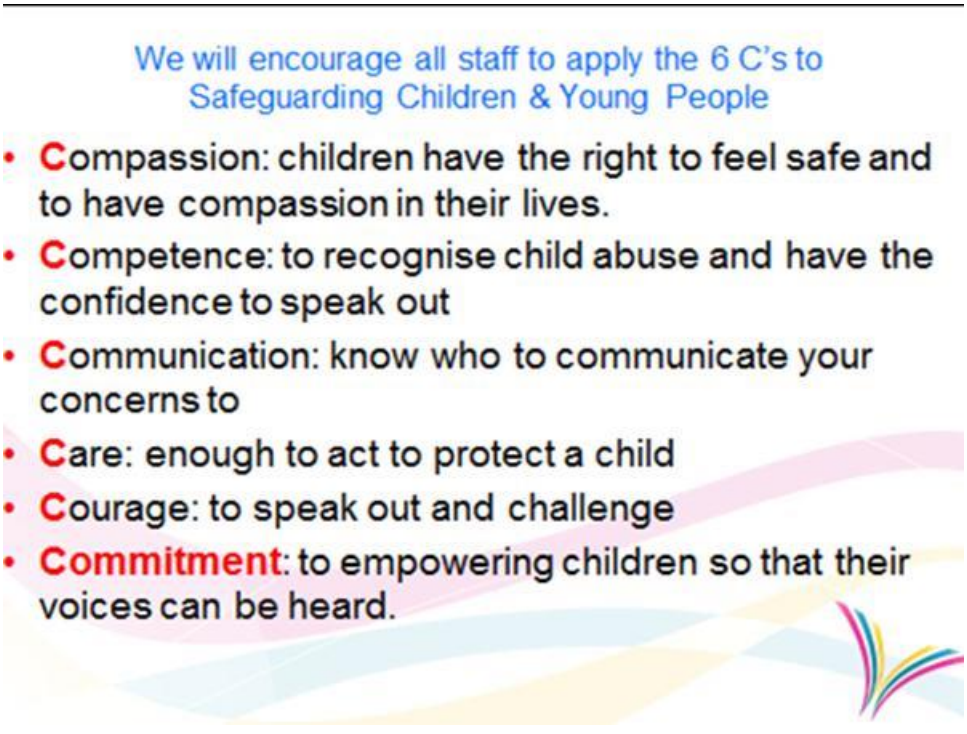
Countess of Chester Hospital NHS
NHS Foundation Trust

Safeguarding Children Training Groups 1 & 2

What you need to know



Group 1 & 2 Safeguarding Children training (written information)

Group 1 Candidates: All new staff, Board level Executives and Non-Executives, Lay members, receptionists, administrative staff, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those non-clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across health care settings and service provision.
Group 2 Candidates: All non-clinical and clinical staff that have any contact with children, young people and/or parents/carers. This includes administrators for looked after children and safeguarding teams, health care students, clinical laboratory staff, phlebotomists, pharmacists, ambulance staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, contact lens and dispensing opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals/ workers, including technicians.

Reference: Safeguarding Children and Young People: roles and competencies for health care staff: Intercollegiate Document (March 2014)

This written information will be given to staff every 3 years (where these staff members are unable to complete the eLearning Module). The staff member's Manager will be responsible for ensuring the staff member is given this written information pack and that the staff member signs the signature sheet to say they have received, read and understood the information. The completed signature sheets must be photocopied (one copy must be kept by the ward manager and the other copy must be sent FAO HR Training in the ED&TC so that the staff member's ESR record can be updated). It is very important that this process is completed to ensure the monthly Safeguarding Children Training Compliance reports are correct.
Core Induction: All new staff will receive this information at core induction and within 3 months of commencement of employment must ensure the complete any additional safeguarding children training as required.
Groups 1& 2: Staff must complete this training every 3 years.
Group 3: Staff must complete face to face training within 3 months of commencing employment and then again every year. (For further details d/w your Manager or the CoCH Safeguarding Children Team ext 5596)

Safeguarding Children

Child protection and Safeguarding is everyone's responsibility: it is not only childcare workers that have a duty to promote the welfare of children and protect them from harm.

When you come into contact with children in any way in your day to day work it is part of your job to make sure that their wellbeing is safeguarded.

Please note the term 'child/children' means anyone who has not yet reached their 18th birthday.

Child Protection and Safeguarding

Safeguarding is preventative and involves promoting the welfare of children by protecting them from harm and recognising the risks to their safety and security.

Child protection is the activity of protecting children who are suffering or may be likely to suffer from significant harm as a result of abuse or neglect.

What is child abuse?

Child abuse is any wrongdoing that causes, or is able to cause, significant emotional or physical harm to a child. The following signs, symptoms and behaviours or indicators to not necessarily mean that a child is being abused by may mean that you have a reason to be concerned.

Physical abuse

Physical abuse is the physical ill treatment of a child which may or may not result in an injury.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Withholding of care may also be seen to be physical abuse.
Physical abuse may also be caused when a parent/relative or carer feigns the symptoms of ill health or deliberately causes ill health to a child whom they are looking after, this is sometimes called fabricating or inducing illness.

Sexual abuse

Sexual abuse of a child involves forcing or enticing a child or young person to participate in sexual activities, including prostitution whether or not the child is aware of what is happening.
Sexual abuse includes physical contact, including penetrative e.g. rape, buggery or oral sex or non-penetrative acts such as rubbing & touching outside of clothing.
Non-contact activities, such as involving children in looking at or in the producing of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet) sexual abuse is not solely perpetrated by males, women can also commit acts of sexual abuse, as can children.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child so as to cause severe and persistent adverse effects on the child's development.
Emotional abuse can involve: conveying an opinion that the child is worthless or unloved, valuable only in so much as they meet the needs of another person.
Age or developmentally inappropriate expectations being imposed on a child, including overprotection and limitation of exploration and learning or preventing the child from participating in normal social interactions.
It may involve serious bullying causing them to feel frequently frightened or in danger, or the exploitation or corruption of a child.
It may involve seeing or hearing the ill treatment of another (witnessing domestic abuse).
Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Neglect

Neglect is the persistent failure to meet a child's physical and psychological needs likely to result in the serious impairment of the child's health or development.
Neglect can occur during pregnancy for example as a result of maternal substance misuse, once a child is born, neglect may involve a parent or carer

failing to:

- provide adequate food, shelter and clothing (including exclusion from home or abandonment)
- protect from physical and emotional harm or danger
- ensure access to appropriate medical care or treatment, failure to follow prescribed treatment/therapy plans.
- ensure adequate supervision (including the use of inadequate care-givers).

Neglect may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Exploitation

Exploitation means taking advantage of someone's vulnerability to treat them badly for the abuser's benefit.

Child Sexual Exploitation (CSE)

Sexual exploitation can take many forms from the seemingly consensual relationship where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Child trafficking

This means recruiting, moving or receiving a child through force, trickery or intimidation to take advantage of them. Signs and symptoms could be a **domineering** adult accompanying the child all the time and speaking for them. The child could appear withdrawn, compliant and unkempt, or show little or no use of the English language.

Domineering

This term means to use power, influence and/or authority over others.

Female Genital Mutilation (FGM)

FGM means to remove, constrict or otherwise disfigure a girl's labia or clitoris for non-medical reasons, in most cases before they reach the age of 8. Some communities may use religious, social and cultural reasons to justify FGM, but it is a form of abuse. Signs and symptoms could range from severe pain and bleeding and chronic infections to psychological, mental health and sexual problems or damage to the reproductive system and infertility. You need to be aware

Radicalisation

This is where children and young people are taught extreme, often violent, ideas based on political, social or religious beliefs. Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having anew circle of friends, use of extremist terminology, reading material or messages.

All forms of abuse are likely to create a change in behaviour of the victim. Behaviour changes could mean a child becomes withdrawn, timid, easily startled or maybe boisterous, aggressive, attention-seeking or wanting to please. Depression, anxiety, self-harm, eating disorders and going back to younger behaviour are other possible indicators. You might also get concerned if a child is not attending school regularly or is being admitted to several different A&E departments or GP drop-in centres. These could be ways for the abuser to cover up how often the child needs medical help. It is important to know that not all children will display the same symptoms and that usually there is more than one type of abuse happening for example, physical and emotional abuse.

What is Domestic Abuse?

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive of threatening behaviour, violence or abuse between those aged 16 or over who are or have intimate partners of family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

Psychological
Physical
Sexual
Financial
Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act of a pattern of acts of assault, threats, humiliation an d intimidation or other abuse that is used to harm, punish or frighten their victim.

This definition, which is not a legal definition, includes so called "honour" based violence, Female Genital Mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

It is vital that all CoCH staff should adhere to the Trust's Domestic Abuse Policy if a patient to whom they are giving care discloses or is suspected as being a victim of domestic abuse the need to complete a domestic abuse risk assessment (see DA policy must be considered). The CoCH Independent Domestic Violence Advisor (IDVA) can be contacted to discuss each case in more detail ext 5596.When dealing with domestic abuse, staff must be mindful of safety issues (and that victims are at the greatest risk from the alleged perpetrator when starting to disclose the DA) therefore staff should ensure a safe and private environment to discuss further. Such discussions should only take place if the service user is alone and never in front of the alleged perpetrator. Nothing should be written regarding discussions about domestic abuse in paperwork the service user will take home from the CoCH

The impact of a parent's/carer's physical and mental health, Substance misuse or Domestic Abuse on child wellbeing

To grow up happy and safe, children need parents or carers who love, and are able to protect and care for them in a stable, safe and secure home. Physical care and daily routines are important for development so anything that upsets routines can be unhelpful. If a parent or carer's physical or mental health is impaired because of mental ill health, substance misuse or domestic abuse, this could impair their ability to care safely and effectively for their children.

Examples of possible harm are:

- A parent/carer with mental health issues might feel unable to build attachments with their child, possibly causing emotional harm; or the child might be forced into decision making that they are not ready for.
- A child with a parent/carer who is blind or deaf may be at increased risk of physical harm as they might not be fully able to judge dangerous situations.

Seeing or hearing acts of domestic violence can have a similar effect on children as being emotionally abused. Apart from a feeling of helplessness, they may not feel safe. Research suggests that there is a high likelihood that aggression could turn towards children present. It also suggests that the stress of experiencing violence at home can impair the brain development of babies. Domestic violence is a risk to the child's physical, emotional and social development.

Private Fostering

A private fostering arrangement is essentially one that is made without the involvement of a Local Authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. Privately fostered children are a diverse and sometimes vulnerable group which includes:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum-seeking and refugee children;

- Teenagers who, having broken ties with their parents, are staying in short–term arrangements with friends or other non-relatives;
- Children who stay with another family whilst their parents are in hospital, prison or serving overseas in the armed forces;
- Language students living with host families

Under the Children Act 1989, private foster carers and those with Parental Responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency.

Teachers, health and other professionals should notify the local authority of a private fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified.

It is the duty of every local authority to satisfy itself that the welfare of the children who are privately fostered within their area is being satisfactorily safeguarded and promoted. The local authority must also arrange to visit privately fostered children at regular intervals. All arrangements and regulations in relation to Private Fostering are set out in the **Children (Private Arrangements for Fostering) Regulations 2005**. Children should be given the contact details of the social worker who will be visiting them while they are being privately fostered.

Young Carers

A Young Carer is a child or young person living with a parent or sibling with a disability and /or illness such as mental ill health, substance misuse and physical illness. Being a young carer can impact on the young carer's development, health and wellbeing.

Children's rights

As a worker, you have a duty to make sure the rights of all individuals are promoted and that includes children's rights. You may not directly care for or support children or young people but through your work you may come into contact with them. It is important that you understand their rights.

The Human Rights Act 1998 gives a number of fundamental rights to every person living in the UK. Some of these rights include:

- The right to life
- Freedom from torture or degrading treatment
- The right to education
- The right to liberty and security
- Protection from discrimination

The United Nations Convention on the Rights of the Child (UNCRC) is a worldwide agreement between countries as to the basic rights that children under 18 should have.

www.unicerf.org.uk/UNICEFs-Work/UN-Convention/

Some of the rights relating to child protection are:

- The right to life
- The right to live a health life
- The right to not be separated from their parents unless they are at risk of harm
- The right of protection from drugs, sexual abuse or any harm to their development.

Article 39 specifies that children who have been neglected or abused should receive specialist support to restore their self-respect such as counselling.

If you have any safeguarding concerns about a child or young person that you come into contact with during your work at the CoCH, or if you are concerned that an adult patients situation could impact negatively on their children/ place their children at risk, please contact the CoCH Safeguarding Children Team ext 5596, mobile 07789926177, Bleep 2395. If it is out of hours and the situation can-not wait please call the Children's Social Care Emergency Out of Hours Duty Team on 01244 977277.
AED, Children's Unit and Maternity Staff please follow the established Safeguarding Children Notification process's for your clinical areas.
Also see attached flowchart.

Actions to take when concerns of suspected or alleged abuse have been made

Countess of Chester Hospital NHS
NHS Foundation Trust

What To Do If You're Worried a Child is Being Abused

Child Protection Flowchart For Referral

Childrens Social Care

Cheshire West & Chester Integrated Access & Referral Team i-ART 0300 123 7047
Halton 0151 9078305
Wrexham 01978 292039
Flintshire 01352 701000

Emergency Duty Teams

Cheshire West & Chester 01244 977277
Flintshire/Wrexham/ Denbighshire 08450 533116
Halton 0345 050 0148

Police

Cheshire 01244 350000

North Wales 01745 538426

PRACTITIONER HAS CONCERNS ABOUT CHILD'S WELFARE

Practitioner discusses with manager and/or other senior colleagues as they think appropriate

Still has concerns

No longer has concerns

Practitioner refers to social services, following up in writing within 48 hours

No further child protection action, although may need to act to ensure services provided e.g. may need support via the Team Around the Family Process (TAF)

Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day

Feedback to referrer on next course of action

Initial assessment required

No further social services involvement at this stage, although other action may be necessary, eg. onward referral

Concerns about child's immediate safety

For advice prior to referral call Named or Designated Professionals

Rajiv Mittal *Designated Doctor*	01244 364802
Howie Isaacs *Named Doctor*	01244 364802
Karen Milne Paula Lewis *Safeguarding Children Team*	01244 365596
Anne Eccles *Designated Nurse*	01244 385023
Vivien Beswick (AED) *Link Nurse*	01244 365224

The hospital on-call paediatricians may also be contacted at any time for advice if necessary. Bleep through switchboard. Out of hours please refer to the on-call paediatrician.

Please note CoCH Paediatricians do not complete Sexual Abuse medicals. If a request is made to the CoCH for a Sexual Abuse medical please direct the caller to Children's Social Care and the relevant Sexual Abuse Referral Centre (SARC) for Cheshire West and Chester cases 0161 6766515 for North Wales 01492 805072

May 2016

A child might tell someone that they have been abused or a family member, friend, worker or someone else might make an **allegation** about abuse happening at the time or in the past. Policies and procedures will give information on signs and symptoms of abuse, how to respond to the victim, lines of reporting and important telephone numbers so that any worker can feel confident when dealing with an incident. Do not hesitate if you have any concerns about a child being abused. It is not your role to judge situations, that is the responsibility of the CoCH Safeguarding Children Team, Children's Social Care and the Police, but if you don't alert them, they cannot act.

Allegation

Making an allegation means stating that someone has done something. Allegations need to be reported and investigated so it is important that you are not judgemental, but be open and honest with regard to your responsibilities.

The risks associated with the internet and online social networking

The internet, with its endless access to information, is a valuable tool but also a potential risk to safety and security. It is important to monitor or be aware of what a child sees and shares, or could

become exposed to. There is a high risk of being exposed to sexual predators (for example, in chatrooms), pornography or radicalisation. Using e-technology to bully people has become an increasing problem in recent years with over a third of young people having been affected at least once. There has been a massive increase in online bullying due to the use of social media such as Twitter and Facebook, which is easily accessible through mobile devices as well as computers. Examples include posting negative comments on someone's Facebook site, taking on someone's identity on the web to humiliate them or harassing someone via their mobile phone.

Legislation and safeguarding

When considering the welfare of children there are several pieces of **legislation** that should be taken into account as well as your own organisation's policies and procedures and ways of working.

<u>CoCH policies in place</u>

Local Safeguarding Children Board (Cheshire West & Cheshire) Manual of procedures
All Wales Safeguarding Children Procedures
CoCH Safeguarding & Promoting the Welfare of Children Policy
CoCH Safeguarding Children Clinical Supervision Policy
CoCH Domestic Abuse Policy

Staff should be aware that as with all CoCH policies, the above are all available to read via the hospital's Intranet and SharePoint.

Legislation

The term used to describe laws and the process of creating statutory guidance on the legal rules that affect people in society.

The Children Act 1989: Legislation written to protect the welfare of children who are at risk and also children who may be in need of services. This tells you exactly what you need to do it you suspect a child or young person is at risk of harm or in need of support.
www.legislation.gov.uk/ukpga/1989/41/contents

The Children Act 2004: This act covers services that children and young people may access. It places a duty on Local Authorities and their partners to co-operate and make sure that services work together to safeguard children.
www.legislation.gov.uk/ukpga/2004/31/contents

The Sexual Offences Act 2003: This act has two parts, the first one stating what is considered a sexual offence, including physical and non-physical contact. The Act also defines sexual offences against children under 13 and under 16. The age of consent is set at 16, unless you hold a position of trust in relation to the young person, for example as their worker, teacher, trainer etc. In that case the age of consent is 18. The second part of the act deals with the sex offenders register and civil protective order.
www.legislation.gov.uk/ukpga/2003/42/contents

The Care Act 2014 brings care and support legislation together into a single act with new wellbeing principles at its heart. Although the Care Act is meant for adults in need of support and their carers it also makes some provisions for children and young carers. Children who care for their parents in their own home are being made part of their parent's needs assessment in order to establish the support and help they need.

The Children and Families Act 2014 aims to provide young carers with the same help and support as adult carers. All carers under the age of 18 have the right to have their support needs assessed and Local Authorities will help them caring for a family members as best as they can.

Statutory Responsibility

The Children Act 2004 (section 11) places a duty in law on this organisation to ensure that all duties are discharged with a regard to the need to safeguard children and young people. As a result of the Children Act 2004, the Trust is a statutory partner of the Local Safeguarding Children Board (LSCB). The LSCB has overall responsibility for monitoring the safeguarding children activities of this organisation. As a result the Trust must ensure that all of its employees regardless of their area of work, and regardless of whether they have regular contact with children or not, is aware of what is meant by safeguarding children and young people, and who to contact in the Trust if they are concerned about a child.

Cheshire West & Chester Local Safeguarding Children's Board (LSCB)

Set up under section 13 of the Children Act 2004.

To co-ordinate and ensure the effectiveness of work that is done in safeguarding and promoting the welfare of children and young people under the age of 18.

The key priorities are to:

- support parents, carers and families in providing safe and stable homes for children and young people
- children must be safe from: maltreatment, neglect, violence and sexual exploitation, accidental injury and death, bullying and discrimination, crime and anti-social behaviour in and out of school

2004 Children Act section 11 "Duty to Co-operate". The CoCH has a duty in law, and therefore you as a member of CoCH staff have a duty in law to always act to protect and safeguard children and young people when you have contact in your daily working at the CoCH.

The regular LSCB newsletter is sent to all CoCH Managers and is placed on the Safeguarding noticeboards in your ward/clinical area.

What are the levels of intervention/support available to children and families in Cheshire West and Chester

Team Around Family (TAF)

Team Around Family processes are initiated where a child is felt to have need of additional support from one or more agencies to enable them to have improved outcomes in terms of their health, development and achievement. TAF is a model for early intervention and support to be offered to the child and family, and health professionals may become involved if they are working with children who it is felt would benefit from TAF. **TAF is not an appropriate intervention where children are identified as having suffered from, or are at risk of suffering from, "significant harm". Children in these circumstances should always be discussed with the CoCH Safeguarding Children Team ext. 5596 or , if not available, with Children's Social Care in the in the area in which the child lies and/or the on-call Consultant Paediatrician.**

If a CoCH staff member, supported by the CoCH Safeguarding Children Team makes a referral to Children's Social Care, there are two categories under which the Local Authority Children's Social Care will assess the needs of a child

> A **"child in need"** – "a child shall be taken to be in need if he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by the Local Authority" (Children Act 1989 section 17).
>
> A **"Child in need of Protection"** - "a child who is suffering, or is likely to suffer significant harm, this can be a result of a deliberate act/acts or as a result of a failure to provide proper care" (Children Act 1989 section 47)

Confidentiality/Information Sharing

No staff member must allow their duty to patient confidentiality prevent them from sharing their concerns about a child. It is a case of sharing the appropriate information with the appropriate person or agency and about sharing that information safely.

The Data Protection Act 1998 is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

Your failure to share could put a child at risk of harm.

Please contact a member of the CoCH Safeguarding Children Team if at any time you have a safeguarding children concern and are not sure if or what information you should be sharing and with whom.

You must ensure all safeguarding children concerns and actions taken are clearly documented.

You must ensure you regularly look at the Safeguarding Notice Board in your clinical / working area to see all recent safeguarding updates and training information.

September 2016

CONFIDENTIALITY CHECKLIST

HAND-OUT

REQUEST FOR PATIENT IDENTIFIABLE DATA RETRIEVAL

The new Data Protection Act 1998 lays down guidance as to how personal data should be handled. Should a complaint be made by a patient about how their data has been handled and used and investigations prove that the guidance has not been followed; both the individual member of staff concerned and the Trust may be liable for prosecution and damages may be awarded.

Patients have a right to be informed about how their data will be used. If they have not been informed when collecting the data and the intentions for which the data was captured change, they should be informed of the new intended use and given an option to opt out.

It is a matter of good practice to inform patients of how their data may be used and explicitly ask for their consent wherever practicable.

Staff requesting the retrieval of patient identifiable data will be asked the following questions:-

- Who will have access to the data apart from yourself?
- Why is the data required in an identifiable format? (it may be possible to provide what is required with anonymised data)
- Who will be responsible for the security of the data?
- How will the data be stored?
- How long will the data be held in a patient-identifiable format?
- Who will be responsible for disposing of it?
- Will the data be taken outside of the hospital?
- Will patients be contacted directly?
- Will any patient-identifiable data be published? (if so patients involved must give explicit consent)
- If the data is required for R&D, has our local Ethics Committee approved its use?

ELECTRONIC MEDIA ACCEPTABLE USE PROCEDURE (INFORMATION SECURITY POLICY)

AIM

This procedure and guidelines explains the Trust's policy on acceptable system use.

SCOPE

eMail and Internet at work is primarily provided for work purposes. Employees must not use the service for personal commercial gain. This includes but is not limited to marketing, advertising and selling goods or services. Employees may use the system for limited use provided it is not excessive and is in line with the Trust's Information Governance Information Security Policy and related procedures.

Internet usage is recorded – both time spent and sites visited. IM&T monitors all activity and usage on an ongoing basis and may escalate identified inappropriate use of the Internet to the relevant Divisional Manager (or Executive) for internal investigation. Internet usage checks may also be requested by Divisional Management.

Misuse of the Trust's systems is an abuse of Trust resources and could result in disciplinary action being taken and removal of these facilities.

Use of the Trust's systems for illegal activity is usually grounds for immediate dismissal and any illegal activity will be reported to the police. Illegal activity includes, but is not limited to, sending or receiving material related to pedophilia, terrorism, incitement to racial harassment, stalking and sexual harassment and treason. Use of the service for illegal activity will result in the immediate suspension of your account/s.

ROLES AND RESPONSIBILITIES

Please refer to the Information Security Policy that covers this procedure

PROCESS

Electronic Media Acceptable Use Guidelines

Best practices

The Countess of Chester NHS Foundation Trust considers the Internet & Email as an important means of communication and recognises the importance of proper Internet content and speedy replies in conveying a professional image and delivering good customer service. Therefore the Trust insists users must adhere to the Information Security Policy and procedures (e.g. Email Procedure, Internet Procedure, etc.).

Please read the following guidelines carefully. You will be required to sign the form at the end of this document to ensure you understand your responsibilities. This form must be given to your manager on your first day at work.

Internet Usage
Please read the full Internet Procedure

Dos and Don'ts

Do

- Read the full Internet Procedure
- To access research material and other information relevant to your work
- To access web sites and webmail accounts for personal use so long as this does not interfere with work. (see system monitoring)

Don't

- Creating, downloading or transmitting (other than for properly authorised and lawful research) any obscene or indecent images, data or other material, or any data capable of being resolved into obscene or indecent images or material
- Creating, downloading or transmitting (other than for properly authorised and lawful research) any defamatory, sexist, racist, offensive or otherwise unlawful images, data or other material
- Creating, downloading or transmitting material that is designed to annoy, harass, bully, inconvenience or cause needless anxiety to other people
- Creating or transmitting "junk-mail" or "spam". This means unsolicited commercial webmail, chain letters or advertisements
- Using the Internet to conduct private or freelance business for the

purpose of commercial gain

- Creating, downloading or transmitting data or material that is created for the purpose of corrupting or destroying other user's data or hardware

- Downloading streaming video or audio for entertainment purposes

Email Usage

Please refer to the full NHSMail Acceptable Use Procedure.

The Trust uses NHSMail. This is the accepted first choice for speedily, securely and cost effectively transmitting communications to all employees and between groups of employees or individuals.

Dos and Don'ts

Do

- Read the full NHSMail Procedure

Don't

- Direct contact & communication with patients, specifically the transmission of details related to health delivery should not transmitted via email or other electronic media
- Use of Trust communications systems to set up personal businesses or send chain letters
- Forwarding of Trust confidential messages to external locations or personal email accounts
- Distributing, disseminating or storing images, text or materials that might be considered indecent, pornographic, obscene or illegal
- Distributing, disseminating or storing images, text or materials that might be considered offensive or abusive, in that the context is a personal attack, sexist or racist
- Accessing copyrighted information in a way that violates the copyright
- Breaking into the system or unauthorised use of a password/mailbox
- Broadcasting unsolicited personal views on social, political, religious or other non-business related matters
- Transmitting unsolicited commercial or advertising material
- Undertaking deliberate activities that waste staff effort or networked resources

- Introducing any form of computer virus into the corporate network

Your Responsibility

- You are responsible for the maintenance of your email account as per the Trust's Information Security Policy and specific NHSMail Acceptable Use Procedure
- Users will be solely responsible for the emails sent from their account
- Arrangements should be made in an individual's absence to ensure that important emails can be accessed by a colleague
- Your calendar within MS Outlook will be viewable by all other COCH users, care should be taken to mark "private" all appointments of a personal nature.

System Monitoring

All Internet traffic is logged automatically (each site a user visits is included in the log, with the time visited and pages viewed) to ensure that damaging code or viruses do not enter the organisation's network or systems. The organisation also uses software that prevents users visiting sites that may contain illegal or pornographic material.

If there is evidence that you are not adhering to the guidelines set out in this document, the Trust reserves the right to take disciplinary action, which may lead to a termination of contract and/or legal action.

The Trust also reserves the right to use monitoring software in order to check upon the use and content of all emails received or sent from a mail account even those marked personal or private. Such monitoring is for legitimate purposes only and will be undertaken in accordance with a procedure agreed with employees

Definitions

What is defamation & libel?

A published (spoken or written) statement or series or statements that affects the reputation of a person (a person can be a human being or an organisation) and exposes them to hatred, contempt, ridicule, being shunned or avoided, discredited in their trade, business, office or profession, or pecuniary loss. If the statement is not true then it is considered slanderous or libellous and the person towards whom it is made has redress in law.

What you must not do

Make statements about people or organisations on any email or web pages you are including on the website without verifying their basis in fact or including anything offensive, indecent or obscene material or anything likely to cause offence on

What are the consequences of not following Trust policy?
You and the Trust may be subject to expensive legal action.

Harassment
What is harassment?

What you must not do
Use the internet or email to harass other members of staff by displaying particular web sites that they consider offensive or threatening.

What are the consequences of not following this policy?

The Trust deals with harassment by providing advice, support and mediation. Those perpetrating harassment can also be made subject to the Trust's Disciplinary procedure. *Any proven case of harassment will result in disciplinary action against the guilty party which could ultimately lead to their dismissal.*

Pornography

What is pornography?
Pornography can take many forms. For example, textual descriptions still and moving images, cartoons and sound files. Some pornography is illegal in the UK and some is legal. Pornography that is legal in the UK may be considered illegal elsewhere. Because of the global nature of Internet these issues must be taken into consideration. Therefore, the Trust defines pornography as the description or depiction of sexual acts or naked people that are designed to be sexually exciting. The Trust will not tolerate its facilities being used for this type of material and considers such behaviour to constitute a serious disciplinary offence.

What you must not do
Create, download or transmit (other than for properly authorised and lawful research) pornography.

Send or forward webmails with attachments containing pornography. If you receive a webmail with an attachment containing pornography you should report it to the (IM&T) Information Security Officer or your manager.

What are the consequences of not following this policy?
Users and/or the Trust can be prosecuted or held liable for transmitting or downloading pornographic material, in the UK and elsewhere.

The reputation of the Trust will be seriously questioned if its systems have been used to access or transmit pornographic material and this becomes publicly known.

Users found to be in possession of pornographic material, or to have transmitted pornographic material, may be subject to Organisation disciplinary action.

Copyright

What is copyright?

Copyright is a term used to describe the rights under law that people have to protect original work they have created. The original work can be a computer program, document, graphic, film or sound recording, for example. Copyright protects the work to ensure no one else can copy, alter or use the work without the express permission of the owner. Copyright is sometimes indicated in a piece of work by this symbol ©. However, it does not have to be displayed under British law. So a lack of the symbol does not indicate a lack of copyright. In the case of computer software, users purchase a licence to use the work. The Trust purchases licences on behalf of its users.

What you must not do.

Alter any software programs, graphics etc without the express permission of the owner.

Claim someone else's work is your own.

Send copyrighted material by Internet without the permission of the owner. This is considered copying.

What are the consequences of not following this policy?

A user and/or the Organisation can face fines and/or up to two years imprisonment for infringing copyright.

No user should attempt to access emails, the intranet, or the Internet except with the user credentials and password issued to them and passwords must never be disclosed to another person for the purpose of email internet and intranet access

Locally inappropriate or excessive use of the email or intranet systems may result in disciplinary procedures being invoked.

APPENDICIES

Appendix 1 – Hospital Network and Code of Connection Agreement

MONITORING AND AUDIT OF COMPLIANCE

Author: IM&T Deprtment
Title: Information Security Group
Date: September 2011
Review Date: September 2014

COUNTESS OF CHESTER HOSPITAL
COMPUTER SECURITY ISSUES FOR USERS
(issued with the authority of the Chief Executive).

INTRODUCTION

The Hospital is connected to the UK wide NHS computer network serviced by BT known as **N3**. The network can deliver electronic mail, Internet information services and give clinicians and other healthcare professionals' access to clinically relevant information. Also with the ability to exchange clinical data with other sites connected to the **BTN3** network

Connecting for Health (CFH) has imposed certain confidentiality and security requirements for access to the NHS Net services know as the code of connection. To meet these, it is essential that all computer users adhere to the following network security measures in order to protect our systems and our patient's/staff information from unauthorised access. This also gives the hospital the opportunity to enforce good practice and implement better security on the hospital's systems generally. The user responsibilities detailed below are extracted from the Trust's Network Security Policy. Copies of the full document are available on the intranet. If you are unfamiliar with some of the terminology used in this document you may find in **Appendix 1** "Glossary of Terms" useful or the IT Manager will be happy to answer queries. Users will be required to sign the Hospital network code of connection before access is given. A copy of this is attached in **Appendix 3**

Your responsibilities are as follows:-

1. Personal equipment like PC's, Laptops, mobile phones or networking equipment are strictly prohibited from connecting to the Trusts network. **NO MODEMS** may be connected to **ANY PC** that is directly linked to the Hospital network; this includes any links to external networks or the Internet. Any person requiring network access must contact the IIM&T Service Desk for advice.

2. Passwords should be used on all PC's and for access to the main hospital computers. Individuals will be held responsible for the security of their own password and they should not divulge it to others. Ensure their password is kept secret - passwords should not be shared.

Passwords should be changed regularly and be such that they are not easily guessed as outlined in the Trust's PC Policy. If a user suspects that their password has become compromised, they should report this to the IM&T Service Desk and change their password.

3. The security and confidentiality of patient and staff related data must be maintained. Trust staff are expected to treat all personal information with respect. Any data held on a specific person (patient, member of staff) or on any system/PC is subject to Data Protection Act requirements **(see appendix 2)** and needs to be kept secure and regularly backed up.

   If you have a PC system containing personal data please complete the attached form "PC personal data return" **Appendix 2.**

4. The use of illegal or pirate software is strictly forbidden, due to software copyright requirements. It is also strictly forbidden to install purchased

   software onto additional PC's i.e. one license permits installation on one PC. It is also the user's responsibility to ensure that there isn't an introduction of unauthorised or malicious software on the organisation's IT systems.

A **Code of Connection Agreement** and other documentation is attached for users to review and complete.

GLOSSARY

Appendix 1

Modem: A device which allows a computer to be connected to a telephone line to allow communication with another computer.

Network: A way of connecting computers together to enable easy communication between one or more computers simultaneously.

BTN3: The Nationwide Health network serviced by BT

Virus: A computer virus is a computer program which can copy itself. They can be easily transferred by floppy discs or directly over a computer network. They can cause data loss, e.g. all files on a disc drive can be erased, or can be innocuous, e.g. just display

silly messages on screen. A virus checking program will stop most viruses from causing problems, but they need to be updated regularly to ensure that new viruses can be detected.

Hospital network connection:

This is a fast link into the hospital network that will allow access to all the hospital main computers and the NHS net. It requires that a special network card is installed into the PC and a cable then attached to the network. The network connection will allow easy communication between machines for printing and for transferring files as well as electronic mail.

Networking equipment:

Equipment used to connect IT Devices. E.g. – Switches, Hubs, repeaters, routers or Wireless access points

PERSONAL DATA ON PC DATABASES

It is an individuals right under the Data Protection Act to make a request for a copy of all their personal data held on the hospital's computer systems (a Subject Access Request).

Due to the availability of training and support there has been an increased use of Lotus Smartsuite and Microsoft Access (and other PC packages) for developing in-house databases holding personal data.

In the event of a Subject Access Request these PC databases must be searched and data from them included in the reply to the individual concerned.

A "Subject Access Request" can be made by any person to the Hospital on the payment of a fee and all data on the Hospital systems must be divulged to them, subject to only a few constraints (e.g. data held for research purposes, data deemed to be harmful to the patients well-being by their lead professional).

The attached form should be completed by any member of staff who is responsible for a PC database containing personal data. It should be returned to the IT Manager as soon as possible.

The IT Department process Subject Access Requests in co-operation with the Corporate Secretary.

Note that the form will also be used to compile an inventory of PCs in use throughout the Trust. Please complete the form even if your PC does not hold any personal data.

Locally developed PC systems should allow a printout to be made of all details held on a particular patient to assist the subject access process.

A Full Data Protection Policy has been produced and is available if required.

Your co-operation is needed to assist the Trust in meeting its legal obligation.

HOSPITAL NETWORK and Code of Connection Appendix 3

1) I have read and understand the attached "Computer Security Issues for Users".

2) I understand that it is a disciplinary offence under my terms of employment to fail to comply with this agreement.

3) I understand the need to protect hospital systems and patient information from unauthorised access.

4) I want my PC to be connected to the hospital network.

5) I will not install a modem in the PC or connect it to any public network under any circumstances.

6) I will use the Internet for legitimate use in connection with my role in the hospital only.
(Access is NOT provided for any other purpose)

Signed:.....Date:.....
.....

Name (Block Capitals):.....

Title:.....
Department:.....

Employee's Payroll Pers Number.....

Computer reference number.....

Computer I.P address or username.....

Signature of departmental manager ……

Name (Block Capitals) …….

Telephone extension No.
……..

The employee overleaf is employed on a Permanent/Temporary/Fixed Term Contract.
(Delete as appropriate)

Date when contract ends (if applicable)
…….

Return to:

Manager to place signed original on the departmental staff file and send a copy to
The IM&T Service Desk

Dear Colleague

Intimate Examination for Medical Students

In November 2008, Liverpool medical school stated “medical students ARE NOT ALLOWED TO DO ANY INTIMATE EXAMINATIONS UNDER ANAESTHETIC.

Intimate examinations on patients who are awake and who can give proper (verbal) informed consent at the time are encouraged.”

It has been brought to my attention that some students have been put under pressure to perform intimate examinations whilst patients are anaesthetised. Please ensure your colleagues know that this is NOT permitted.

Yours faithfully

Dr Tom Kennedy FRCP PGCert Med Ed
Consultant Physician in Acute Medicine and Rheumatology
Honorary Senior Lecturer and Director of Clinical Studies Medical School Liverpool University

LOCAL INDUCTION CHECKLIST

This form should be completed within 28 days of a new starter attending Trust Corporate Induction.

It is recommended that all staff who change their role, or staff who have returned from long term leave (12 weeks or more) complete this form.

The form should be retained within your department and confirmation of completion of form should be entered directly by Managers onto Managers Self-Serve on ESR.

NOTE: To all bank staff

Please ensure that this document is completed on your 1st or 2nd ward placement and returned to the Temporary Staffing Bank Office (staffing solutions).

Failure to return this may result in a delay to your payments.

Please use the Not Applicable (N/A) box when required

Name	
Dept/Ward	
Job Title	

	Yes	No	N/A	Date
Introductions & Domestic Arrangement				
PC Access and Meditech training has been arranged (if required)				
Ensure staff identity badge in place				
Use of bleep system and emergency number/2222/ telephone				
Location of emergency equipment/ Cardiac Arrest Trolley in your area. Procedure for checking equipment				
Major Incident Policy, Emergency Planning and Business				

	Yes	No	N/A	Date
Continuity for your area				
Trust policies and procedures access via the intranet				
Any disability needs discussed / arranged				
Tour of area by line manager and introduction to key personnel				
Divisional Reporting arrangements				
New Employee contact form completed and send to IM&T (Downloaded from the Intranet)				
Opening / closing times of building				
Dress Code				
Name / location of First Aider`s				
Location of first aid equipment				
Governance and Risk Management				
How to report an incident / accident on-line				
Basic safety precautions including risk assessment				
Safeguarding Children Level 1 Information pack discussed				
Information Governance and Information Security Handbook discussed (This document can be found on the A-Z under Induction Information)				
Confidentiality and Code of Conduct Procedure discussed and Confidentiality Clause signed (This document is sent to the employee by Human Resources as part of the Starter Pack)				
Slips Trips and Falls prevention patient and or others				
Discussion of Incidents Complaints and claims and lessons learnt				
Security				
Security of car parking / building / entry / visitor access				
Lone Worker Policy				
Violence and Aggression Policy				
Bomb threat and suspect package Policy				

	Yes	No	N/A	Date
Fire and Health and Safety				
Fire Warning system explained				
Action on hearing/ Seeing the Fire Alarm				
Action on discovering a Fire (Break Glass Points)				
Location and use of Fire Fighting Equipment				
Means of escape identified/ Fire door safety				
Maintaining escape routes - corridors exits etc kept clear				
Location of Assembly points/Points of safety				
No smoking Rule/Policy				
Particular Hazards e.g flammable liquids/gases/cylinders/ radiation etc) Isolate Medical Gases if applicable				
Personal Protective Equipment Requirements				
Infection Prevention and Control				
Infection Control Policies (including hand hygiene)				
Process for the management of inoculation incident *On SharePoint use needle stick injury to search*				
Fit Tested with respirator type mask - FFP3 (if applicable to role)				
Manual Handling				
Manual Handling Local Induction checklist completed				
Human Resources				
Annual leave / special leave arrangements				
Reporting sick leave / Attendance Management				
Occupational Health Service availability				
Pay / salary arrangements				
Equal opportunity policy and procedures				
Flexi / Hours / Rota				
Training directory and Prospectus access				
Arrange ‘buddy’ (if required)				
Appraisal and Performance review arrangements				

	Yes	No	N/A	Date
Mandatory Training requirements /Study leave policy				
Care Quality Commission (CQC), NHSLA Standards. NPSA Being Open Policy				
Team brief and meetings				
Bullying and Harassment Policy				
Additional Local Training Needs Identified				
Clinical Staff				
Check staff professional registration number				
Guidelines and care pathways in use for your area				
Management of major haemorrhage policy and NPSA Transfusion Competencies completed				
Blood Culture Competencies completed				
Educational session arranged if person will be seeking consent				
Technical skills verification list completed				
Self assessment and verification of medical devices in area				
Health Record Keeping. Discuss the trust standard of record keeping, legibility, date, time, sign and write in BLACK pen				
Record of signature within ward / dept template				
Read Medicines Policy ,Safe Management of Controlled Drugs& Venous Thromboembolism Protocol				

Signature		Date
Signature of Line Manager		Date

Devices in practice

a guide for health and social care professionals

MDA MEDICAL DEVICES AGENCY

HEALTH ESTATES

ESTATE POLICY

An Executive Agency of the Department of Health, Social Services and Public Safety

The Medical Devices Agency helps safeguard public health by working with users, manufacturers and lawmakers to ensure that medical devices meet appropriate standards of safety, quality and performance and that they comply with the relevant Directives of the European Union.

Our primary responsibility is to ensure that medical devices achieve their fullest potential to help healthcare professionals give patients and other users the high standard of care they have a right to expect.

The Medical Devices Agency is an Executive Agency of the Department of Health

The key aim of the Northern Ireland Adverse Incident Centre (NIAIC), part of Health Estates, is to record and investigate reported adverse incidents involving Medical Devices and equipment used in the delivery of Health and Personal Social Services care in Northern Ireland and to issue warning notices and guidance to help prevent recurrence and avert patient or user injury. NIAIC has direct links with MDA who co-ordinate across the adverse incident centres in England, Scotland, Wales and Northern Ireland. NIAIC also disseminates safety information in Northern Ireland, including information provided by MDA.

Health Estates is an Executive Agency of the Department of Health, Social Services and Public Safety.

Devices in Practice

a guide for health and social care professionals

HEALTH ESTATES

ESTATE POLICY

An Executive Agency of the Department of Health, Social Services and Public Safety

Áisíneacht Feidhmeannach don Roinn Sláinte, Serbhísí Sóisialta agus Sábháilteacht Phoiblí

MDA MEDICAL DEVICES AGENCY

Safeguarding Public Health

Contents

1 Introduction

Medical devices play a crucial role in care and treatment. This booklet provides a practical guide to medical devices for all health and social care service professionals involved in primary care.
This booklet is for:

- health and social care professionals working in a range of primary care settings including residential and nursing homes
- health and social care organisations as they develop policies and protocols for the use of medical devices
- voluntary and charitable organisations who provide medical devices direct to individuals or Health and Social Care organisations.

Within these groups, people will have different levels of knowledge, expertise, responsibility and accountability concerning the use of medical devices. Increasingly individuals are buying their own medical devices privately. In these circumstances, health and social care professionals need to be aware that it is the responsibility of the owner to ensure that the medical devices are appropriately used and maintained.

Changes in health care technology and clinical practice mean that increasingly complex devices are being used in primary care. This is against a background of legal requirements with which devices and users must comply, together with an increased concern about the quality of care by the public and professionals.

The booklet contains a series of checklists to help ensure informed procurement and the safe use of medical devices.

2 What is a medical device?

The term ‘medical device’ covers a wide range of products used everyday in primary care settings, such as General Medical Practices, General Dental Practices and Residential and Nursing homes. Devices include items such as needles, syringes, infusion pumps, endoscopes, examination gloves, dressings, walking sticks and blood glucose meters. In other words, any instrument, apparatus, appliance, material or health care product, excluding drugs, used for, or by a service user for:

- diagnosis, prevention, monitoring, treatment or alleviation of disease
- diagnosis, monitoring, treatment, or alleviation of, or compensation for, an injury or impairment
- investigation, replacement or modification of the anatomy or of a physiological process
- control of conception.

A list of some of the products covered by the definition of medical device is provided opposite.

Common categories of medical device

This list is not exhaustive. It provides examples of medical devices.

Equipment used in the diagnosis or treatment of disease, or monitoring of patients, such as:

- Chiropody and podiatry equipment
- Dental instruments, equipment and materials
- Dressings
- Endoscopes
- Examination gloves
- Gastrostomy tubes
- Intravenous (IV) administration sets and pumps
- Nebulisers
- Ophthalmic equipment
- Peak flow meters
- Surgical instruments
- Suction equipment
- Syringes and needles
- Sphygmomanometers
- Thermometers
- Ultrasound dopplers
- Urinary catheters

Equipment used in life support, such as:

- Defibrillators
- Domiciliary oxygen therapy

systems

- Insulin injectors
- Pulse oximeters
- Ventilators used in the home

***In vitro* diagnostic medical devices and their accessories, such as:**

- Blood glucose measur ng devices
- Cholesterol test kits
- Pregnancy test kits
- Specimen collection tubes
- Urine test strips

Equipment used in care, such as:

- Adjustable beds
- Lifting poles
- Patient hoists
- Pressure relief equipment
- Stoma care equipment

Equipment used by people with disabilities, such as:

- Bathing equipment
- Commodes
- External prostheses and orthoses
- Hearing aids
- Incontinence aids
- Prescribable footwear
- Standing frames
- Urine drainage systems
- Walking aids
- Wheelchairs and special support seating

Other examples include:

i

- Condoms
- Contact lenses and care products
- Intra-uterine devices (IUDs)

3 Procuring medical devices

A policy for procuring medical devices should be established in consultation with the professionals who will be prescribing or using them. Factors that need to be considered in developing a policy include:

- what equipment and accessories need to be provided and why
- the range of particular devices available to cover requirements
- purchasing arrangements for new products
- the tendering process for equipment supply, where applicable
- what is included in a procurement package, e.g. backup, training, servicing and maintenance requirements
- total costs
- compatibility with accessories and other devices
- a system of record keeping to include use, maintenance and tracking where appropriate.

Case Studies

Inappropriate selection of device
A walking frame was selected for an elderly woman. However, the frame broke because it was not strong enough for her weight.

Incompatibility of accessories
A number of deaths each year result as a consequence of cotsides and beds being incompatible.

Procuring medical devices

This checklist will help in making a decision about procuring the most appropriate device.

THE DEVICE

- What functions must the device perform?
  Consider its fitness and suitability for purpose
- What similar devices do we already have?
  Keep range of any type of device limited
- What is the evidence for the choice of this device?
  Consider whether any research on effectiveness has been carried out
- How easy is the device to use and maintain?
  Previous experience, feedback from users
- What is the life expectancy of the device?
- Is a single-use or a multiple-use device most appropriate?
- Has the device a CE marking?
  Note: CE marking demonstrates compliance with the Medical Devices Regulations. In vitro diagnostic medical devices do not require to be CE marked until June 2005. Custom-made devices do not require CE marking
- What accessories are necessary for the intended function of the device?
  Consider whether they are easy to obtain and compatible with the existing device
- Where is the device to be used?
  Consider location, e.g. health centre, residential home, user's home
- Are decontamination processes required and are facilities available?
  Consider whether any infection control measures are needed
- Where can unbiased information on the range of available devices be obtained?
  - consult documents, e.g. Medical Devices Agency (MDA) Evaluation reports, Northern Ireland Clinical Resource Efficiency Support Team (CREST) Equipment Evaluation Subgroup reports, Disabled Living Foundation reports, Hamilton Index
  - consult Regional Supplies Service of the Central Services Agency, servicing contractors, hospital supplies departments, hospital specialists
  - seek advice from colleagues, professional associations, experts in the field

COSTS INCURRED

- What is the cost of the device and installation, if applicable?
- What maintenance is required and what is the cost?
- Are maintenance and servicing costs included in the price?
- What are the purchase, lease and finance options?
- Is servicing insurance cover available and at what cost?

- What is the cost of consumables?
- Does the device represent value for money?

TRAINING REQUIREMENTS

- Are special clinical and technical training requirements necessary?
- Are initial and updating training programmes provided by the manufacturer?

4 Using medical devices safely

Health and social care professionals use medical devices themselves and also provide devices which are then used by others, e.g. by a service user or carer. Health and social care professionals are personally accountable for their use of the device and therefore must ensure that they have appropriate training. They are also personally accountable for ensuring service users and carers have received appropriate training and know how to use the device that has been provided.

Note: An individual health care professional who advises against manufacturer's instructions may take on liability for that device.

Using devices safely

Use this checklist to ensure that you use medical devices safely.

BEFORE USE: assessment

- What are the service users clinical and social needs?
- Which of the medical devices available best meets those needs?
- Has a risk assessment been undertaken?
- Are the risks associated with this device acceptable and can they be minimised?
- If the device has been bought privately, is the service user aware of their personal responsibility?
- If the medical device is to be used by patients and/or carers, have the following been taken into account:

  - *physical capabilities, e.g. manual dexterity*
  - *sensory capabilities, e.g. vision, hearing*
  - *ability to understand and remember*
  - *previous experience with the medical device*
  - *the patient's or client's expectations*
  - *the environment in which the device will be used*

BEFORE USE: knowledge of device

- Is the way the device is to be used that intended by the manufacturer?

- What are the limitations and contra-indications for use?
- Has the device been regularly maintained?
- When was the device last serviced and when is the next service due?
- Has the device been checked after servicing?
- Is the device within its expiry or use-by date?
- Are there any signs of wear, damage or faults?
- Where can a replacement device be obtained?

Ask yourself:

- Do I know how to set up and use this device?
- Have I read the user instructions, and are they attached to the device [if this is possible]?
- Have I been trained in the use of the device?
- How was my competency in relation to this device assessed?
- Do I know how this device should perform and the monitoring that needs to be done to check its performance?
- Am I using the correct additional equipment, e.g. disposable infusion sets for an infusion pump?
- Do I know how to recognise whether the device has failed?
- Do I know what to do if the device fails?
- Do I know how and to whom to report a device-related adverse incident?
- Have I or others modified the device, if so, has liability been checked with the manufacturer?

DURING USE

- Does checking the medical device indicate it is functioning correctly and to the manufacturer's specifications?
- What action should be taken if the device is not functioning properly?
- Has this been documented?
- Is there up-to-date documentation to record regular checking of the device?
- What are the details (name and serial number) of the device being used?
- Is the equipment still appropriate in the light of changing needs of the service user, e.g. children can physically outgrow equipment?

AFTER USE

- If used in the home, how will the medical device be returned to the owner, disposed of, or safely stored?
- What cleaning and/or decontamination is required?

- Does the medical device show any signs of wear, damage or faults that should be reported?
- Is any servicing, maintenance or repair required?
- Were there any problems in using this device which should be noted and could be rectified for the future? e.g. was any information missing from the patient/carer guidance which would have been useful?

Service users and carers

In primary care settings health and social care professionals will often provide medical devices to be used by service users and carers. It is important to ensure that service users and carers have adequate information about the use of the device. Health and social care professionals are personally accountable for ensuring that service users and carers have appropriate training in the use and maintenance of the device provided.

Individuals who purchase a device privately need to be made aware of their personal responsibility to ensure the device is appropriately used and maintained.

Advising service users and carers

Use this checklist to make sure that service users and carers are fully aware of their responsibility for medical devices.

- Has the service user or carer been appropriately trained in the use of the device?
- Have they been given written guidance which supports the use of the device and covers:
  - the name of the device
  - the operation of the device
  - their responsibility for checking the device while in use
  - recognition of the device failure and fault
  - action to be taken in the event of a device failure or fault
  - their responsibility for reporting an untoward event to the supplier of the equipment
  - telephone numbers of contact points in an emergency, including out of hours
  - their responsibilities if they have bought the device themselves?

5 Record keeping

Good records are important in effective device management. Records should provide evidence that the device has been maintained in good condition and that staff know how to use it properly.

Paper-based systems can be used if you have only a few devices; computer-based system may be better if you have a number of devices.

Record keeping

Use this checklist to ensure your record keeping is adequate.

Ensure that your records provide evidence of:

- a unique identification of the device, where appropriate
- an appropriate history of the device, including date of purchase and installation
- having met any legal requirements concerning the use of the device
- proper installation
- routine maintenance.

Your records should show that staff:

- know how to use the device safely
- can carry out day-to-day checks and routine maintenance
- have been trained and had relevant refresher training.

6 Maintenance and repair

Routine maintenance and planned preventative maintenance should ensure that your equipment will work safely when you need to use it, and should increase its working life.

Case Study

Lack of maintenance of regularly-used devices

A bench-top steriliser in a health centre had not been regularly or appropriately maintained. As a result, staff were unaware that it was not sterilising properly.

Maintenance and repair

Use this checklist to ensure that your maintenance and repair systems are appropriate.

- Routine maintenance will include:
  - regular cleaning of the device
  - preparation of the device for use
  - checking and calibrating the device.
- Planned preventative maintenance:
  - should follow the device manufacturer's guidance
  - is usually done by the manufacturer, supplier or agent
  - may be done by third party repairers, provided the work of the sub-contractor is of a sufficiently high standard, is audited and reviewed regularly.
- Procedures for routine maintenance should ensure that:
  - instructions are documented and available
  - staff know how to check that the device is working properly before it is used on a patient
  - staff can identify when a device is faulty and know how to get it repaired
  - staff know how to decontaminate the device after use
  - devices are stored safely in accordance with the manufacturer's instructions.
- Procedures for planned preventative maintenance should ensure that:
  - there is a contract which sets out responsibilities and repair and maintenance requirements
  - there is evidence to show that the service organisation is competent to maintain the device to the manufacturer's specification
  - any changes to the manufacturer's maintenance recommendations have been agreed and documented
  - following maintenance or servicing, the device is checked before it is used with a patient
  - there is a planned replacement policy

- times for preventative maintenance on individual devices are brought to users' attention regularly and automatically
- there is a system to display the date of the last and the next service, if this is appropriate.

- Back-up equipment should be available if the device is defective or requires servicing or maintenance.

7 Training health and social care professionals

All practices and organisations in the public and private sectors must provide adequate arrangements for training in the safe use of medical devices. This also includes agencies providing staff to the care sector. Employers are responsible for ensuring that staff who use medical devices have appropriate training. Equally, all health care professionals and support workers have a personal responsibility and accountability to ensure that they are trained in the safe use of the medical devices they need to use.

Assessment of training needs

An assessment of training needs should be undertaken for individual staff and should address both clinical and technical matters. Training should then be planned to meet the identified needs. This should include whether individual staff:

- understand the principles underlying the use of devices
- are familiar with the practical aspects of the devices they are likely to encounter
- have had their competence assessed in relation to the safe use of devices.

Content of programmes

Use this checklist to ensure that the key issues have been covered when participating in or developing training programmes.

Programmes addressing *general principles* concerning medical devices should include:

- relevant regulations
- the purpose intended by the manufacturer
- performance specifications
- frequency of maintenance and servicing
- checks required following maintenance and servicing
- importance of complying with the manufacturer's instructions for use
- setting up a device
- pre-use checks
- monitoring and checking during use
- reporting an adverse incident
- importance of cleaning and decontamination
- the importance of consulting the manufacturer if considering using or processing the medical device in any way not covered by the manufacturer's instructions.

Programmes addressing the use of *specific devices* should include:

- purpose of the device
- principles of how it operates
- device specifications
- setting up the device
- safety features and the rationale for them
- reliance to be placed on the device
- reliance to be placed on results obtained from the device
- reliance to be placed on the safety features of the device
- importance of 'double checking' by observing the patient and device
- use of any relevant alarms
- difficulties in the use of the specific device and any likely causes of failure
- monitoring and checking of device
- recognising when the device has failed
- common faults in the use of the device

- importance of the user consulting the manufacturer's instructions
- cleaning and decontamination

  Note: Collection, storage, cleaning and decontamination of devices have safety implications not only for patients and users, but also for servicing and maintenance personnel.
- assessing competence in the safe use ofthe device.

8 The importance of reporting adverse incidents

What is an adverse incident?

A device-related adverse incident is an event which can produce, or have the potential to produce, unwanted effects involving the safety of patients, users or other people. An adverse incident can arise from shortcomings in the device, its accessories, its operating instructions, user practice, servicing and maintenance and conditions of use. However, many adverse incidents are the result of user error.

If an incident occurs, what should I do?

- Check and take steps necessary for the well-being of the patient.
- Take device(s) involved out of action and label, together with other material evidence, e.g. packaging if available. If this is not possible the state of the device at the time of incident should be recorded.
- Record:
  - date and time of the incident
  - device settings if relevant
  - details of incident (how it happened and any outcomes for the person affected)
  - details of device affected and any others (type, make, model and serial numbers)
  - details of any error message or failures.
- Report incident to relevant manager and to the Northern Ireland Adverse Incident Centre (NIAIC).

Northern Ireland Adverse Incident Centre
Department of Health, Social Services and Public Safety Health
Estates, Stoney Road, Dundonald, Belfast BT16 1US Telephone
028 9052 3704
Fax 028 9052 3900
E-mail NIAIC@dhsspsni.gov.uk
Reporting Forms are available from the NIAIC and will be available from the DHSSPS website www.dhsspsni.gov.uk.

Devices in Practice Working Group

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Dr G Wilson

Dental Surgeon

ROLLING HALF DAYS (RHD) 2014

Principles:

There will be 3 academic terms as follows:

4. **Spring Term 2013 2014 (Jan-Mar)**
5. **Summer Term 2013 2014 (Apr-Jul)**
6. **Autumn Term 2013 2014 (Sept-Dec)**

- **August** will be for induction of new staff. Each division will determine its own programme.
- RHD will not involve Mondays at all.
- RHD will not involve Friday mornings. There will be occasional Friday afternoon sessions.
- RHD will not occur in weeks with a day lost due to a statutory holiday, e.g. Bank Holiday Mondays, Good Friday.
- There will be 3 'Whole Hospital' RHDs per year; 1 in each academic term.
- There will be holiday recesses.
- This plan will run for 1 year giving approximately 17-20 sessions.
- Attendance records should be available at appraisal.

Spring Term (Jan-Mar) = 5

- Friday 10th January – PM
- Tuesday 28th January – AM
- **Tuesday 11th February – PM (Whole Hospital Day)**
- Wednesday 5th March - AM
- Thursday 20th March – PM

Easter recess (Good Friday 18th April, Easter Monday 21st April)

Summer Term (Apr-Jul) = 6

- Thursday 3rd April - AM
- **Thursday 1st May – PM (whole hospital day)**
- Tuesday 13th May – AM
- Tuesday 10th June - PM
- Wednesday 25th June - AM
- JULY RHD CANCELLED DUE TO LOCAS RESIT DATE IN AUGUST

DATE FOR AUGUST RESITS TO BE CONFIRMED BY UNI

Summer recess / August induction programme

Autumn Term (Sept-Dec) = 7

- Wednesday 10th September – AM
- Thursday 25th September – PM
- Thursday 9th October PM
- Friday 24th October PM
- **Wednesday 12th November – AM (Whole Hospital)**
- Tuesday 25th November – PM
- Thursday 18th December – AM

Christmas recess

Value 1 **We put patients at the heart of everything we do**	• I recognise that there is a patient behind everything we do. • I will strive to provide a quality service at every stage of the patient journey. • I will deliver the service and care I would expect to receive myself. • I will listen carefully to what patients tell me, I will act on it and I will keep the patient informed.	**Value 2** **We have a 'can do' an attitude**	• I will look for solutions to issues rather than accepting that nothing can be done. • I will strive to do my best at times and assist others in, and outside my service area. • I will offer to participate where my skills and experience will be of value. • I will take responsibility for making things happen	**Value 3** **We take pride in the service we provide**	• I will promote our service positively to others and stand up for the service if it is unfairly criticised. • I will take personal responsibility for my role in the service. • I will do my job to the best of my ability. • I will take pride in my surroundings and appearance.
	• I will not act in a disrespectful or unprofessional manner. • I will not consider the patient as an inconvenience.		• I will not say no without considering different options. • I will not pass the buck.		• I will not be negative about our service.
Value 4 **We strive for improvement**	• I will keep an open mind to new ideas, make the most of opportunities and accept when change is necessary. • I will continually look for ways to improve how we work. • I will use feedback to identify improvement opportunities. • I will use effective communication to keep everyone informed.	**Value 5** **We are welcoming, friendly and caring**	• I will treat all patients, visitors and staff with respect and dignity. • I will make a good and lasting impression. • I will be approachable. • I will acknowledge you when you arrive and make time to understand your needs.	**Value 6** **We respect each other**	• I will respect your opinion even if it is different to my own. • I will treat everyone as an equal. • I will respect the role of everyone and their contribution to the Trust. • I will take responsibility for my timekeeping and absences, understanding the impact it has on the service and others.
	• I will not be complacent about the service I provide. • I will not stand in the way of change.		• I will not give you the impression that I am too busy to care. • I will not ignore or judge people.		• I will not abuse my position or authority. • I will not intentionally humiliate others.