

**Healthcare Assistant Handbook**

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#  Introduction

## Guidance statement

The aim of this handbook is to provide anyone working in the role of Healthcare Assistant (HCA) within general practice with a briefing document covering many of the aspects of their role. It is intended to be used as a guidance document and includes links to appropriate policies and training accessible on the Practice Index HUB, within the relevant sections.

The *HCA Handbook* includes the details of clinical and administrative processes, how the organisation intends to support HCAs and a brief overview of how the organisation functions. The handbook should be read in conjunction with your Employee Handbook, some of which has been included in this document to highlight its importance.

This document can never be fully complete as the very nature and organisation of primary care and the NHS are forever changing. If you require any clarification or additional information, please speak to your line manager in the first instance.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/2022-01-01). Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Staffing

The organisation may be managed by a managing partner, a business manager or a practice manager who is responsible for the overall management of the organisation. The business/practice manager may be supported by an operations manager or assistant practice manager who manages the day-to-day organisational operations, a reception manager who line-manages the reception staff, and a dispensary manager who line-manages the dispensary staff, if the organisation undertakes dispensing. There are often medical secretaries, unless the organisation is using a software dictation package, and probably summarisers for the medical records, and/or data managers, as well as others carrying out specialised roles.

The nursing team usually includes practice nurses (RGNs with or without degree qualifications) and nurse clinicians or advanced nurse practitioners (practice nurses with additional qualifications and higher degrees who can prescribe and/or diagnose and treat patients without the need to consult a GP). Nursing teams are supported by healthcare assistants who should normally hold a Level 3 Diploma, NVQ or at the very least the Care Certificate, and advanced practitioners who are qualified to Level 4 or hold a foundation degree. Some organisations may also utilise phlebotomists.

There are other qualified staff who may be found in an organisation, such as physician assistants (degree-qualified but not doctors who can see and treat some medical conditions), pharmacists (again degree-qualified who may have additional qualifications to permit them to treat patients and change medication, etc.), paramedics, pharmacy technicians, physiotherapists, first care practitioners, social prescribers, dementia workers and mental health workers. With the introduction of Primary Care Networks and the Additional Roles Reimbursement (ARR) monies, other allied healthcare professionals are likely to join the primary care team in the future.

Training organisations regularly host GP registrars and medical students and can have strong links with the multidisciplinary team, including district nurses, the MacMillan nursing service, social workers, health visitors, midwives and community teams. The same relationships are being made in many areas with the local authority and particularly social services departments.

## Training and support

This organisation will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this handbook and its policies. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this manual.

# Professional development

## Overview

All team members are supported to gain the skills and experience needed to perform to their maximum potential. The following chapter outlines all aspects of training and support that you will be given as a HCA at this organisation.

This chapter should be read in conjunction with the organisation’s [Employee Handbook](https://practiceindex.co.uk/gp/forum/resources/employee-handbook-ms-word-version.1785/).

## Accountability

All practitioners must ensure that they perform competently and that they don’t work beyond their level of competence. They must inform a senior member of staff when they are unable to perform competently. 1

To be accountable, practitioners must:[[1]](#footnote-1)

* Have the ability to perform the activity or intervention
* Accept responsibility for doing the activity
* Have the authority to perform the activity, through delegation and the policies and protocols of the organisation

Where a task is delegated to a HCA by a member of the nursing team, the nurse remains accountable under the Nursing and Midwifery Council (NMC) Code for their decision to delegate tasks. Specifically, the code states that nurses must:

* Only delegate tasks and duties that are within the other person’s scope of competence, making sure instructions are fully understood
* Make sure that everyone they delegate tasks to is adequately supervised and supported to provide safe care
* Confirm that the outcome of any task they have delegated to someone else meets the required standard

Further guidance on the principles of delegation can be found [here](https://www.rcn.org.uk/professional-development/accountability-and-delegation).

## Appraisal

The organisation is expected to maintain an ongoing process of review and development throughout the year through regular, informal one-to-one meetings, clinical supervision (where appropriate) and more formal, quarterly/annual appraisal meetings. Appraisals are important to help employees engage with their contribution to the objectives of the organisation, and to give them support and encouragement to develop and excel in their roles.

Employees have a responsibility to take an active and prominent role in their own objective setting and performance appraisal process. It is essential that employees read all the mandatory policies and complete all the required training by the date of their appraisal meeting, as specified in each instance.

For further detailed information, see the organisation’s [Performance Appraisal Policy](https://practiceindex.co.uk/gp/forum/resources/performance-appraisal-policy.836/), [Performance Appraisal Preparation Form](https://practiceindex.co.uk/gp/forum/resources/performance-appraisal-preparation-form.1211/) and [Clinical Supervision Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-supervision-policy.701/).



[Appraisal](https://practiceindex.co.uk/gp/forum/threads/appraisals.13911/) eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Care Certificate

The [CQC advise](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-57-health-care-assistants-general-practice) that they will expect to see evidence of how induction programmes include Care Certificate standards. This is for HCAs employed since April 2015. The Care Certificate is comprised of the following 15 standards:

* Understand your role
* Your personal development
* Duty of care
* Equality and diversity
* Working in a person-centred way
* Communication
* Privacy and dignity
* Fluids and nutrition
* Awareness of mental health, dementia and learning disabilities
* Safeguarding adults
* Safeguarding children
* Basic life support
* Health and safety
* Handling information
* Infection prevention and control



[Care Certificate](https://practiceindex.co.uk/gp/forum/threads/care-certificate.13906/) eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Clinical supervision

Clinical supervision is defined as“*a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, be responsible for their own practice and patient protection and safety of care in a wide range of situations”*.

The aims of clinical supervision are outlined in the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing#full-regulation). This dictates that the purpose of clinical supervision is to provide a safe environment for staff to reflect on and discuss both work and their personal and professional responses to this work.

Staff should be supported to obtain further qualifications and provide evidence, where required, to the appropriate regulator to show that they meet the professional standards needed to continue to practise.

The outcome of clinical supervision, if carried out effectively, is that it:

* Improves the professional development process
* Contributes to improved clinical practice
* Allows clinicians to become more competent, confident and self-aware
* Enhances individuals’ problem-solving skills
* Creates a culture of continuous learning and development
* Provides constructive feedback to aid development and competency

It is important that all personnel recognise that clinical supervision is different from line management and the appraisal process; it is also not a mechanism for the management of any disciplinary issues.

For further detailed information, see the organisation’s [Clinical Supervision Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-supervision-policy.701/).

## Code of Conduct

The [Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England](https://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf) describes the standards of conduct, behaviour and attitude that the public and people who use health and care services should expect. The Code states that all HCAs must:

1. Be accountable by making sure you can answer for your actions or omissions
2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times
3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support
4. Communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers
5. Respect a person’s right to confidentiality
6. Strive to improve the quality of healthcare, care and support through continuing professional development
7. Uphold and promote equality, diversity and inclusion

The Code is based on the principles of protecting the public by promoting best practice.

## Continuing Professional Development (CPD)

Training will be a continuing part of your employment at this organisation and your training needs will be discussed as part of your annual appraisal.

CPD needs to:

* Be a documented process
* Be self-directed, driven by the individual, not the employer
* Focus on learning from experience, reflective learning and review
* Help set development goals and objectives
* Include both formal and informal learning

CPD may be a requirement of membership of a professional body. It can help to reflect on, review and document learning and to develop and update professional knowledge and skills. It is also very useful to:

* Provide an overview of professional development to date
* Document achievements and progression
* Uncover gaps in skills and capabilities
* Open further development needs
* Provide examples and scenarios for a CV or interview
* Demonstrate professional standing to employers
* Help with career development or a possible career change

Where the organisation requires or permits you to undertake training or study, you must attend such courses or training and apply yourself both conscientiously and diligently to acquire relevant skills and knowledge.

For further detailed information, see the [Employee Handbook](https://practiceindex.co.uk/gp/forum/resources/employee-handbook-ms-word-version.1785/).

## Induction

Staff induction is the next stage that follows on from the recruiting process. It enables new members of staff to be introduced to the environment in which they will be working. A comprehensive induction programme will enable new team members to understand their roles, responsibilities, and policies and procedures within the organisation.

Induction also underpins the mission, vision and culture of the organisation, enabling new members of staff to understand the role and aspirations of the organisation. The induction process is to be well planned and, whilst induction may vary depending on the role of the new staff member, the core content will remain the same. Line managers are responsible for ensuring that new members of staff complete the induction programme within the first week.

For further detailed information, see the organisation’s [Staff Induction Policy](https://practiceindex.co.uk/gp/forum/resources/staff-induction-policy.952/).



[Induction](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=induction&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1065) eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Job description

You will be provided with an appropriate job description and person specification when you commence your role at this organisation.

A job description sets out the overall purpose of a role and the main tasks to be carried out. The associated person specification details the skills and experience required to perform the job effectively. These will be reviewed at annual appraisal.

## Mandatory training

Whilst the CQC do not have a list of mandatory training for GP organisations, they will consider whether *“staff have the skills, knowledge and experience to deliver effective care and treatment*.”[[2]](#footnote-2) Although the organisation/practice ultimately makes the decision with regard to what training their staff complete, the CQC will, however, expect to see examples of the following training:

* [Basic life support](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=life&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1017)
* [Infection prevention and control](https://practiceindex.co.uk/gp/forum/threads/infection-prevention-and-control-level-2-clinical-staff.13880/)
* [Office,](https://practiceindex.co.uk/gp/forum/threads/office-electrical-and-fire-safety.20352/) electrical and fire safety
* [Mental Capacity Act and Deprivation of Liberty Standards](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=mental+capacity&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1069)
* Safeguarding (both [adults](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=safeguarding&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1061) at risk and [children](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=safeguarding&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1034))

In addition to the above, the organisation considers the following to be mandatory:

* [Anaphylaxis](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=anaphylaxis&showpublished=1&shownotpublished=1&mandatory=&source=&search=1&tableview=0&src=hub#collapse_1017)
* [Chaperone awareness](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=chaperone&showpublished=1&shownotpublished=1&mandatory=&source=&search=1&tableview=0&src=hub#collapse_1017)
* [Complaints management](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=complaint&showpublished=1&shownotpublished=1&mandatory=&source=&search=1&tableview=0&src=hub#collapse_1017)
* [Conflict resolution](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=conflict&showpublished=1&shownotpublished=1&mandatory=&source=&search=1&tableview=0&src=hub#collapse_1017)
* [Duty of candour](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=candour&showpublished=1&shownotpublished=1&mandatory=&source=&search=1&tableview=0&src=hub#collapse_1017)
* [Equality](https://practiceindex.co.uk/gp/forum/threads/equality-and-diversity.13888/) and diversity

* [Health, safety and welfare](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=health+&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub" \l "collapse_1005)
* Information governance and data security awareness
* [Moving and handling](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=moving+and&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1029)
* [Oliver McGowan Mandatory Training](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=oliver&showpublished=1&shownotpublished=1&mandatory=&source=&search=1&tableview=0&src=hub#collapse_1017)
* [Preventing radicalisation](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=radicalisatio&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1059) – Basic prevent awareness
* [Sepsis](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=sepsis&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1080)
* Significant events
* Whistleblowing

For further detailed information, see the organisation’s [Staff Development Policy](https://practiceindex.co.uk/gp/forum/resources/staff-development-policy-mandatory-training-guidelines.1000/).



[All](https://hub.practiceindex.co.uk/courses?sort=name_asc&name=induction&showpublished=1&shownotpublished=1&mandatory=&search=1&tableview=0&src=hub#collapse_1065) mandatory training courses are available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

# Quality and safety

## Alerts

Providing a safe and effective working environment is fundamental to delivering a high standard of care to the entitled patient population. Having systems in place to receive, review and action [Central Alerting System (CAS)](https://www.cas.mhra.gov.uk/Home.aspx) alerts will support the organisation in maintaining patient, staff and visitor safety always.

Alerts can be received in the following ways:

* **Patient safety alert**

A safety alert is a notification to prevent or avoid unexpected or avoidable harm or injury to a patient, carer, staff or visitor, or to prevent fraud.

* **Central Alerting System (CAS)**

This is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others including independent providers of health and social care.

* **Medicines and Healthcare products Regulatory Agency (MHRA)**

This agency is a government body, established in 2003.

* **Yellow Card Scheme**

This scheme helps the MHRA to monitor the safety of all healthcare products in the UK, to ensure they are acceptably safe for patients and those who use them.

* **Estates defects and failures**

NHS healthcare providers should report defects and failures (D&F) involving engineering plant, infrastructure, and non-medical devices to the Department of Health. Defects and failures are to be reported online using the efm information system which can be accessed via <https://efm.digital.nhs.uk/>.

In the interests of patient safety, it is vital that organisations have efficient and effective systems in place to process, disseminate and act on information received in patient safety alerts. The CQC need to be assured that organisations have systems in place to ensure that they are receiving, disseminating and acting upon alerts and information relevant to general practice.[[3]](#footnote-3)

For further detailed information, see the organisation’s [Central Alerting System Policy](https://practiceindex.co.uk/gp/forum/resources/central-alerting-system-policy.981/).

## Being open

An open and blame-free culture can only exist where all employees believe that management fully supports their endeavours at work and where management believes that employees are committed to performing their duties to the best of their abilities when working towards the goals of the organisation. Where trust exists, employees will not fear raising concerns because they know that genuinely made mistakes will not be held against them.

All incidents must be reported immediately by each person involved/present at the time and reported through normal line-management channels to enable an initial review to be undertaken, to bring about any immediate response that is necessary/appropriate.

For further guidance, see the organisation’s [Whistleblowing Policy](https://practiceindex.co.uk/gp/forum/resources/469) and also [CQC GP mythbuster 87: Freedom to Speak Up](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-87-freedom-to-speak-up).



[Whistleblowing](https://practiceindex.co.uk/gp/forum/threads/whistleblowing.13865/) eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Care Quality Commission

The [Care Quality Commission](https://www.cqc.org.uk/) are the independent regulator of health and social care in England. Their purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care. The CQC have four key roles:

* To register care providers
* To monitor, inspect and rate providers
* To take action to protect people who use services
* To speak with an independent voice, publishing their views on major quality issues in health and social care

The CQC inspect providers using an [assessment framework](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) that is comprised of five key questions and associated Key Lines of Enquiry (KLOEs) and prompts. The five key questions are:

1. Are services safe?
2. Are services effective?
3. Are services caring?
4. Are services responsive?
5. Are services well led

Please note, at the time of writing, the CQC have advised that a new single assessment framework will be introduced, and whilst the five key questions remain, KLOEs are to be replaced by [Quality Statements](https://www.cqc.org.uk/about-us/how-we-will-regulate/five-key-questions-and-quality-statements) in late 2023.

For further detailed information, see the [CQC Handbook](https://practiceindex.co.uk/gp/forum/resources/cqc-handbook-ms-word-version.1873/).



[CQC for all staff](https://practiceindex.co.uk/gp/forum/threads/cqc-for-all-staff.13847/) eLearning is available on the HUB.

## Clinical audit

A clinical audit is the quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change.

The purpose of completing a clinical audit is to enable staff to review their own practice and that of their colleagues with the overall aim of making improvements that will benefit the service user.

A clinical audit will:

* Identify and highlight evidence-based practice
* Identify areas for improvement and enhance patient safety
* Provide data that can be used to review the effectiveness of service delivery
* Enhance multidisciplinary team communication
* Improve cross-functional working within the organisation

You may be asked to assist with gathering data and to take part in discussions to review the results and suggest any changes in processes. Clinical audit is just one example of quality improvement activity (QIA) undertaken by the organisation; other examples include:

* Review of outcomes data
* Small-scale data searches
* Information collection and analysis (Search and Do activities)
* Plan Do Study Act (PDSA) cycles
* Significant event analysis (SEA)
* Large-scale national audit
* Reflective case reviews
* Reflection on formal patient and colleague feedback survey results

For further detailed information, see the organisation’s [Clinical Audit Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-audit-policy.1112/).

## Cold chain

The term ‘cold chain’ is used to describe the temperature range in which certain products (such as vaccines) are to be kept during transit and storage. Products must be kept within the given temperature parameters if they are to be effective when administered.

If the cold chain is not maintained and products exceed the recommended parameters, i.e., 2°– 8°C, manufacturers will disclaim responsibility should the products be ineffective, and this will involve both patient and financial implications for the organisation.

Members of staff should be trained to receive cold-chain products. When a delivery arrives at the organisation, the following steps are to be taken to ensure product viability:

* Examine the product(s) for damage/leaks
* Check for order discrepancies (quantity and type)
* Sign for the products only once satisfied and return the delivery note to the driver
* Update the clinical system to reflect delivery, including:
	+ Vaccine/product type and brand
	+ Quantity received
	+ Batch number and expiry date
	+ Date and time of receipt

It is essential that vaccines and other cold-chain products are placed in the appropriate fridge on receipt and not left at room temperature, to prevent product degradation. Therefore, when a delivery arrives, it is essential that trained staff manage the delivery.

The effectiveness of a vaccine can only be guaranteed if the cold-chain process has been maintained and the vaccine stored in accordance with the manufacturer’s guidance, usually between 2° – 8°C. When storing vaccines in a refrigerator, they should:

* Be stored in the original packaging
* Retain the original batch numbers and expiry dates
* Be placed in such a position that maintains air circulation
* Not be placed against the walls or back of the fridge compartment
* Be protected from excessive light

To optimise efficiency, the following best-practice principles should be adhered to:

* Maintain an average fridge temperature of 5°C
* Separate vaccine types within the fridge for ease of identification
* Use labels on the exterior of the fridge to show the location of vaccine types and expiry dates
* Stock rotation must be effective; items with the shortest expiry date should be placed at the front to be used first

Staff responsible for the monitoring and storage of the vaccines should know what to do in the event of a fridge failure or loss of power. Initial actions should be to:

* Keep the fridge door closed to retain the temperature
* Review the overall incident, establish how long the fridge has been without power and determine the last reliable temperature
* Isolate affected vaccines until they are deemed safe to use
* Contact manufacturers to determine the feasibility of using the vaccines
* Maintain an accurate record of the incident
* Dispose of vaccines if rendered unusable

Should the manufacturer deem the vaccines safe to use, normal cold-chain management should be restored. If it is thought that vaccines may have been administered that were outside the parameters, advice should be sought from the local Area Team in conjunction with the manufacturers and, if necessary, patients should be recalled.

Conducting a cold-chain audit will identify areas of good practice as well as areas for improvement regarding the receipting, storing and monitoring of cold-chain items such as vaccines. A cold-chain audit should be conducted at least annually.

For further detailed information, see the organisation’s [Cold Chain Policy](https://practiceindex.co.uk/gp/forum/resources/cold-chain-policy.702/).



[Maintaining the cold chain](https://practiceindex.co.uk/gp/forum/threads/maintaining-the-cold-chain.13605/) eLearning is available on the [HUB](https://hub.practiceindex.co.uk/courses/defaults).

## Comments, compliments and suggestions

At this organisation, it is important that all comments, compliments and suggestions are accurately recorded. Doing this provides demonstrable evidence of effective governance, as the CQC would expect to see that there is a holistic and comprehensive understanding of performance; this includes information collated from patient feedback. Furthermore, by ensuring that a robust procedure is in place for the management of compliments as well as complaints, a balanced picture of how well the organisation is performing can be evidenced.

For further detailed information, see the organisation’s [Compliments Policy](https://practiceindex.co.uk/gp/forum/resources/compliments-policy.1936/).

## Complaints

You are to be fully conversant with the complaints procedure and are to understand that all patients have a right to have their complaint acknowledged and investigated properly.

This organisation takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner. We will maintain communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

Should a patient or relative make a complaint to you about the organisation, it is your responsibility to inform the complaints manager or, if unavailable, a member of the management team. This refers to any complaint, whether written or verbal, and regardless of whom the complaint refers to.

If you are named or involved in a complaint, you will be required to assist in any investigations into the cause of the complaint by making a verbal or written statement concerning the events and your involvement.

For further detailed information, see the organisation’s [Complaints Procedure](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/) and also [CQC GP mythbuster 103: Complaints management](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-103-complaints-management).



[Complaints Management](https://practiceindex.co.uk/gp/forum/threads/complaints-management.13904/) eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Confidentiality

All staff working in the NHS are bound by a legal duty of confidence to protect personal information they may encounter during their work. This is not purely a requirement of their contractual responsibilities; it is also a requirement within the common law duty of confidence and the NHS Care Record Guarantee. The latter is produced to assure patients about the use of their information.[[4]](#footnote-4)

All persons engaged to work for and on behalf of the organisation will be required to sign a confidentiality and non-disclosure agreement. Furthermore, all staff must adhere to the prinicples of confidentiality outlined in the [NHS Confidentiality Code of Practice](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf).

It is strictly forbidden for employees to knowingly browse, search for or look at any personal or confidential information relating to themselves, their own family, friends or other persons without a legitimate purpose. Action of this kind will be viewed as a breach of confidentiality and of the Data Protection Act 2018.

It is important that all staff are conversant and comply with all matters relating to confidentiality. Failure to do so could seriously affect the confidence that patients have in the practice staff and their relationship with health professionals.

For further detailed information, see the organisation’s [Caldicott and Confidentiality Policy](https://practiceindex.co.uk/gp/forum/resources/caldicott-and-confidentiality-policy.1831/).

## Control of Substances Hazardous to Health (COSHH)

In your role as a HCA, you may encounter substances that are potentially hazardous to health. The organisation must undertake COSHH risk assessments and have relevant policies in place to manage such substances.

The basic standards are:

* You must not bring hazardous substances on-site without permission
* You must not move substances into different storage locations or use in new locations/situations unless authorised to do so
* Substances in use will generally be those that are in regular supply, unless an alternative or a new substance has been approved
* You may not use substances bearing a hazard symbol, unless they are authorised, and you are trained to do so
* You will undertake COSHH training in line with the organisation’s training policy
* Personal protective equipment (PPE) of the required grade will be available for use in accordance with the requirements and recommendations stated on the safety data sheets
* COSHH substances will be maintained at a minimum stock level and securely stored

For further information, see the organisation’s [COSHH Risk Assessment Guidance Document](https://practiceindex.co.uk/gp/forum/resources/coshh-risk-assessment-guidance-document.1529/).



[Risk Assessments including COSHH](https://practiceindex.co.uk/gp/forum/threads/risk-assessments-including-coshh.18636/) eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Duty of Candour

This organisation must fulfil its obligations to satisfy the ‘statutory duty of candour’ as part of the NHS Patient Safety Strategy.[[5]](#footnote-5)

Our organisation fosters a culture of openness and honesty to improve the safety of patients, staff and visitors, as well as raising the quality of healthcare systems. If patients or employees have suffered harm because of using our services, the organisation will investigate, assess and, if necessary, apologise for and explain what has happened.

It is also intended to improve the levels of care, responsibility and communication between healthcare organisations and patients and/or their carers, staff and visitors and to make sure that openness, honesty and timeliness underpin responses to such incidents.

If you are aware that something has gone wrong in your dealings with a patient, speak in confidence to your line manager.

For further information, see the organisation’s [Duty of Candour Policy](https://practiceindex.co.uk/gp/forum/resources/duty-of-candour-policy.816/) and also [CQC GP mythbuster 32: Duty of Candour and General Practice (regulation 20)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-32-duty-candour-general-practice-regulation-20).



[Duty of Candour](https://practiceindex.co.uk/gp/forum/threads/duty-of-candour.14413/) eLearning is available on the HUB.

## 3.11 Emergency equipment and medication

This organisation is equipped to deal with medical emergencies, including resuscitation. All staff are appropriately trained to deal with such events; this includes understanding their responsibilities in an emergency, and where to find equipment and medicines, and how to seek help.

The organisation holds the required emergency equipment as detailed in [CQC GP mythbuster 1: Resuscitation in GP surgeries](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-1-resuscitation-gp-surgeries) and also emergency medicines as recommended in [GP mythbuster 9: Emergency medicines for GP practices](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-9-emergency-medicines-gp-practices).

For further guidance, see the organisation’s [Emergency Equipment Checklist](https://practiceindex.co.uk/gp/forum/resources/emergency-equipment-checklist.1103/), [Clinical Guidance Document – Medical Emergencies](https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents) and also the [DNACPR Policy](https://practiceindex.co.uk/gp/forum/resources/dnacpr-policy.1756/) for those patients who may not be considered for cardiopulmonary resuscitation.



[Anaphylaxis](https://practiceindex.co.uk/gp/forum/threads/anaphylaxis.13912/) and [Resuscitation](https://practiceindex.co.uk/gp/forum/threads/resuscitation-adult-basic-life-support.13910/) eLearning is available on the HUB.

## 3.12 Immunisation requirements for staff

Staff at this organisation are at risk from infectious diseases that may be acquired through the course of their work, which may then be spread to patients. To mitigate such risks, the organisation will ensure that all staff have the appropriate immunisations. The rationale for immunising staff is to:

1. Protect the individual (including their family) from an occupationally acquired infection
2. Protect patients and other service users
3. Protect the team
4. Permit the efficient running of the organisation without disruption

Clinical staff are to have the following vaccinations:

* Diphtheria
* Tetanus
* Polio
* MMR (x2 doses)
* BCG
* Hepatitis B
* Varicella

Staff should also be offered the annual influenza vaccine and COVID-19 vaccines as per the national vaccination programme.

For further information, see the organisation’s [Staff Immunisation Policy](https://practiceindex.co.uk/gp/forum/resources/staff-immunisation-policy.686/) and [GP mythbuster 37: Immunisation of healthcare staff](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-37-immunisation-healthcare-staff).

## Infection Prevention and Control (IPC)

The organisation must remain committed to the prevention of healthcare-associated infection with patient safety being an utmost priority. Good management and organisational processes are crucial to ensure that high standards of infection prevention (including cleanliness) are maintained.

The following are important protocols relating to the HCA role:

* Infection Control Biological Substances Protocol
* Infection Control Inspection Checklist
* Clinical Waste Management Protocol
* Disposable (Single-Use) Instruments Protocol
* Needlestick Injuries Protocol
* Safe use and disposal of sharps
* Sample Handling Protocol
* Sterilisation and Decontamination Protocol
* Isolation of Patients Protocol
* Notifiable diseases
* Toys in reception/waiting areas
* Staff exclusion from work

All of the above protocols are incorporated in the organisation’s [Infection Prevention and Control Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/) and the [Cleaning Standards and Schedule Policy](https://practiceindex.co.uk/gp/forum/resources/cleaning-standards-and-schedule-policy.1388/).

Effective IPC must form part of your everyday practice and must always be applied.



[Infection prevention and control](https://practiceindex.co.uk/gp/forum/threads/infection-prevention-and-control-level-2-clinical-staff.13880/) eLearning is available on the HUB.

## Medical devices

Training in the use of medical devices is a primary factor in device safety. All clinical staff will undergo training in the use of medical devices pertinent to their role and scope of practice.

Training for medical devices will cover, but is not limited to, knowing how to:

* Use the device and controls appropriately
* Fit adjuncts
* Interpret the displays/gauges
* Acknowledge and respond to alarms
* Report any defects with the device
* Decontaminate/clean the device in accordance with the manufacturer’s guidelines
* Access the user manual (whether online or held by the equipment manager)
* Report any adverse effects of devise usage appropriately

On occasion, it may be necessary to loan certain medical devices to service users (patients, carers or their relatives) as part of their ongoing care needs. All equipment loans should be coordinated by the organisation, ensuring that the device is serviceable and ready for use by the end user.

For safety, it is essential that service users being loaned the device are deemed competent to use and maintain the device and agree to return it in the same condition. The duration of the loan will depend on a number of factors and will be agreed with the recipient at the time of issue, who will liaise with the clinician requesting the loan.

For further guidance, see the organisation’s [Medical Device Management Policy](https://practiceindex.co.uk/gp/forum/resources/medical-device-management-policy.720/).

## Needlestick injuries

Sharps (needlestick) injuries are a well-known risk to workers in healthcare and, for those who receive them, they can cause anxiety and distress. Anyone working at this organisation is at risk from a sharps injury and all employers are required under existing [health and safety law](https://www.hse.gov.uk/pubns/hsis7.pdf) to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

Everyone has a duty of care to minimise the risk of exposure to sharps injuries. The following actions, [recommended by HSE](https://www.hse.gov.uk/healthservices/needlesticks/prevention-management-sharps-injuries.pdf), will further reduce the risk of exposure:

* No needle recapping or re-sheathing
* Availability of portable sharps containers
* Adequate number and placing of sharps containers within arm’s reach
* Disposing of sharps immediately at the point of use in designated sharps containers
* Sealing and discarding sharps containers when they are three-quarters full
* Establishing means for the safe handling and disposal of sharps devices before the beginning of a procedure

All staff need to be familiar with the immediate management procedure, both for themselves if they become injured and for assisting injured colleagues. Furthermore, all staff must ensure that all sharps injuries are reported and recorded as a significant event.

For further detailed information, see Annex G of the organisation’s [Infection Control Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/) and the HSE website guidance – [Avoiding Sharps Injuries](https://www.hse.gov.uk/biosafety/blood-borne-viruses/avoiding-sharps-injuries.htm).

## Oxygen

Medical gases such as oxygen are classed as hazardous substances and, as a result, they are stored securely, with access limited to authorised personnel only. All staff who handle or use medical gases must receive the appropriate training which includes:

* How to handle cylinders safely
* The correct storage of cylinders
* The hazards associated with gas cylinders
* How to identify a cylinder and its contents
* Actions in the event of an emergency
* How to report defects and what to do with defective equipment

Staff are not permitted to handle cylinders until they have completed the required training.

Oxygen supplies must be regularly checked to ensure that cylinders are sufficiently charged for use, and HCAs may be asked to assist with this task.

For further detailed information, see the organisation’s [Medicines and Medical Gases Storage Policy](https://practiceindex.co.uk/gp/forum/resources/medicines-medical-gases-storage-protocol.704/update/1613/).

## Patient Specific Directions

A Patient Specific Direction (PSD) is an instruction to supply and/or administer a medicine that is written and signed by the prescriber. A PSD can also be an instruction to administer a medicine to a list of named patients.

Whilst the Royal College of Nursing (RCN) supports HCAs to administer specific vaccines to adults and the nasal influenza vaccine to children, they do not support HCAs administering other vaccines ([CQC GP mythbuster 57](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-57-health-care-assistants-general-practice)). However, the CQC have advised that HCAs can administer a wider spectrum of vaccinations, provided that they are supported by a PSD and that the HCA:

* Is assessed as competent
* Has the necessary knowledge and skills, and
* Has been delegated the task; then they may follow a PSD

This is detailed in [GP mythbuster 19: Patient Group Directions (PGDs)/Patient Specific Directions (PSDs)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions).

HCAs are only permitted to vaccinate under a Patient Specific Direction (PSD) and are not permitted to vaccinate under a Patient Group Direction (PGD).

For detailed information, see the organisation’s [Patient Specific Directions](https://practiceindex.co.uk/gp/forum/resources/patient-specific-directions.1251/).

## Personal Protective Equipment (PPE)

Employees who have been provided with PPE must ensure it is used and worn in accordance with the instructions provided. The RCGP advise that basic PPE protection includes:

* Disposable aprons
* Disposable gloves
* Fluid-resistant face mask
* Eye protection: this should be worn when there is a risk of contamination to the eyes from the splashing of secretions (including respiratory secretions), blood, body fluids or excretions

The organisation will ensure that, where PPE is provided, the provision of adequate information, instruction and training on its use is also included, including refresher training. This will cover:

* The types of exposure risk and why PPE is required
* The operation, performance and limitations of the equipment
* The correct methods for usage and storage
* Any testing requirements before use
* User maintenance including hygiene and cleaning procedures
* Factors that may affect the equipment
* How to identify defects in PPE and the methods of reporting these
* Arrangements for PPE replacement

For further information, see Annex R of the organisation’s [Infection Prevention Control](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/) policy.



[Infection prevention and control](https://practiceindex.co.uk/gp/forum/threads/infection-prevention-and-control-level-2-clinical-staff.13880/) eLearning is available on the HUB.

## Safeguarding adults

The safeguarding of children, young people and adults at risk is crucial for healthcare professionals. It is essential that all staff are continually aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues, and ensure a high-quality service is provided, including the appropriate sharing of information.

The organisation has robust safeguarding policies in place for both vulnerable adults and children. In addition, there is a nominated safeguarding lead and nominated deputy. Furthermore, the organisation will ensure that staff complete the required level of safeguarding training proportionate to their role.

HCAs at this organisation will be expected to complete Level 2 training on safeguarding both adults and children.

For further detailed information, see the organisation’s [Safeguarding Policy](https://practiceindex.co.uk/gp/forum/resources/safeguarding-policy.728/).



[Safeguarding Adults](https://practiceindex.co.uk/gp/forum/threads/safeguarding-adults-level-2.13870/) and [Children](https://practiceindex.co.uk/gp/forum/threads/safeguarding-children-level-2.13868/) eLearning is available on the HUB.

## Sepsis

Sepsis is the body’s life-threatening response to infection. It can be catastrophic if undetected and untreated, leading to tissue damage, multiple organ failure and death. Sepsis affects many different organs so it can be hard to spot.[[6]](#footnote-6)

All staff at this organisation will be trained to recognise and appropriately respond to the acutely unwell or deteriorating patient. Where doubt exists, staff should alert a clinical colleague to ensure that patients are afforded the most appropriate level of care in a potentially distressing situation.

For further information, see the organisation’s [Sepsis Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-sepsis.818/).



[Sepsis](https://practiceindex.co.uk/gp/forum/threads/sepsis.13606/) eLearning is available on the HUB.

## Sharps disposal

The safe use of sharps bins is essential to reduce the risk of exposure. The Sharps Regulations require that clearly marked and secure containers be placed close to the area where sharps are used. Instructions for staff on the safe disposal of sharps must also be placed in those areas.[[7]](#footnote-7)

Sharps bin management is the responsibility of the person using the bin, not the cleaning team. The safe use of sharps and their subsequent safe disposal will reduce the risk of injury to all staff and patients at this organisation.

Staff must adhere to the following requirements:

* Ensure that, when not in use, the lid window is “temporarily” closed
* Replace the bin one month after the date of assembly (unless three-quarters full prior to this date)
* Do not overfill the bin! Once the bin is three-quarters full, close the lid securely
* When closing sharps bins, staff are to ensure that:
* The lid window is clicked into the closed position
* The date of closure is annotated on the label and signed by the member of staff
* The bin is taken to the clinical waste area

For further detailed information, see Annex H of the organisation’s [Infection Prevention Control](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/) policy.

## Significant events, critical and safety incidents

Providing safe, effective, high-quality patient care is the aim of all staff. Given the complexity of primary care, and the associated pressures resulting in increased clinical and administrative workloads, it is inevitable that significant events will occur.

Significant Event Analysis (SEA) identifies both good and poor practice. However, the overall aim of the process is to enable reflection and learning, thereby enhancing the level of service offered to the patient population.

The organisation keeps a record of significant events which includes a record of each meeting, with details of the event and any learning outcomes.

Clinical and non-clinical events will be reported in cases of actual patient harm or potential harm (a “near miss”).

Examples of significant events (SEs) include:

* Breaches of confidentiality
* Important messages not relayed
* Delayed diagnosis
* Wrong treatment

It is important that these events are widely shared within the organisation, so clinical matters need to be included, albeit briefly, in all meetings with staff throughout the organisation where events are reviewed and learning points discussed.

For further detailed information, see the organisation’s [Significant Event Policy](https://practiceindex.co.uk/gp/forum/resources/significant-event-policy.1029/).



[Significant events and safety incidents](https://practiceindex.co.uk/gp/forum/threads/significant-events-safety-incidents-an-overview.20798/#post-117892) eLearning is available on the HUB.

# Clinical processes

##  Overview

The following chapter should be used as a reference guide, to gain a basic understanding of the clinical aspects of the role of the HCA, from which skills will be developed and competency assessed.

## Allergies, intolerances and sensitivities

Allergies, intolerances and sensitivities are widely recognised within the healthcare environment and several products used in health and social care settings may cause allergic reactions. This organisation recognises their significance, and all staff have a responsibility to minimise potential exposure as far as possible.

HCAs must be able to recognise and respond to an adverse reaction and support the patient appropriately.

For further detailed information, see the organisation’s Clinical guidance document – [Allergies, Intolerances and Sensitivities.](https://practiceindex.co.uk/gp/forum/resources/1535)



The following eLearning is available on the [HUB](https://practiceindex.co.uk/gp/forum/#practice-index-learning.361):

[Anaphylaxis](https://hub.practiceindex.co.uk/courses?name=ana&showpublished=1&shownotpublished=1&own=0&hidegs=&package=&limit=50&sort=name_asc&search=1#collapse_1016)

[Resuscitation - Adult basic life support (Level 1 and 2)](https://hub.practiceindex.co.uk/courses?name=basic&showpublished=1&shownotpublished=1&own=0&hidegs=&package=&limit=50&sort=name_asc&search=1#collapse_1017)

[Resuscitation - Paediatric basic life support (Level 1 and 2)](https://hub.practiceindex.co.uk/courses?name=basic&showpublished=1&shownotpublished=1&own=0&hidegs=&package=&limit=50&sort=name_asc&search=1#collapse_1295)

## Blood glucose monitoring

Only those staff who have been trained and assessed as competent are permitted to undertake capillary blood glucose monitoring. Regular monitoring of blood glucose levels can help people with diabetes to manage their risk of developing complications.

All staff who perform capillary blood glucose monitoring must fully understand how to interpret and act on the results of the test.

HCAs at this organisation will be trained and assessed as competent to undertake capillary blood glucose monitoring and will be supported by members of the clinical team to maintain their competency following the initial training.

## Blood pressure monitoring

Blood pressure monitoring is undertaken by all clinical staff, including healthcare assistants (HCAs); this is considered to be within their scope of practice and all HCAs will be trained and assessed as competent to undertake this task.

Detailed guidance for HCAs in the form of a slideshow on how to take a blood pressure reading has been produced by the RCN and can be [accessed here](https://www.rcn.org.uk/professional-development/professional-services/first-steps).

For further detailed information, see the organisation’s [Clinical guidance document – HCA blood pressure monitoring](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-hca-blood-pressure-monitoring.998/).

## Chaperoning

All patients are to be routinely offered a chaperone, ideally at the time of booking their appointment. It is a requirement that, where necessary, chaperones are provided to protect and safeguard both patients and clinicians during intimate examinations and/or procedures.

HCAs may at some point be asked to act as a chaperone; therefore, it is essential they are trained and aware of their individual responsibilities and competencies required for the role of chaperone.

Training for staff who will be expected to undertake formal chaperone duties includes:

* What is meant by the term chaperone
* What is an intimate examination
* Why chaperones need to be present
* The rights of the patient
* Their role and responsibilities
* Policy and the mechanism for raising concerns

For further detailed information, see the organisation’s [Chaperone Policy](https://practiceindex.co.uk/gp/forum/resources/chaperone-policy.730/).



[Chaperone awareness](https://practiceindex.co.uk/gp/forum/threads/chaperone-awareness.13905/) eLearning is available on the HUB.

**NB:** This training does not permit an individual to undertake chaperone duties; additional training is required.

## Diabetic foot check

Diabetes can reduce the blood supply to a patient’s feet and cause peripheral neuropathy. Sufferers can often develop sores or injuries that go unnoticed for some time and if injuries do occur, they often do not heal well or without expert advice and intervention.

Annual foot checks can ensure that the risk of developing any foot complications is identified early. A foot check will be performed as part of a patient’s annual diabetes check.

At this organisation, only those HCAs trained and assessed as competent are permitted to perform the foot check. Furthermore, all staff must ensure they adhere to extant guidance.

For further information, see the organisation’s [Clinical guidance document – diabetic foot check](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-diabetic-foot-check.1578/).

## Ear irrigation and microsuction

HCAs are permitted to perform electronic ear irrigation and/or microsuction but may only do so having completed training that meets the current [BSA (2020) Minimum Training Guidelines for Aural Care delivered by hearing care professionals](https://www.thebsa.org.uk/wp-content/uploads/2020/12/OD104-27-MTG-Aural-Care-V2.pdf).

Such training includes, but is not limited to:

* Communication with patients, carers or significant others
* Infection control, and health and safety
* Aural anatomy and physiology
* Medico-legal issues
* Competent use of associated equipment and procedure

Using appropriately trained and competent staff will ensure that a high level of patient-centric care is always delivered.

For further detailed information, see the organisation’s [Clinical guidance document: Ear irrigation and microsuction](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-ear-irrigation-and-microsuction.1276/).

## Electrocardiogram (ECG)

The electrocardiogram is an important diagnostic procedure and will be undertaken only by trained members of staff. Effective recording can aid diagnosis and support clinicians in identifying the most appropriate treatment pathway.

A 12-lead electrocardiogram (ECG) is a non-invasive procedure used to obtain information about the electrophysiology of the heart, including the heart rate and rhythm. It is a representation of the heart’s electrical activity during depolarisation and repolarisation, recorded from electrodes placed on the body’s surface, which enables pathology to be localised to particular regions of the heart.[[8]](#footnote-8)

All staff undertaking an ECG must have completed the appropriate level of training pertinent to their individual role and responsibilities. Refresher training will be arranged by the organisation’s training coordinator on a regular basis.

For further detailed information, see the organisation’s [Clinical Guidance Document: ECG Procedure](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-ecg-procedure.1240/).

## Learning disabilities

The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) commits to improve the care of people with a learning disability (LD) and autism. As such, organisations must ensure that their patients with a learning disability are invited to an annual health check. All staff at this organisation must be aware of the importance of providing care and support to patients with a learning disability and autism.

A learning disability can be mild, moderate or severe, with some people being able to communicate effectively and look after themselves but needing longer to learn new skills. However, on the other end of the spectrum, those with a severe LD may be unable to communicate at all and may well have additional disabilities.

As part of your role, you may be asked to undertake some of the elements of the annual health check; this may include, but not be limited to, weight, pulse rate, blood pressure, phlebotomy and urinalysis.

For further detailed information, see the organisation’s [Clinical Guidance Document: Learning Disabilities](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-learning-disabilities.1404/).



The Oliver McGowan Mandatory Training eLearning is available on the [HUB](https://hub.practiceindex.co.uk/courses#collapse_1016).

## Medical emergencies

Patients may present with a medical emergency at any time. GPs, nurses, allied health professionals and non-clinical staff may be faced with the challenge of dealing with, and appropriately managing, a medical emergency; it is therefore imperative that the organisation is prepared for such occurrences.

In general practice, medical emergencies have been classified as:[[9]](#footnote-9)

* Cardiovascular (heart related)
* Respiratory (breathing related)
* Gastrointestinal (related to the digestive system)
* Endocrine (hormone related)
* Neurological (relating to the brain/nervous system)
* Overdoses and poisoning

As a HCA, you will be trained to recognise patients who may present with signs relating to a medical emergency, such as:

* Shortness of breath
* Wheezing
* Dizziness
* Obvious signs of distress / pain
* Sweating profusely and/or paleness
* Appearing confused or disorientated

NB: This list is not exhaustive.

In such instances, you should alert a clinical colleague to ensure that patients are afforded the most appropriate level of care in a distressing situation. All staff have an essential role to play in identifying, responding to, and managing medical emergencies. Early recognition and summoning help are key if further distress and harm are to be prevented in medical emergencies.

For further detailed information, see the organisation’s [Clinical guidance document – Medical emergencies](https://practiceindex.co.uk/gp/forum/resources/medical-emergencies-policy.906/).



The following eLearning is available on the [HUB](https://hub.practiceindex.co.uk/courses#collapse_1016):

[Anaphylaxis](https://hub.practiceindex.co.uk/courses?name=ana&showpublished=1&shownotpublished=1&own=0&hidegs=&package=&limit=50&sort=name_asc&search=1#collapse_1016)

[Resuscitation - Adult basic life support (Level 1 and 2)](https://hub.practiceindex.co.uk/courses?name=basic&showpublished=1&shownotpublished=1&own=0&hidegs=&package=&limit=50&sort=name_asc&search=1#collapse_1017)

[Resuscitation - Paediatric basic life support (Level 1 and 2)](https://hub.practiceindex.co.uk/courses?name=basic&showpublished=1&shownotpublished=1&own=0&hidegs=&package=&limit=50&sort=name_asc&search=1#collapse_1295)

## NHS Health Check Programme

The NHS Health Check is for patients aged between 40 and 74. Patients aged between 65 and 74 will also be advised of the signs and symptoms of dementia and, if appropriate, signposted to memory services.

All eligible patients are to be offered an NHS Health Check once every five years. Patients over the age of 74 are permitted to request a health check should they have any concerns or questions.

The following are mandatory requirements of the NHS Health Check Best Practice Guidance[[10]](#footnote-10) and are to be recorded within the patient’s healthcare record; these will be recorded and/or conducted by a HCA:

* Age
* Gender
* Smoking status
* Family history of CHD
* Ethnicity
* Body Mass Index (BMI)
* Cholesterol level
* Blood pressure (BP)
* Physical activity level
* Alcohol use disorders identification test (AUDIT) score
* Cardiovascular risk score

For further detailed information, see the organisation’s [New Patient Registration and Health Check Policy](https://practiceindex.co.uk/gp/forum/resources/new-patient-registration-health-check-policy-england.1005/).

## Obesity management

The organisation maintains a register of patients who are defined as obese. The register includes those aged 18 years or over with a Body Mass Index (BMI) > 30 or > 27.5 for those of Black, Asian and other minority ethnic groups.

The organisation takes a proactive approach to identifying those living with obesity and refers those who are ready, willing and able to make appropriate behavioural and lifestyle changes to the local weight management service. Recording a patient’s BMI (calculated from height and weight) opportunistically is key to maintaining this register.

In order to support the practice-based approached to obesity, HCAs may be given appropriate training and have access to weight management resources to help them effectively support patients.

For further detailed information, see the organisation’s [Clinical guidance document - Obesity management protocol.](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-obesity-management-protocol.1802/)

## Phlebotomy

The organisation will provide a standardised approach to the training and competency of all those undertaking venepuncture. Clinicians will identify and subsequently refer patients to the HCA team to obtain blood samples for the purpose of aiding diagnosis or for therapeutic monitoring.

HCAs provide much-needed support to the multidisciplinary team. Understanding the venepuncture procedures will enable HCAs to provide a safe and effective service to the entitled population.

For further detailed information, see the organisation’s [Phlebotomy Policy](https://practiceindex.co.uk/gp/forum/resources/phlebotomy-policy.1098/).

## Resuscitation

Basic Life Support training is part of the mandatory training programme at this organisation and, following [UK Resuscitation Council](https://www.resus.org.uk/home/faqs/faqs-basic-life-support-cpr) (UKRC) guidance, refresher training is to be completed on an annual basis (as a minimum requirement). Whilst eLearning is an acceptable training method, the UKRC advise that this training method should include hands-on practice using a training manikin.



The following eLearning is available on the HUB:

[Resuscitation – Adult Basic Life Support](https://practiceindex.co.uk/gp/forum/threads/resuscitation-adult-basic-life-support.13910/)

 [Resuscitation – Paediatric Basic Life Support](https://practiceindex.co.uk/gp/forum/threads/resuscitation-paediatric-basic-life-support.14410/)

## Smoking cessation

According to [NHS](https://www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking/) information, smoking is one of the biggest causes of illnesses and preventable deaths in the UK and accounts for more than 78,000 deaths each year.

As an organisation, there is a requirement to support patients to stop smoking; this includes ensuring that literature is available for patients and that they are offered access to the appropriate services.

Those involved in the provision of smoking cessation services are advised that users of electronic cigarettes who have never smoked or have given up smoking are to be recorded as non-smokers or ex-smokers accordingly.

For further detailed information, see the organisation’s [Clinical Guidance Document: Smoking Cessation](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-smoking-cessation.982/).

## Specimen handling

Clinical specimens are often referred to as samples by patients and can be defined as any substance (solid or liquid) taken from the patient for the purpose of analysis. This organisation will make sure all staff receive the required training to ensure specimens are handled safely. It remains the responsibility of all staff to make certain they adhere to best practice and the guidance provided.

Specimens, if not handled correctly, are a risk of infection to all personnel involved, including healthcare workers, transport staff and laboratory personnel. Specimens that are unlabelled, without a completed request form, in incorrect containers or leaking are unlikely to be processed by the laboratory.

Staff must ensure they are wearing the appropriate PPE when handling specimens. Also,  [MPS recommend](https://www.medicalprotection.org/ireland/resources-training/articles/view/infection-prevention-and-control-mitigating-the-key-risks) that reception staff do not touch patient specimens. Instead, a box should be placed at reception for patients to leave their samples, which can then be passed to the clinical team for processing.

For further detailed information, see the organisation’s [Infection Prevention and Control (IPC) Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/).



[Infection prevention and control Level 2](https://practiceindex.co.uk/gp/forum/threads/infection-prevention-and-control-level-2-clinical-staff.13880/) eLearning is available on the [HUB](https://hub.practiceindex.co.uk/courses#collapse_1016).

## Spirometry

The [NHS](https://www.nhs.uk/conditions/spirometry/) defines spirometry as a simple test used to help to diagnose and monitor certain lung conditions by measuring how much air a person can breathe out in one forced breath, whereas a spirometer is an instrument for measuring the air capacity of the lungs.

Spirometry is to be used to support the clinician in determining a definitive diagnosis. The test is to be performed along with a physical examination and, where necessary, chest X-rays, blood tests and any other procedures deemed appropriate by the clinician.

Only staff who have completed the training recommended by the Association for Respiratory Technology and Physiology (ARTP) are permitted to perform diagnostic spirometry. Individuals who complete training and are awarded a certificate will be included on the national register which is maintained by the ARTP.

For further information, see the organisation’s [Clinical Guidance Document: Spirometry](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-spirometry.1026/).

## Urinalysis

Urinalysis is a common but important screening and diagnostic procedure. The organisation will ensure that all HCAs receive the necessary training to enable an accurate urinalysis to be undertaken.

Urinalysis at this organisation will be conducted using a reagent stick. For the test to be effective, it must be undertaken properly, and the results interpreted and recorded on the clinical system correctly.

Should a HCA interpret the result of the urinalysis as being abnormal, they must discuss their findings with a member of the nursing team.

Guidance on handling specimens can be found at section [4.16](#_Specimen_handling) of this handbook.

## Vaccinations

The [National minimum standards and core curriculum for immunisation training of health support workers](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464033/HCSW_Training_Standards_September_2015.pdf) define the standards of training required for HCAs to administer vaccinations.

The guidance recommends that only HCAs who have achieved education and training to Level Three of the Qualifications and Credit Framework or equivalent in England and Wales, with at least two years’ experience as a HCA, should be considered for training in vaccination.

The organisation will facilitate in-house vaccination training, including refresher training for all staff whose role requires them to vaccinate patients.

For further detailed information, see the organisation’s [Clinical Guidance Document: Patient Immunisation](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-patient-immunisation.688/).

## Wound care

Wound care management can often be a complex procedure and clinical staff, particularly nurses, must ensure that their skills and knowledge are current for wound care to be effective. For wound care to be of the highest standard, staff must understand all the elements associated with the wound care process.

Wound assessment comprises the following factors:[[11]](#footnote-11)

* History including previous management
* Location of the wound
* Area and depth
* Condition, e.g., granulating, sloughy, diffuse, etc.
* Signs of infection such as odour or inflammation
* Pain
* Fluid, e.g., exudate, pus, serum
* Factors affecting the healing process

A thorough assessment will inform the clinician as to what dressing is appropriate and how the wound is to be managed.

Wound cleansing is the process of cleaning the wound to remove foreign materials, for which there are two techniques:

* Aseptic technique
* Clean wound management technique

The aseptic technique is to be used in cases where the patient is immuno-compromised or the wound enters a sterile body cavity. Clean wound management is to be used when there is no requirement for the aseptic technique.

For further detailed information, see the organisation’s [Clinical Guidance Document: Wound Dressing](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-wound-dressing.999/).

# Organisational processes

## Absence management

This organisation understands that there will inevitably be some absence among employees and aims to strike a reasonable balance between its business needs and the genuine needs of employees to be absent from work due to sickness or injury.

Employees who need to be absent from work due to sickness or injury must comply with the organisation’s rules and notification requirements. Failure to follow the organisation’s procedures in relation to sickness absence may lead to disciplinary action.

All staff must notify their line manger by telephone if they are ill or unable to attend work for any other reason. Notification should be as early as possible and, in any event, no later than one hour after their normal start time on the first day of absence. They should state the reason why they cannot attend work and how long they think the absence will last.

For further detailed guidance, see the organisation’s [Absence – Sickness Absence Policy (reporting procedures and rules)](https://practiceindex.co.uk/gp/forum/resources/absence-sickness-absence-policy-reporting-procedures-and-rules.784/).

## Appointments

At this organisation, all patient appointments are made using the clinical system. Patients can book an appointment online, by telephone or in person at the reception desk.

There are many different appointment types such as telephone, book on day, urgent, walk-in, etc., all of which are booked using the clinical system. Appointments with HCAs are usually ten minutes long; however, the duration of the appointment may be changed depending on the reason why the appointment was booked – for example, a patient may attend with comorbidities or may have complex needs.

The appointment system is managed by the administrative team and HCAs are not permitted to amend the system. If HCAs have a suggested way to improve the appointment system, they should discuss this with their line manager in the first instance.

For further detailed information, see the [Urgent and Walk-in Appointments Receptionist Policy](https://practiceindex.co.uk/gp/forum/resources/urgent-and-walk-in-appointments-receptionist-policy.1011/).

## Business continuity

The organisation must be able to demonstrate that it has planned for, and can respond to, a variety of incidents that may affect patient care. [The Civil Contingencies Act (2004)](https://www.legislation.gov.uk/ukpga/2004/36/contents) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents whilst maintaining services.[[12]](#footnote-12)

This organisation has plans and arrangements in place that allow us to be responsive to incidents that have a short, medium or long-term impact on the running of our services.

All staff working at the organisation, including contractors, agency staff and locum staff, must fully understand how to respond to any incident that may affect service delivery. Staff will be made aware of the plan as part of their induction and ongoing training.

For further detailed information, see the [Business Continuity Policy](https://practiceindex.co.uk/gp/forum/resources/business-continuity-policy.1056/).

## Carers

Carers form a diverse group and provide services for individuals who need assistance or support with day-to-day living.

Carers are encouraged to discuss that they have become, or are, a carer, with this organisation as soon as possible so that it is highlighted in the carer’s medical records using the appropriate SNOMED codes:

* Has a carer (184156005)
* Is a carer (224484003)

It is important to inform a GP so that the organisation can understand the specific needs of, and the demands placed on, the carer, then they will be able to offer advice and ongoing support to the carer as required. Most organisations have a nominated carers’ lead and provide a Carer Registration Form. All carers need to be coded as such on the clinical system.

For further detailed information, see the organisation’s [Identification of Carers Policy](https://practiceindex.co.uk/gp/forum/resources/identification-of-carers-policy.699/) and [Carers Policy for Staff](https://practiceindex.co.uk/gp/forum/resources/carers-policy-for-staff.1399/).

## Confidential waste

All staff working in the NHS are bound by a legal duty of confidence to protect any personal information they may encounter during the course of their work.

This is not purely a requirement of their contractual responsibilities; it is also a requirement within the common law duty of confidence and the NHS Care Record Guarantee. The latter is produced to assure patients about the use of their information.

The organisation’s confidential waste policy covers all forms of personal confidential data, relating to patients or staff, and data of a clinical, personal, financial or commercially sensitive nature, and relates to both electronic and hard-copy confidential waste.

The policy provides guidance on:

* Legal requirements
* Associated policies
* Compliance requirements
* Regular disposal of confidential waste
* Working away from the office environment
* Auditing
* Data breaches and non-compliance
* Destroying and deleting records

For further detailed information, see the organisation’s [Confidential Waste Policy](https://practiceindex.co.uk/gp/forum/resources/confidential-waste-policy.1585/?fromcat=41).

## Consent

The organisation acknowledges that consent to treatment is the principle that a person must give permission before they receive any type of medical treatment, test or examination. This must be done on the basis of an explanation by a clinician. Consent from a patient is needed regardless of the procedure.

Consent must be voluntary and informed if it is to be deemed valid, whilst the person consenting must have the capacity to do so.

It is imperative that all staff record the key elements of their discussion with the patient relating to consent. Should there ever be any dispute as to whether valid consent was obtained, the key issue will not be whether the patient did or did not sign a form but whether they were given all the information needed to make a considered decision.

From a legal perspective, it is essential that a full record of any discussion about the likely outcome of any treatment or procedure is detailed. The presence of this within the medical record will ensure that evidence is kept of how the patient reached their considered decision.

For further information, see the organisation’s [Consent guidance](https://practiceindex.co.uk/gp/forum/resources/consent-guidance.707/).



[Consent](https://practiceindex.co.uk/gp/forum/threads/consent.13901/) eLearning is available on the [HUB](https://hub.practiceindex.co.uk/courses#collapse_1016).

## Dealing with unreasonable, violent and abusive patients

At this organisation, the directive is that at no time will any violent, threatening or abusive behaviour be tolerated towards staff, patients or visitors. It is the responsibility of all staff to ensure they recognise, respond to and take the necessary action when dealing with any patient who is behaving in a violent, threatening or abusive manner towards colleagues, contractors or patients.

The organisation has adopted various panic alarms amongst its staff and within its premises, recognising the risks to the health and safety of staff that could arise from incidences of aggressive behaviour, and this procedure enables staff to respond should a panic alarm be sounded by a member of staff.

All staff are given an overview of the panic alarms and how they work during the induction process.

For further detailed information, see the organisation’s [Dealing with unreasonable, violent and abusive patients](https://practiceindex.co.uk/gp/forum/resources/dealing-with-unreasonable-violent-and-abusive-patients-policy.1638/).

## Did not attend (DNA)

It is essential to make the best use of the clinicians’ availability to ensure that all patients have access to appointments within an acceptable time frame. Within general practice, failure to attend appointments is commonplace. It is therefore essential that an efficient management system is in place.

All DNAs are to be recorded on the clinical system in each patient’s healthcare record with the following SNOMED CT[[13]](#footnote-13) codes:

* Did not attend – Reason given – 185326000
* Did not attend – No reason given – 270426007

Awareness is to be given to children who fail to attend an appointment. Whilst all missed appointments have traditionally been classified as a “Did Not Attend”, this group actually needs to be classified as “Was Not Brought” as it is not a child’s responsibility to attend the appointment; it is the responsibility of their parents or carers to take them. To record a “Was Not Brought”, use SNOMED CT code 901441000000108.

All missed appointments for children should be flagged with the safeguarding lead.

Having a robust management system in place will help to reduce the number of DNAs and ensure that all patients have improved access to an appointment within an acceptable time frame.

For further information, see the organisation’s [Did Not Attend (DNA) Policy](https://practiceindex.co.uk/gp/forum/resources/did-not-attend-dna-policy.691/).



[How to reduce DNAs](https://practiceindex.co.uk/gp/forum/threads/how-to-reduce-did-not-attends-dnas.13521/) eLearning is available (for free) on the [HUB](https://hub.practiceindex.co.uk/courses#collapse_1016).

## Disciplinary procedures

All employees are required to carry out their duties diligently, to the best of their ability and in the best interests of the organisation. Specifically, employees are expected to observe all applicable policies and procedures.

However, occasions do occur when it is necessary to take formal disciplinary action towards employees whose behaviour or performance is unacceptable or detrimental to the organisation, staff, clients, patients or suppliers. It is therefore essential that there is a mechanism in place to deal with disciplinary matters.

For further detailed information, please see the organisation’s [Disciplinary Policy and Procedure.](https://practiceindex.co.uk/gp/forum/resources/disciplinary-policy-and-procedure.746/)

## Flu clinics

The organisation participates in the annual flu vaccination programme and facilitates pre-determined clinics to administer vaccines. The programme usually starts in September and ends the following March.

The organisation will run a campaign inviting all eligible patients to attend and have their free flu vaccine. Patients eligible for the free vaccine are those:

* Aged 65 and over
* With certain health conditions
* Who are pregnant
* In long-stay residential care
* Who receive a carer’s allowance, or are the main carer for an older or disabled person
* Who live with someone with a weakened immune system

Children are also eligible for a free vaccine if they are in the following groups:

* Aged six months to two years (and have a long-term condition)
* Aged two years and up until the child starts primary school

The flu vaccine is the safest and most effective way to help protect against flu.

## Gifts and hospitality

All staff should be aware that if they are given any gifts or donations from patients, these should be added to the gifts and hospitality register. The offering of gifts and hospitality is relatively common, and it is important to note that it is not unlawful. The organisation has outlined what is and is not acceptable in terms of accepting the gift or hospitality, in respect of ethical and legal implications.

At any time, an individual should not receive benefits of any kind which might reasonably be seen to compromise their personal judgement and integrity, or the ethical conduct of the organisation. In addition to registering gifts, the recipient and/or organisation may also need to seek independent tax advice about declaring large gifts of significant value for tax purposes.

For further detailed information, see the organisation’s [Gifts and Hospitality Policy](https://practiceindex.co.uk/gp/forum/resources/gifts-and-hospitality-policy.441/).

## Good practice guidelines for electronic patient records

There is an expectation for healthcare providers to maintain good-quality medical records. All staff are aware that when it comes to medical record-keeping, accuracy, clarity and timeliness are essential components of effective communication between healthcare professionals and patients. The information contained in the record should be comprehensive enough to enable a colleague to carry on where you left off.

The [Good Practice Guidelines for General Practice Electronic Patient Records v4](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215680/dh_125350.pdf)

(GPGv4 2011) should act as a reference for all those involved in developing, deploying and using general practice IT systems. GPGv4 was written and produced by the Department of Health (DH), the Royal College of General Practitioners (RCGP), and the British Medical Association (BMA).

For further detailed information, see the organisation’s [Good practice guidelines for electronic patient records](https://practiceindex.co.uk/gp/forum/resources/good-practice-guidelines-for-electronic-patient-records.703/).

## Health and safety

The organisation recognises the need to comply with the [Health and Safety at Work etc. Act 1974](https://www.legislation.gov.uk/ukpga/1974/37/contents) and understands this is a legal requirement, not a matter of choice. We will continuously strive to fulfil our responsibilities for all matters pertaining to health and safety.

Furthermore, we will ensure that all our staff are fully aware of their individual and collective responsibilities and that they are committed to maintaining a positive and proactive approach to minimising risk.

Under health and safety law, employees have a duty to:[[14]](#footnote-14)

* Take care of their own health and safety and that of others who may be affected by their actions at work
* Cooperate with others on health and safety matters and not interfere with, or misuse, anything provided for their health, safety or welfare
* Follow the training they have received when using any work items the employer has given them

If an employee thinks that this organisation is exposing them to risks or is not carrying out their legal duties with regard to health and safety, and if this has been raised with the responsible person but no satisfactory response has been received, workers can report this to the Health and Safety Executive (HSE).14

For further detailed information, see the organisation’s [Health and Safety Policy](https://practiceindex.co.uk/gp/forum/resources/health-and-safety-policy.809/).



[Office, electrical and fire safety](https://practiceindex.co.uk/gp/forum/threads/office-electrical-and-fire-safety.20352/) eLearning is available on the [HUB](https://hub.practiceindex.co.uk/courses#collapse_1016).

## Interpreter and translation services

There will be occasions when patients who attend the organisation will require the services of an interpreter and/or translator; these patients may fall into the following categories:

* Patients for whom English may not be their first spoken language and who have difficulty in communicating
* Those who communicate using sign language
* Patients who return home from overseas having previously needed to rely on that nation’s healthcare facilities

When the services of an interpreter are required, it is the responsibility of the staff member requesting the service to arrange for the interpreter. Furthermore, the [BMJ](https://www.bmj.com/content/368/bmj.m447) advise that rather than a family member acting as an interpreter, “A professional interpreter is always preferable as they provide a degree of assurance around quality, accuracy, and confidentiality”.

However, when such services are not available, the clinician responsible for the patient is to use their professional judgement to determine whether it is appropriate to use a family member or friend.

For further detailed information, see the organisation’s [Translator and Interpreter Policy](https://practiceindex.co.uk/gp/forum/resources/translator-and-interpreter-policy.1555/).

## Lone working

As an employer, this organisation must manage any health and safety risks before people can work alone. This applies to anyone contracted to work for the organisation including those who are self-employed.

Under the [Management of Health and Safety at Work Regulations](https://www.legislation.gov.uk/uksi/1999/3242/contents/made), the organisation must manage the risk to lone workers including training, supervising and monitoring lone workers and must be able to respond to any incident.

The organisation will ensure, so far as is reasonably practicable, that those who are required to work alone, either on the premises or at other locations, as part of their normal work routine for significant periods, are protected from risks to their health and safety.

For further detailed information, see the organisation’s [Lone Working Policy](https://practiceindex.co.uk/gp/forum/resources/lone-working-policy.861/).

## Remote working

Remote working (or homeworking) enables staff to work from home on a regular or ad-hoc basis, or when the organisation’s Business Continuity Plan comes into effect, such as in the event of the loss of premises or a pandemic.

It is essential that staff work in accordance with the guidance contained within the referenced policies, thereby ensuring that data security is at an optimal level at all times and patient information is protected.

Individual requests for homeworking will be reviewed on their own merits and agreement to a specific request will depend on an objective assessment of whether the employee’s work can be done from home without any detriment to the organisation’s services or patient relationships.

For further detailed information, see the organisation’s [Homeworking Policy and Procedures](https://practiceindex.co.uk/gp/forum/resources/home-working-policy-and-procedures.842/).

Additional, relevant policies include, but are not limited to:

[UK GDPR Policy](https://practiceindex.co.uk/gp/forum/resources/uk-gdpr-policy.1703/)

[Cyber Resilience Policy](https://practiceindex.co.uk/gp/forum/resources/cyber-resilience-policy.1115/)

[Communication Policy](https://practiceindex.co.uk/gp/forum/resources/communication-policy.1008/)

[Intranet and Social Media Acceptable Use Policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/)

[Portable Device Policy](https://practiceindex.co.uk/gp/forum/resources/portable-device-policy.967/)

## Results

The organisation adopts a proactive approach to communicating results. Patients will be informed of their test results even if they are normal.

High-quality communication is critical to patient safety. The processing of test results is an important element of communication between the organisation and the patient. Failure to adhere to internal processes will undoubtedly contribute to unsafe patient care, leading to suboptimal outcomes.

Test results are usually transmitted directly into the clinical system to be viewed by the clinicians and filed into each patient’s notes. The reviewing clinicians will send a task to the most appropriate member of staff, where action is needed, arising from a test result.

For further detailed information, see the organisation’s [Managing Incoming Pathology Results Policy](https://practiceindex.co.uk/gp/forum/resources/managing-incoming-pathology-results.722/).

## Rota management

The rotas at this organisation are compiled by members of the management team. For nurses and allied health professionals, rotas are coordinated by the lead nurse. Any requests to change the rota must be directed to your line manager in the first instance.

HCAs are not permitted to change the rota without prior approval.

## SMARTcard

SMARTcard users have access to sensitive patient data, and efficient access controls are vital to maintain the security of such data. You must make sure you conform to the guidance and to the referenced material to ensure that clinical and personal information is only accessed by those personnel who have a valid reason to do so.

The NHS SMARTcard is required to use the e-referral online system and to deal with patient registrations, to allow the transfer of records between organisations electronically.

In addition, SMARTcards are used in electronic prescribing. The GP clinical system will need to be switched on at each user terminal for these services to be used.

You must always keep your SMARTcard safe, and you must ensure that all procedures and guidelines pertaining to your SMARTcard are followed.

Negligence relating to the safekeeping of your SMARTcard could result in disciplinary action.

To satisfy CQC requirements, this organisation must provide evidence that SMARTcards are managed in accordance with [CQC GP Mythbuster 41: SMARTcards](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-41-smartcards).

For further detailed information, see the organisation’s [SMARTcard Policy](https://practiceindex.co.uk/gp/forum/resources/smartcard-policy.1110/).

## Staff and relatives as patients

To maintain a good patient-clinician relationship, it is imperative that staff and relatives of staff have access to independent and objective medical care, and to facilitate this, staff or relatives of staff are not routinely permitted to register as patients at this organisation.

It is best practice for members of staff or relatives of staff to register at an alternative practice as this reduces the risk of:

* Accidental or intentional access to confidential information (health records)
* Failure to disclose decisive information to enable accurate diagnosis and/or management of the presenting condition
* Failure to ask pertinent questions to aid diagnosis
* Failure to undertake (where necessary) intimate examinations to determine a diagnosis
* The misconception that an informal chat is construed as a consultation
* Employment issues that may arise as a result of this consultation, treatment or subsequent absence

Please advise your line manager of any relatives registered at the organisation.

For further detailed information, see the organisation’s [Staff and Relatives as Patients Policy](https://practiceindex.co.uk/gp/forum/resources/staff-and-relatives-as-patients-policy.965/).

## Uniform, dress and appearance

The organisation expects the appearance of all employees to be professional at all times, both within the workplace and when representing the organisation elsewhere. All employees are required to be neat, clean and well groomed while at work, and will take pride in upholding high standards of personal hygiene.

Employees who are required to wear a uniform must ensure that they do so during working hours, unless advised otherwise by their manager. It is recommended that staff change into and out of uniform at work or cover uniform completely when travelling to and from work. Employees are responsible for keeping their uniforms clean, presentable and in good repair. The uniforms issued must not be altered in any way without the organisation’s permission.

The organisation recognises the diversity of cultures and religions of its employees and will take a sensitive approach when this affects dress and uniform requirements.

For further detailed information, see the organisation’s [Uniform, Dress and Appearance Policy](https://practiceindex.co.uk/gp/forum/resources/uniforms-dress-and-appearance-policy.874/).

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1. [RCN Accountability and delegation](https://www.rcn.org.uk/Professional-Development/Accountability-and-delegation) [↑](#footnote-ref-1)
2. [GP Mythbuster 70: Mandatory training considerations in general practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice) [↑](#footnote-ref-2)
3. [CQC GP Mythbuster 91: Patient Safety Alerts](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-91-patient-safety-alerts) [↑](#footnote-ref-3)
4. [NHS E Confidentiality Policy](https://www.england.nhs.uk/wp-content/uploads/2019/10/confidentiality-policy-v5.1.pdf) [↑](#footnote-ref-4)
5. [NHS Patient Safety Strategy](https://improvement.nhs.uk/resources/patient-safety-strategy/) [↑](#footnote-ref-5)
6. [CQC GP mythbuster 88: Identifying and responding to sepsis](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-88-sepsis) [↑](#footnote-ref-6)
7. [HSE Health Services Information](http://www.hse.gov.uk/pubns/hsis7.pdf) [↑](#footnote-ref-7)
8. [Mid Essex Hospital Services – Performance of an Adult 12 Lead ECG](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwj5ioLz8drdAhVNdcAKHVqfB4wQFjAAegQICRAC&url=http%3A%2F%2Fwww.meht.nhs.uk%2FEasysiteWeb%2Fgetresource.axd%3FAssetID%3D12611%26type%3Dfull%26servicetype%3DAttachment&usg=AOvVaw1tM5659Sjopa_Htj33gD5y) [↑](#footnote-ref-8)
9. [GP notebook medical emergencies](https://www.gpnotebook.co.uk/simplepage.cfm?ID=-919273443) [↑](#footnote-ref-9)
10. [NHS Health Check Best practice guidance (Updated March 2020)](https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/) [↑](#footnote-ref-10)
11. [Practice Nurse Wounds and Wound Care](http://www.practicenurse.co.uk/index.php?p1=a-z&p2=wounds-and-wound-care) [↑](#footnote-ref-11)
12. [NHS England EPRR](https://www.england.nhs.uk/ourwork/eprr/) [↑](#footnote-ref-12)
13. [SNOMED CT Browser](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20201028&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) [↑](#footnote-ref-13)
14. [HSE Your health, your safety](https://www.hse.gov.uk/pubns/indg450.pdf) [↑](#footnote-ref-14)