk for more information.

Under the Public Interest Disclosure Act 1998, associates who speak out, in good faith, against corruption and malpractice at work have statutory protection against victimisation and dismissal.

Nursdoc encourages an open culture, which recognises the potential of our associates to make a valuable contribution to protecting public interest. If you would like to see a full version of the Nursdoc Whistle Blowing Process please ask your Nursdoc consultant.

The aims of whistle blowing are:

- To protect the public.
- To ensure the safety and protection of patients & service users.
- To provide avenues for associates to raise concerns.
- To receive feedback on any action taken.
- To inform associates how to take matters further if they are dissatisfied with the response to such action.
- To reassure associates that they will be protected from reprisals or victimisation for whistle blowing in good faith

What to do if you suspect or have evidence of some form of danger, fraud illegal or unethical conduct including the abuse or neglect of patients or service users at your workplace.

- In the first instance you should contact your Nursdoc manager at your local office. If for some reason you do not wish to report your concerns to the manager you may approach the Nursdoc divisional director or the Nursdoc clinical director at Head Office.
- You will be asked to meet with an appropriate Nursdoc manager in order to put together a statement detailing your concerns.
- A summary report of your concerns and your statement will be forwarded to the Nursdoc divisional director and/or clinical director who will decide what action is appropriate e.g. Carrying out an internal investigation (where the concerns relate to Nursdoc) or passing on the concerns to the appropriate external organisation e.g. The Care Quality Commission or Social Services.
- The divisional director/clinical director will liaise regularly with the organisation and will keep you informed of any investigation or action that is taken.
- If, following an investigation, it is concluded that there is no case to answer and that the allegation is unfounded, the divisional director will ensure that you are protected provided the disclosure was made in good faith.
- If you are not satisfied with the outcome of the investigation, you have a right to make an external disclosure to a prescribed person, such as the Care Quality Commission.

Assistance with Medication

HEALTH CARE ASSISTANTS

It is the policy of Nursdoc that Health Care Assistants can only administer medication (including homeopathic and nonprescription remedies) following the completion of specialist training. Health Care Assistants may assist or prompt patients in taking medication (by aiding the patient with water or repositioning)

Assistance may only be given where the medication is supplied in a monitored dosage system such as a Dosette box, Nomad dispenser or blister pack.

Administration of medication training will be facilitated for Health Care Assistants when necessary in line with the Skills for Care Knowledge set for administration of medication.

ADMINISTRATION OF MEDICATION - REGISTERED NURSES, MIDWIVES & ODPs

If you are a registered nurse or midwife you should familiarise yourself with and follow the latest version of the Nursing and Midwifery Council Guidelines for safe practice in the management and administration of medicines. Midwives should also refer to the NMC Midwives rules and conduct of practice for specific additional information. These are available at www.nmc-uk.org or ask your consultant for a printed copy.

If you are an ODP you should familiarise yourself with and follow the latest version of the AODP Standards of Good Practice Guidance in Relation to Controlled Drugs and the Safer Management of Controlled Drugs and a Guide to Good Practice in Relation to Controlled Drugs. These are available at www.aodp.org or ask your consultant for a printed copy.

Medication should only be administered by a Registered Nurse, Midwife, ODP or by an appropriately trained associate.

When administering medication, associates should:

- Check that the medication is recorded in the Care Plan, medication chart or patient record.
- Understand the therapeutic use of the medication administration, its normal dose, side effects, precautions and contra-indications of its use.
- Be certain of the identity of the service user to whom the medication is being given.
- Check that the prescription or the label on the medication is clear and relates to the service user or patient.
- Check the expiry date
- Check that the service user or patient is not allergic to the medication.
- Keep clear, accurate and signed records of all medication administered, withheld or refused in the patient or service user's Care Plan, medication chart or patient record.
- Any mistake or error in administering drugs must be reported to your line manager immediately.
- Associates should never in any circumstances administer medication which has not been prescribed, give medication against the wishes of the service user or patient or alter the timing or dosage of medication.

Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initials and date written next to it.

Records should not include abbreviations, jargon, meaningless phrases, irrelevant speculations and offensive subjective statements.

Please bear in mind that full records are essential should any questions be raised about the care and standards of care delivered.

DISPOSAL OF UNWANTED MEDICATION

Please refer to the client's policy on the disposal of unwanted or surplus medication.

REPORTING DRUG ERRORS

If you make an error, identify an error or have concerns over a patient or service user or their medication, you must report it immediately to your line manager at your place of work and, where appropriate to the medical practitioner or prescriber. Midwives should also inform their supervisor midwives as soon as possible after the event.

If you make a drug error or if you have any concerns regarding any aspect of drug administration you should also inform the Nursdoc manager.

RECORD KEEPING

Good records are essential to safe and effective care and should be:

- Clear, legible and indelible.
- Factual and accurate.
- Written as soon after the event as possible.
- Written in black ink.
- Signed, timed and dated.

Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initials and date written next to it.

Records should not include abbreviations, jargon, meaningless phrases, irrelevant speculations and offensive subjective statements.

Please bear in mind that full records are essential should any questions be raised about the care and standards of care delivered.

Nurses and midwives should also refer to the NMC publication 'Guidelines for records and record keeping' for further guidance available at www.nmc-uk.org or ask your consultant for a printed copy.

ODPs should also refer to the AODP Statement on Record Keeping available at www.aodp.org or ask your consultant for a printed copy.

ALCOHOL AND SUBSTANCE MISUSE

The company has zero tolerance on alcohol and substance misuse and the company is entitled to terminate your employment if you are found to be consuming or distributing narcotics or alcoholic beverages on a client or company premises. This also extends to arriving at a client or company premises under the influence of alcohol or drugs.

If you feel that you are suffering from a drug or alcohol problem we can refer you to our Occupational Health Company who can help you seek advice and support.

Agency Workers Regulations - from October 1st 2011

WHAT ARE THE AGENCY WORKERS REGULATIONS?

The Agency Workers Regulations (AWR) give temporary agency workers equal treatment, with regards to pay and certain working conditions. The worker must complete 12 weeks of service which must be with the same client, in the same role, in order to qualify ("the Qualifying Period").

WHAT DOES THIS MEAN FOR YOU?

From Day 1 of every assignment you undertake from October 1st 2011, you are entitled to information on relevant vacancies at the client where you are working so ask your consultant how to access this. Also if the client organisation where you work offers employees collective amenities and facilities (such as canteen, childcare facilities, etc) you get the same access to some of these (unless there is a good reason why you should not). Again, your consultant will let you know how to find out about what is available.

When you start working at a client, this will count towards your 12 week Qualifying Period. The 12 week Qualifying Period is not necessarily a continuous period of 12 weeks. There are certain breaks that pause, stop or re-set the clock so it very much depends on your job roles and working patterns. Agency workers who reach their Qualifying Period will be entitled to the same basic pay and certain working conditions as if you had been directly recruited by the client to do that same role. Your consultant will be able to advise you on this with more detail based specifically around your job role(s) and conditions.

We will need to ask you some questions when you are being booked into a job about any recent assignments or shifts you have worked at the same client. This is because we need to keep a track of your 12 week Qualifying Period so it's really important that you answer the questions accurately.

Thirdly, the Regulations state that if you change into a different role we must notify you of your new duties, so you may receive additional communication from us via text or email.

Lastly, if your pay or entitlements as an agency worker are lower than if you were recruited directly, then you may be entitled to enhanced pay rate or entitlements. As a result your payslip may look slightly different. Again, your consultant will be able to advise you if this applies to you.

PREGNANT AND "NEW MOTHER" AGENCY WORKERS

There are some additional provisions in the Regulations around pregnancy and childbirth. Please let your consultant know if you are pregnant or have recently given birth so we can make ensure you have the information relevant to you.

HR POLICIES & PROCEDURES FOR ASSOCIATE EMPLOYEES ONLY...

This section only applies to you if you are an associate employee who signed a Nursdoc Contract of Employment. If you are in any doubt, please speak to your consultant.

ADOPTION & PARENTAL LEAVE

For further details please request a copy of the Associate Employee Working Parents Policy from your Nursdoc consultant.

DISCIPLINARY POLICY

In situations where it is alleged that an associate employee has fallen below the minimum standards of capability, performance, conduct and behaviour, action will be taken.

In most cases of minor misdemeanours, or shortcomings, the matter can and should be dealt with informally by the Nursdoc consultant, without the need to utilise the more formal disciplinary procedure.

There will be instances however where informal counselling does not change the associate's behaviour or improve their performance or a more serious breach of conduct, capability, performance or behaviour standards may be alleged. It is in these circumstances where formal disciplinary action needs to be taken.

A full copy of the Disciplinary Policy and Procedure can be obtained from your Nursdoc consultant. The main features include:

- All associate employees should be aware of the type of misconduct that may lead to formal disciplinary action.
- Associate employees will be advised of the nature of the allegations
- No disciplinary action will be taken until all allegations have been investigated.
- At all stages of the procedure associate employees will be given the opportunity to explain their case fully, usually at a formal disciplinary interview or hearing. The associate employee will also have the right to submit any documentation that they wish to be considered.
- The associate employee will normally be given at least 3 calendar days written notice of any such interview or hearing. In exceptional circumstances, such as an associate's refusal to attend a formal disciplinary interview, the matter may be considered in their absence.
- Associate employees will have the right to be accompanied by a colleague or trade union official at any stage of the formal procedure.

FLEXIBLE WORKING POLICY

Nursdoc will consider requests from eligible associate employees to vary their working hours (also known as flexible working) in order to care for children or to care for certain adults in line with the statutory right to do so. It will not provide an automatic right to work flexibly as there may be circumstances when Nursdoc is unable to agree to the associate's request.

Any associate employee considering requesting to change their work pattern should make this request as soon as is reasonably practical as, under the statutory procedure, the process of making and considering a request can take up to 14 weeks and only one request is permitted per year. Both mothers and fathers are able to request to work flexibly. The Flexible Working Policy and Procedure is available from your Nursdoc Consultant.

GRIEVANCE POLICY

Nursdoc recognises that associate employees may from time to time have problems, dissatisfactions or concerns directly connected with their work and need to have a speedy and reliable process for resolving these issues.

Most routine complaints and grievances are best resolved informally in discussion with the associate's Nursdoc consultant. Dealing with grievances in this way can often lead to a speedy resolution of problems and is recommended as the first option.

If the informal approach does not resolve the matter or if the associate wishes to opt out of the informal option, then the associate employee should put their grievance in writing to their Nursdoc consultant. An appeal mechanism is available to the associate.

The Grievance Policy and Procedure is available from your Nursdoc consultant.

MATERNITY

If you become pregnant whilst employed by Nursdoc you should inform your Nursdoc consultant in writing as soon as is practicable, but no later than the end of the 15th week before the expected week of childbirth (EWC), you must also provide a certificate of expected confinement (form MAT B1) or equivalent document signed by your doctor or registered midwife.

You will be entitled to up to 52 weeks maternity leave, which can commence at any time after the 11th week before the EWC. You are required to notify your Nursdoc consultant in writing no later than the 15th week before the expected week of childbirth of the date on which you intend to start maternity leave. On receipt of your notification of the date you intend to commence maternity leave the Company will acknowledge your notification within 28 days of receipt, advising you of the date on which you will be expected to return to work. Should you wish to change the date you intend to commence maternity leave, you are required to give the Company at least 28 days' notice of the revised date. Statutory Maternity Pay is payable for a 39 week period from the commencement of your maternity leave. For the first 6 weeks, SMP is paid at 90% of your average weekly earnings, followed by a further 33 weeks at a rate set by the government. To qualify for SMP, you must be earning more than the lower earnings limit for National Insurance contributions. If you do not qualify for SMP, you may be eligible for the State Maternity Allowance.

For further details please request a copy of the Associate Employee Working Parents Policy from your Nursdoc consultant.

PATERNITY

Associate employees who are the natural or adoptive fathers of a child born or placed with them for adoption will have the right to take up to two weeks' paid paternity leave. To qualify for paternity leave, an employee must have been continuously employed for 26 weeks in the 15th week before the baby's expected week of birth. They must also self certify their wish to take paternity leave during or before the 15th week or as soon as is reasonably practicable using Form SC3, which is available from your Nursdoc consultant. This form confirms when the baby is due, when you would like to take leave and for how long.

Associate employees can change their mind about when they start leave and for how long, but they must give the Company 28 days notice, or as much notice as is reasonably practicable of such a change. Nursdoc must employ you up to the birth of the child and paternity leave cannot begin until the baby is born. Paternity leave is for one or two consecutive weeks and cannot be taken in odd days. Leave should be taken within 8 weeks from the start of the expected week of childbirth or the baby's actual birth.

Statutory Paternity Pay (SPP) starts on the same day as paternity leave and is paid for a maximum of two weeks. The rate paid is either 90% of the employee's average weekly earnings or the rate fixed by the government, whichever is the lower figure. To be eligible for paternity pay the employee's average weekly earnings must be at least equal to the lower earnings limit for National Insurance contributions. Associate employees who are the natural or adoptive fathers and partners (including same sex and civil partners) of a child who is born on or after 3 April 2011 are able to take up to a maximum of 26 weeks additional paternity leave and a minimum of 2 weeks and must be taken in multiples of complete weeks. In order to qualify the mother must have returned to work without exercising her full entitlement to maternity leave. The leave can be taken between 20 weeks and one year after your child is born or placed for adoption. Proof of their return to work would be required in order for the additional paternity leave to commence.

For further details please request a copy of the associate employee Working Parents Policy from your Nursdoc consultant.

REDUNDANCY

Where there is a need to enforce redundancy, then the Company will handle the situation in a fair, consistent and sympathetic manner and attempt to minimise the effects upon individuals as far as possible. Any such situation will be handled in accordance with statutory requirements and in these circumstances associates will be provided with a copy of the Company's Redundancy Policy and Procedure.

TIME OFF FOR DEPENDANTS

The Employment Relations Act 1999 has introduced entitlements to "reasonable unpaid time off, during normal working time" for associates to attend to family emergencies. The legislation is designed to enable associates to have time off to deal with "the unexpected" and to put in place any necessary longer-term arrangements to deal with the problem.

Under the legislation, unpaid time off is allowed when an associate employee needs to take action that is necessary:

- To provide help when a dependant falls ill, gives birth or is injured or assaulted (including mental illness or injury).
- To make arrangements for providing care when a dependant is ill or injured.
- To cope when the arrangements for caring for a dependant unexpectedly break down.
- When a dependant dies.
- To deal with an unexpected incident involving the associate's child at a time when the child's school has responsibility for him or her.

The term 'dependant' defined is partner, child or parent of the associate employee, or someone who lives with the associate employee as part of their family (except tenants, lodgers, boarders or people who are employed by the associate employee). In the cases of illness or injury, the dependant may also be someone who reasonably relies on the associate employee. A dependant can be any person who reasonably relies on the associate employee to make arrangements for providing care.

Any associate employee wishing to take dependants/domestic leave must notify their Nursdoc consultant at the earliest opportunity and no later than 1 hour prior to the start time in their shift and at that time provide an estimate of the likely return date. The Nursdoc consultant will notify the client. It is not envisaged that staff will have frequent occasion to seek dependants/domestic leave.

Needlestick & Sharps Injuries

DEFINITIONS

A sharps injury is defined as an injury where a needle or other sharp object contaminated with blood or other body fluid penetrates the skin. This also includes human bites and scratches that break the skin. Needlestick injuries occur when healthcare workers jab themselves or a colleague with a needle, or other sharp medical device, which is contaminated with potentially infected blood or bodily fluid.

FACTS

Needlestick and sharps injuries account for 17% of accidents to the NHS staff second only to moving and handling at 18%. Contaminated needles can transmit more than 20 dangerous bloodborne pathogens. Needle stick and sharps injuries can have devastating effects on the members of staff concerned. Over 40,000 incidents are reported each year and at least as many go unreported. It is therefore really important that you protect yourself and your colleagues as much as possible.

KEY WAYS OF PREVENTING SHARPS AND NEEDLESTICK INJURIES

Before use:

- Identify how exposure could be eliminated.
- Allow consideration of possible alternative systems.
- Eliminate the unnecessary use of sharps.
- Wear the correct gloves for all activities that have been assessed as carrying a risk, including sharp or contaminated instruments.
- Always seek assistance when dealing with any patient whose condition or mental state may increase the risk of a sharps injury occurring.

During use:

- Sharps must not be passed directly from hand to hand.
- All sharps handling should be kept to a minimum.
- Do not recap, bend, break or disassemble needles before use or disposal.
- Staff must take responsibility for the safe disposal of all items.
- If you are unsure of safe disposal, ask someone who knows, no sharps items should be disposed of with normal domestic waste.

REPORTING OF AN INCIDENT

All sharps and needle stick injuries are RIDDOR reportable; you must inform your Nursdoc consultant as soon as possible if you are injured.

MRSA Information

WHAT IS MRSA?

MRSA (sometimes referred to as the superbug) stands for methicillin-resistant Staphylococcus aureus. It is a bacterium from the Staphylococcus Aureus family.

Staphylococcus Aureus (SA) is a type of bacteria. About 1 in 3 of us carries it on the surface of our skin or in our nose without developing an infection - this is known as being colonised by the bacteria. However, if SA bacteria get into the body through a break in the skin they can cause infections such as boils, abscesses, or impetigo. If they get into the bloodstream they can cause more serious infections.

Most SA infections can be treated with antibiotics such as methicillin (a type of penicillin). However, SA is becoming increasingly resistant to most commonly used antibiotics. MRSA bacteria are those types of SA bacteria that are resistant to methicillin (and usually to some of the other antibiotics that are normally used to treat SA infections).

MRSA is no more infectious than other types of SA bacteria. However, MRSA infections are more difficult to treat due to the antibiotic-resistance of the bacteria. Antibiotics can still be used to treat MRSA - the infection may simply require a much higher dose over a much longer period, or the use of an antibiotic to which the bacteria is not resistant.

WHAT ARE THE SYMPTOMS OF MRSA?

Staphylococcus Aureus (SA) bacteria are common, and about one in three people are colonised by the bacteria. Most of those who are colonised with SA do not develop an infection and so do not have any symptoms.

However, if SA bacteria are able to enter the body they can cause infection. The symptoms will depend on the type of infection they cause.

Most SA infections are skin infections, including:

- Boils (pus-filled infections of hair follicles).
- Abscesses (collections of pus in pockets under the skin).
- Styes (infection of glands in the eyelid).
- Carbuncles (infections larger than an abscess, usually with several openings to the skin).
- Cellulitis (infection of the skin and the fat and tissues that lie immediately beneath it).
- Impetigo (a skin infection that produces pus-filled blisters).

However, if SA bacteria are able to enter the body they can cause infection. The symptoms will depend on the type of infection they cause.

Most SA infections are skin infections. You should keep an eye on minor skin problems like spots, cuts or burns. If you have a wound that becomes infected you should see your doctor.

Although most SA infections are skin infections, if SA bacteria are able to enter the bloodstream (bacteraemia) they can affect almost any part of the body. They can cause:

- Septicaemia (blood poisoning),
- Septic shock (widespread infection of the blood that leads to a fall in blood pressure and organ failure).
- Severe joint problems (septic arthritis).
- Bone marrow infection (osteomyelitis).
- Internal abscesses anywhere within the body.
- Inflammation of the tissues that surround the brain and spinal cord (meningitis).
- Lung infection (pneumonia).
- Infection of the heart lining (endocarditis).

SA bacteria can also cause scalded skin syndrome and, very occasionally, toxic shock syndrome.

WHAT ARE THE CAUSES OF MRSA?

When bacteria encounter an antibiotic, such as methicillin, some of the bacteria may survive. Bacteria are able to mutate (change), so those bacteria that survive may develop a resistance to the antibiotic. The surviving antibiotic-resistant bacteria can then multiply, ready to infect someone new. In this way, some types of Staphylococcal Aureus bacteria have become resistant to many antibiotics, forming MRSA.

MRSA bacteria is usually spread through person-to-person contact with someone who has an MRSA infection, or who is colonised by the bacteria. It can also spread through contact with towels, sheets, clothes, dressings or other objects that have been used by someone with MRSA. MRSA can also survive on objects or surfaces such as door handles, sinks, floors and cleaning equipment.

MRSA will not normally cause an infection in a healthy person. Although it is possible for those outside hospital to become infected, MRSA infections are most common in people who are already in hospital. Those in hospital are more likely to develop MRSA infections because they often have an entry point for the bacteria to get into their body, such as a surgical wound, a catheter or an intravenous tube.

Those who are most at risk of MRSA include those who have:

- A weakened immune system, such as the elderly, newborn babies, or those with a long-term health condition such as diabetes, cancer or HIV/AIDS.
- An open wound.
- A catheter (a plastic tube inserted into the body to drain fluid) or an intravenous drip.
- A burn or cut on their skin.
- A severe skin condition such as leg ulcer or psoriasis.
- Recently had surgery.
- Have to take frequent courses of antibiotics.

Although MRSA infections usually develop in those being treated in hospital, particularly patients in intensive care units and on surgical wards, it is possible for hospital staff or visitors to become infected if they are in one of these higher risk groups.

HOW IS MRSA DIAGNOSED?

MRSA infections are diagnosed by testing blood, urine or a sample of tissue from the infected area for the presence of MRSA bacteria. If MRSA bacteria are found, further tests will be done to see which antibiotics the bacteria do not have resistance to, and so which can be used to treat them.

WHAT IS THE TREATMENT FOR MRSA?

Treatment of MRSA depends on whether the person is infected with the bacteria or only colonised.

A patient with MRSA infection will be given antibiotics that are still effective (i.e. That the bacteria have not yet become resistant to). Most MRSA infections can be treated with the antibiotics vancomycin or linezolid, which are normally given through injection or intravenously. Most MRSA infections will require treatment in hospital and antibiotic treatment may need to continue for several weeks.

If the patient is colonised with MRSA bacteria they do not need any treatment for the illness, but as they can infect themselves or others it is important to remove the bacteria. A special antibiotic cream will be applied to the skin or the inside of the nose to remove the bacteria. The patient may also need to wash skin and hair with an antiseptic shampoo and lotion.

WHAT CAN I DO TO CONTROL THE SPREAD OF MRSA?

Hospital staff who come into contact with patients should maintain very high standards of hygiene and take extra care when treating patients with MRSA. Before and after caring for any patient, make sure you have thoroughly washed and dried your hands. Many hospitals now use fast acting, special antiseptic solutions, like alcohol rubs or gels - you may find dispensers placed by patients beds and at the entrance to clinical areas for use by staff and visitors. You should wear disposable gloves when you have physical contact with open wounds, for example when changing dressings, handling needles or inserting an intravenous drip.

What is C. Diff?

Clostridium Difficile (C. Diff) is a bacterium that is present naturally in the gut of around 3% of adults and 66% of children.

C. Diff doesn't cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of good bacteria in the gut. When this happens, C. Diff bacteria can multiply and cause symptoms such as diarrhoea and fever.

Because C. Diff infections are usually caused by antibiotics, most cases usually happen in a healthcare environment such as a hospital or care home. Older people are most at risk from infection, with the majority of cases (80%) occurring in people over the age of 65. Most people with a C. Diff infection make a full recovery. However, in very rare cases the infection can be fatal.

C. Diff infections can be prevented by good hygiene practices in healthcare environments. However, it is extremely contagious and is spread very easily.

WHAT ARE THE SYMPTOMS OF C. DIFF?

The symptoms of C. Difficile (C. Diff) infection can include:

- Mild to severe diarrhoea.
- Blood stained stools.
- Fever and abdominal cramps.

These symptoms are usually caused by colitis (inflammation of the lining of the small intestine). In rare cases, C. Diff can cause an infection of the lining in the abdomen (peritonitis) and blood poisoning (septicaemia). In very rare cases, a C. Diff infection can be fatal. The risk of this is higher in elderly people and people who have other very serious health conditions.

Most people who get a C. Diff infection will get symptoms while they are taking antibiotics. However, symptoms can appear up to 10 weeks after they have finished taking antibiotics.

WHAT ARE THE CAUSES OF C. DIFF?

C. Difficile (C. Diff) is an anaerobic bacterium. This means that it doesn't need oxygen to survive and multiply (reproduce). Therefore it usually survives well in the large intestine where there is very little oxygen available.

C. Diff doesn't usually affect healthy children and adults, because the healthy good bacteria in the intestine keep it in check. However, some antibiotics can interfere with this healthy balance of bacteria. When this happens, C. Diff can begin to multiply and produce toxins (poisons). At this point, a person is said to be infected with C. Diff.

Once C. Diff bacteria start to produce toxins, the bacteria can then spread easily. This is because it can produce spores even when exposed to unfavourable conditions, such as being outside of the body. Spores are what bacteria produce so they can multiply.

C. Diff spores leave the body in an infected persons diarrhoea. The spores can then contaminate their surroundings, such as toilets, bedclothes, skin and clothing. The spores can also be spread through the air (during bed-making for example). The spores are able to survive for a long time outside of the body unless they are destroyed through very thorough cleaning. This means anyone who comes into contact with contaminated surfaces can easily spread the infection. The spores can then infect other people by entering the body through the mouth. People most vulnerable to a C. Diff infection are those who:

- Have been treated with broad spectrum antibiotics (antibiotics that can treat different types of bacteria).
- Have had to stay for a long time in a healthcare setting, such as a hospital.
- Are over 65 years old.
- Have a serious underlying illness or condition.
- Have a weakened immune system.
- Have had numerous enemas or gut surgery.

Most infections occur in places where many people are taking antibiotics, and in close contact with each other, such as hospitals and nursing homes. However, a number of precautions can be put in place to help reduce the spread of the infection (see the prevention section).

People who have C. Diff naturally in their gut cannot spread the bacteria unless the bacteria start producing toxins. This is why many people have the bacteria in their body but do not have any symptoms.

HOW IS C. DIFF DIAGNOSED?

C. Difficile is diagnosed by carrying out laboratory tests on a sample of the infected persons faeces.

HOW IS C. DIFF TREATED?

C. Difficile can be treated with certain antibiotics, and in some cases, probiotic (good bacteria) treatments may be prescribed.

PREVENTION

Unfortunately, C. Difficile bacteria can spread easily, particularly in healthcare environments. However, a number of precautions can be taken to reduce the risk of infection.

Healthcare workers should wear disposable aprons when caring for anyone who has a C. Difficile infection. Whenever possible, people who are infected with C. Difficile will have their own room and own toilet facilities to avoid passing the infection to others.

Staff, patients and visitors should be encouraged to wash their hands regularly and thoroughly. Thorough cleaning using water and detergent is an effective way of killing any spores that have transferred onto a person's skin or clothes.

Alcohol hand gel should also be used. However, it does not kill the spores so the additional use of water and detergent is essential.

Surfaces that may have come into contact with the bacteria or spores, such as toilets, the floor around toilets, bedpans and beds, should also be cleaned thoroughly with water and disinfectant.

DEPARTMENT OF HEALTH WEBSITE FOR DETAILS ON MANAGEMENT OF AIDS FOR:

- Health and Safety at Work Act 1974 – particularly section 7
- C.O.S.H.H – Control of Substances Hazardous to Health regulations 1999
- Public Interest Disclosure Act 1998
- Guidance on Aids-HIV infected Health Care Workers (April 1993) www.info.doh.gov.uk
- Department of Health General Infection Control Policy www.doh.gov.uk
- Department of Health Child Protection Policy www.doh.gov.uk

NURSING AND MIDWIFERY COUNCIL – WEB ADDRESS RELATED TO:

- Covert administration of Medicines NMC guidelines September 2001 www.nmc-uk.org
- Ethical Responsibilities of Health Care Workers www.nmc-uk.org
- Expert Advisory Group on Aids www.doh.gov.uk

Occupational health information related to Nursdoc – in the first instance contact the Nursdoc office where you will then be put in touch with the Occupational Health Department if required.

CARE QUALITY COMMISSION (CQC)

Care Quality Commission 33 Greycoat Street London SW1P 2QF

Tel: 0207 979 2000 Fax: 0207 979 2111

www.CQC.org.uk

For details of how to contact your local Child or Adult Abuse Team contact:

Association of London Government 59 Southwark Street London SE1 OAL

Tel: 0207 934 9999

www.alg.gov.uk