

# Induction File for Occupational Therapy and Physiotherapy Students



Compiled by  
Therapy Services  
Directorate of Professional Services  
Sheffield Teaching Hospitals NHS Foundation  
Trust

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# Introduction

Welcome to Therapy Services and we trust you have an interesting and fulfilling placement with us.

To help you settle into our service we have compiled an induction booklet that outlines some of the general information you might need to help you settle in as well some brief resumes of a few of our local and Trust policies and guidelines that you will need to adhere to.

The Trust is responsible for the delivery of the highest quality patient care and provides services for patients not only from Sheffield, but from all parts of the UK. There are over 15,000 highly committed members of staff working within the organisation. The Trust specialises in adult services and also delivers care to newborn and premature babies. Some specialist services for children are provided by the Trust and staff work very closely with Sheffield Children's Hospital NHS Trust. Services are provided both in hospital and in the community.

Therapy Services provides a service to the majority of the inpatient specialities and includes:

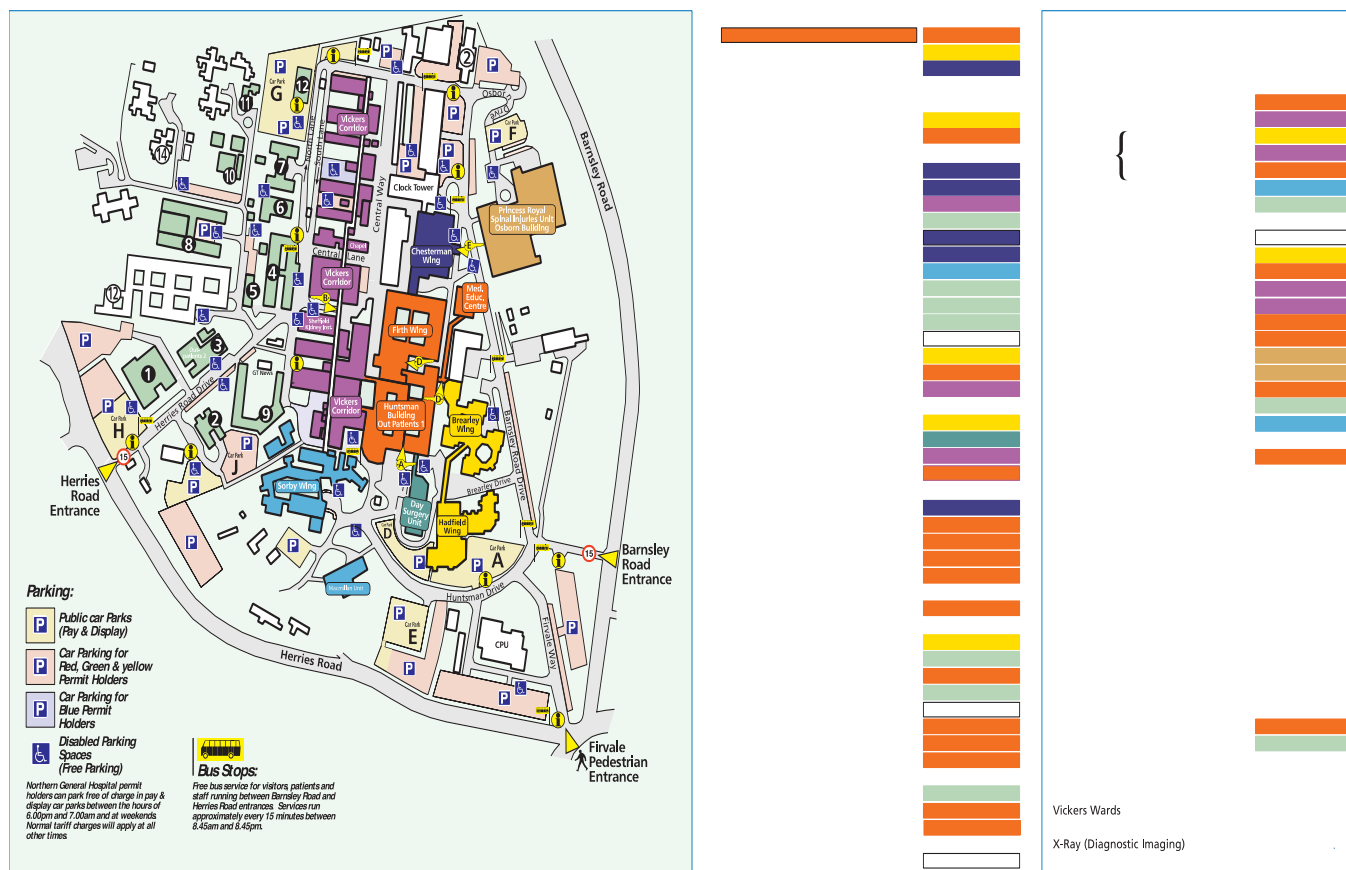
- inpatient medical services including haematology, renal, diabetes and respiratory medicine
- surgical services such as orthopaedics, vascular and gastroenterology
- neurology and neurosurgery, including stroke services, neuro rehab and a community neurology team
- oncology and oncology surgery
- plastic surgery
- burns
- palliative care
- upper and lower limb amputees
- wheelchair and seating
- spinal injuries
- care of the elderly
- intensive care
- cardiology and cardiothoracics
- pain services
- an outpatient service to support a variety of the inpatient services

The Trust is made up of five hospitals located across the city and a number of community based services. The hospitals include:

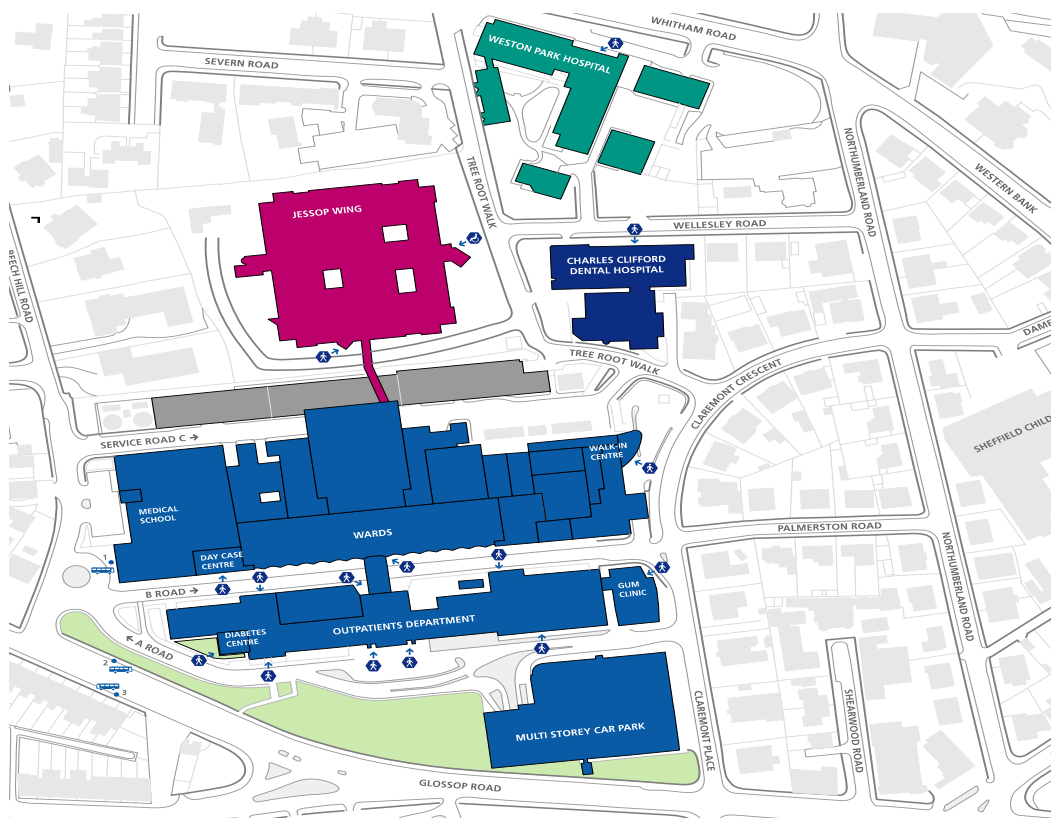
The Central Campus:      Royal Hallamshire Hospital (RHH), Glossop Road, S10 2JF  
  Jessop Wing for Women  
  Charles Clifford Dental Hospital  
  Weston Park Hospital (WPH)

The Northern Campus:    Northern General Hospital (NGH), Herries Road, S5 7AU

# The Northern General Hospital Plan



The Central Campus - Royal Hallamshire Hospital, Jessop Wing, Weston Park Hospital and Charles Clifford Dental Hospital

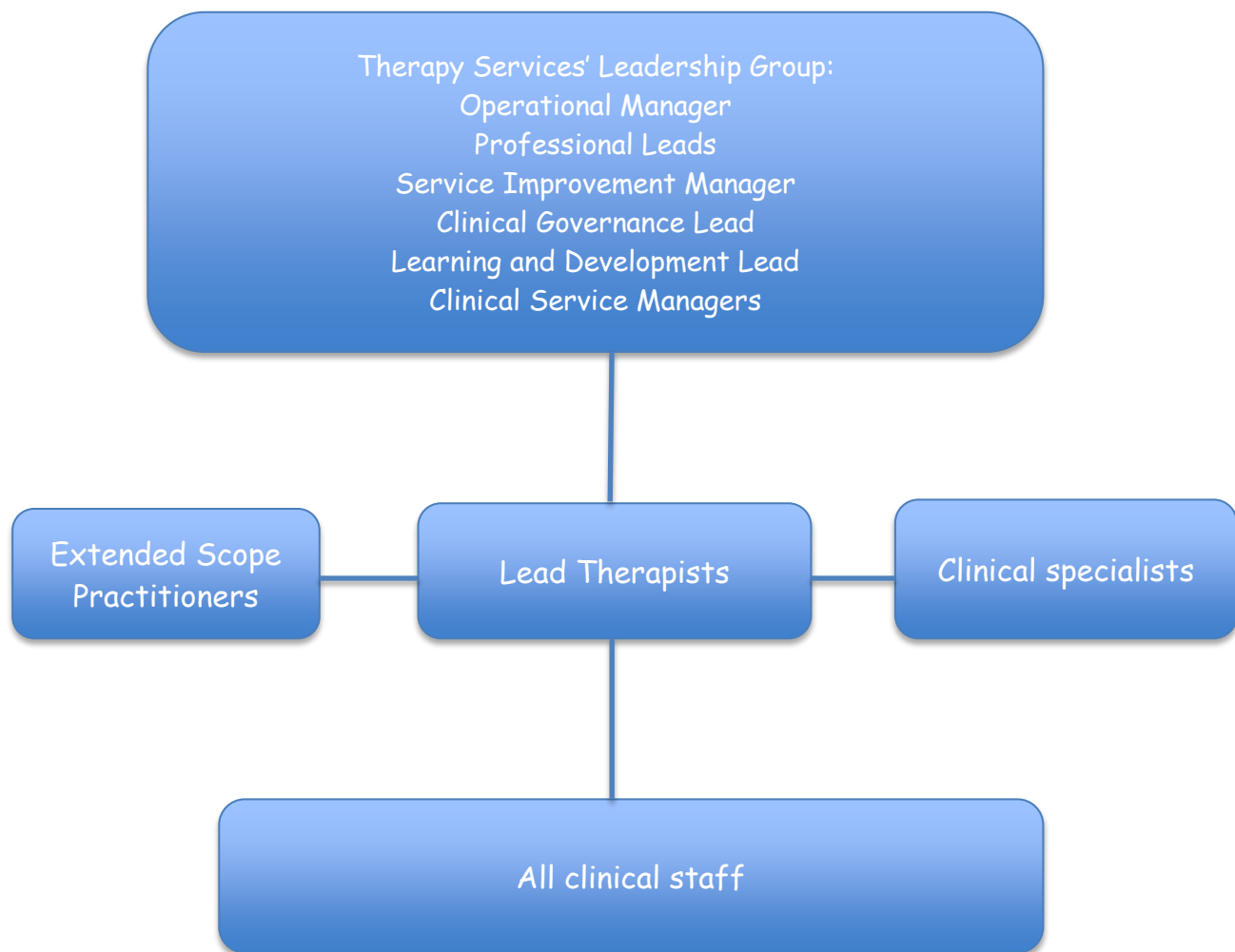


## Therapy Services' Structure

Therapy Services' is made up of a leadership group, four clinical divisions and are supported by a team of admin staff. We provide inpatient and outpatient services across the Trust as well as a community based neurology service.

The leadership group is made up of a number of different managers, all of whom work to ensure that the services we provide are financially secure, safe, and effective and that the therapy staff have the knowledge and skills to do their job well. Therapy Services' also has two professional leads - one for occupational therapy and one for physiotherapy and their roles are to promote the professions and to support staff in their work areas to ensure evidence based clinical practice standards are met.

The clinical divisions are divided into four groups - surgery, medicine, neurology and outpatients with each being headed up by a Clinical Service Manager. Each division is further subdivided into local teams who are led by Lead Therapists. They manage the day to day running of their service and staff as well as working with the team to improve their service.



# General Information

## ❖ Car and cycle Parking



Car parking is limited at all sites and if you choose to bring your car, you may need to park some distance from the hospitals to get free parking or pay in the visitor's car park. This varies from around £3.50 at the Northern General Hospital to £8 at the Royal Hallamshire Hospital.

There is dedicated lock up facilities for bikes around the Trust. Should you require one of these please contact your practice placement educator prior to commencing your placement who will be able to sort this for you.

## ❖ Catering Facilities

At all the hospitals there are a number of catering options including dining rooms and deli bars that provide both hot and cold meals as well as sandwiches and snacks. There are also a number of cafes run by the charities RVS and the League of Friends. Each team will have access to staff fridges which you may use to store your own lunch. Please note that it is not permitted for staff and students to put food stored in supermarket carrier bags or cooler bags into fridges as they pose an infection control risk.

## ❖ Cash Machines

There is a cash machine available on B road of RHH and outside the Huntsman entrance at NGH. Another cash machine is located in the small grocery shop near the Herries Road entrance at NGH. All machines are free to use.

## ❖ Chapel

There is a chapel located on all sites and are available for both staff and patients. The chapel at RHH is situated on A floor between the Outpatient building and the main lift area. At NGH the chapel is located on E floor on the Vickers corridor. The Weston Park Hospital chapel is located on the 1<sup>st</sup> floor and is open during the day. All of the chapels are interdenominational with service times and contact numbers displayed on the chapel noticeboard. For the location of the Muslim Prayer Rooms, see section below.

## ❖ Chaplaincy Services

The chaplaincy service provides a service for multiple faiths. You can contact the Chaplaincy Service:

- Non-Urgent Referrals (response within 24 hours). All sites Telephone **Ext 14999** leave a message on the referral line.
- Urgent Referrals between 0830 - 1700 (response within 1 hour).
  - Northern General Site - **Bleep 2878** or call switch (ext. 0) and ask them to bleep the duty Chaplain.
  - Royal Hallamshire Site - **Bleep 2492** or call switch (ext. 0) and ask them to bleep the duty Chaplain.
- Urgent Referrals between 1700 - 0830:
  - All Sites - Call switch (ext. 0) and ask them to contact the 'On-Call Chaplain'.

## ❖ Communication

There is an expectation that all staff and students introduce themselves and explain their role when they meet every patient and carer. This may be required on more than one occasion with the same patient. We actively support the #Hellomynameis... campaign as introducing yourself at the beginning of any interaction will help to make the patient or carer feel at ease.

## ❖ Computer Access

All students will be able to apply for a temporary username and password to access the Trust intranet, the Therapy Services' shared drive and the Internet. Use of the Internet within work hours must be limited to work related business. Access to the general Internet is permissible during break times. As you will not have access to a STH email address, you must not send any patient identifiable information via your external email addresses. If done so, this would be considered a breach of confidentiality and may have serious consequences.



## ❖ Confidentiality

All students treating patients, attending ward rounds, outpatient clinics and case conferences are in a privileged position in that they have access to the details of patients' medical condition, social and personal circumstances. It is a grave breach of confidentiality to discuss any of these matters in public or with persons other than those who require the information on a "need to know basis". If confidentiality is breached it would be considered



gross misconduct and may result in your failing the placement.

Students' notebooks containing information on patients should be kept secure and destroyed as soon as possible once the information has been used. Any notes or written information for case studies should be anonymous and not identify patients by name, unit number, date of birth or address. Confidentiality security must be maintained in all communication formats including emails, information kept on memory sticks etc., Facebook entries and any other social media forums.

### ❖ **Consent to Treatment**

Any interventions with patients and family/carers (e.g. initial interviews, assessments) must be carried out with the patient's permission. If the patient is unable to give permission due to decreased cognitive abilities or level of consciousness, intervention may be carried in the patient's 'best interest' or via a representative who has lasting power of attorney. Students should discuss this issue with their supervisor before commencing any interventions with these patients. Without valid consent any interference with the body of another person is deemed as trespass.

When gaining consent, students must identify themselves as a student and seek permission to continue. Patients have the right to refuse to be treated by or in the presence of a student. If this occurs, students should inform their clinical supervisor.

Patients over 16 can consent to treatment and have the right to choose to be unaccompanied. The Trust has a Patient Consent Policy which is available for students to read. For patients under 16 years of age consent should be obtained from parents or legal guardian.

All consent should be documented in the patient's healthcare records.

### ❖ **Educational Facilities**



Students are able to access the University of Sheffield's Health Science Library which has 2 branches - one at the Royal Hallamshire Hospital and one at the Northern General hospital.

Royal Hallamshire Hospital - this is located in the Medical School and is accessed by the Beech Hill Road entrance to the school. It is open from 9am to 7pm during the week.

Northern General Hospital - this is located in Sam Fox house and has limited staffed opening hours. It is open from 9am to 5pm during the week with 2 extended opening times to 7pm on Mondays and Wednesdays.

You will not be able to borrow books but you can use them for reference purposes.



Many of the therapy teams have additional books etc. that you may be able to use and /or borrow while on placement.

Both admin hubs (G floor at RHH, Nurses' Home at NGH) have a laptop and projector. These may be booked out on occasions but must be discussed with the admin team first. OHP's and flipcharts, easel, acetates, pens are also available on both sites.

### ❖ **Emergency Procedures – Fire/Cardiac/Security**

In cases of Fire, Cardiac Arrest or Security emergencies telephone number 2222 should be dialed immediately (this is a direct line to Switchboard). Clearly state what the nature of the emergency is and the exact location, floor and department (including room number if appropriate) to the Switchboard Operator. In addition, for those working in the Outpatient Department at NGH, 999 should be called if an ambulance is required.

Please allow the Operator to repeat the information to make sure they have understood to avoid untimely confusion.

NB. If Security is called the Police will automatically be requested.

**Fire:** In the event of discovering a fire, break glass on the nearest fire alarm point, remove self and other people from the affected area, close fire doors and ensure 2222 is rung.

There are several signals to indicate fire proximity, these being:



a continuous alarm will sound in the zone of origin – Evacuation required from that zone;



an intermittent alarm will sound in wards/departments above, below and adjacent on the same floor level – does not require immediate evacuation, someone needs to find out the exact location of the fire and any instructions from the Fire Officer.

Fire alarms are routinely tested and you should ensure you know when these occur. You should find out where the nearest fire extinguishers are to your department/team but only use if confident to do so.

### ❖ **Food Safety**

All staff and students have a responsibility to ensure that food is stored correctly to avoid any chance of food poisoning and spread of infection.

Each team will have access to a staff fridge, which you may use to store your own lunch. Please note that it is not permitted for staff and students to put food stored in supermarket carrier bags or cooler bags into fridges as they pose an infection control risk. All food and drink placed in the fridge should be named and dated. Any food that is out of date may be thrown away.

Patient food and staff food should be kept separately and students and staff must not consume food in a clinical area.

### ❖ Muslim Prayer Rooms

There are several prayer rooms across the Trust that are dedicated for Muslim prayer. These are located at:

Royal Hallamshire Hospital - on B floor in the Tower block near Endoscopy Discharge lounge

Northern General Hospital - Vickers Corridor Level E (Muslim) next to Deli bar

- Chesterman Wing Level D (Muslim) *Friday prayers are held here*
- Robert Hadfield Wing Level A (Multi faith)

### ❖ Mobile Phones

Sheffield Teaching Hospitals NHS Foundation Trust recognises that mobile phones are an integral part of professional life.

Staff and students should be sensitive to the restrictions placed on the use of mobile phones by patients and visitors and:

- Only use mobile phones for urgent Trust business.
- Where possible, withdraw from the clinical area to receive calls.
- Follow the Trust policies and procedures for obtaining photographic images.

Staff and students must not receive or make personal calls outside of planned breaks.

### ❖ Personal Belongings

Lockers where available will be allocated on arrival for people to store bags. Please bring a lock to secure the locker and avoid bringing expensive items or a significant amount of money to work for security reasons.

### ❖ Public transport

The hospitals are well supplied with public transport and to find out what bus would work best for you, please go to the Travel South Yorkshire website or click on the link <http://www.travelsouthyorkshire.com>



## ❖ Raising Concerns

Should you have any concerns about the standard of care or practices that are carried out within Sheffield Teaching Hospitals it is important to raise these. These should be raised within the first instance with your supervisor or Lead Therapist. If you are still not satisfied with the response, please raise your concern with your Professional Lead within Therapy Services. The university will also have a policy for you to follow should you feel you need to raise the concern to outside authorities.

## ❖ Sick Leave

Students must notify their practice placement educator or team if they intend to be off sick as early as possible in the working day giving the expected length of absence. It is particularly important if you have a contagious illness e.g. measles, chicken pox in order for the team to assess the risk to others. If the educator or team are not available to speak to the student must ring the staff sick reporting lines and the admin team will then notify the clinical team of the absence. It is not necessary to divulge the nature of the illness to anyone other than to the Lead Therapist or Clinical Service Manager. Students must also notify the university as per the university policy.

### **Admin contact numbers for reporting sickness:**

Royal Hallamshire Hospital and Weston Park Hospital - (0114) 2713193

Northern General Hospital - (0114) 2714695

Sickness extending beyond a day must be notified daily and appropriate certificates provided as detailed below.

### **Certification**

#### *Day 1-3*

No medical certificate needed.

#### *Day 4-7*

Self-certification form available from GP or chemist. Give to University tutor on your return if back within 7 days. Post to University tutor if longer than 7 days.

#### *Day 8+*

A medical certificate must be obtained for any sickness absence period longer than 7 days. Hospital admission - a registered nurse can sign a note of hospital stay. The certificate should be sent to the student's University tutor. NB. Clearance from Occupational Health must be gained prior to return to placement in cases of back injury, contagious disease or any other condition that may compromise your fitness to work.

## ❖ Smoking Policy

The Trust operates a no smoking policy both within the buildings and on its grounds. This includes e-cigarettes. Breaking of these rules will be considered a professional misconduct issue and will be treated in accordance.

## ❖ Working Hours

To ensure consistency of supervision during a placement, student working hours will mirror those of their supervisor wherever possible. This may include weekends or extended hours into the evenings.

However, should anyone have childcare/travelling difficulties these should be discussed with your educator prior to starting your placement to see if alternative hours are available. Although we will endeavor to accommodate your request it may not always be possible.



# Local and Trust Policies and Guidelines

## COSHH

### What is COSHH?

COSHH stands for 'Control of Substances Hazardous to Health': The COSHH Regulations 2002 provide a framework to help protect staff in the workplace against health risks from hazardous substances. The substances may be used directly in the work (e.g. cleaning chemicals) or may arise from the work (e.g. dust, fumes).

COSHH Regulations lay down a step-by-step approach to the necessary precautions that staff must take through the completion of COSHH assessments. COSHH substances can be found throughout the hospital in wards, departments and workshop areas.

### What is a hazardous substance?

- A hazard is anything that has potential to cause injury, damage, loss or harm. A hazardous substance can be toxic, harmful, corrosive, dust, or any other substances which create a risk to health arising from work e.g. pesticides

### How can these substances cause me harm?

- Many COSHH substances cause harm by targeting various organs or parts of the body and they may have short or long term effects. They can enter the body via inhalation, absorption, ingestion or injection.

### What COSHH substances will I come into contact within Therapy Services?

Most COSHH substance that Therapy Services' uses may be harmful and general precautions need to be taken. Examples of these include cleaning substances, infection control substances such as Softalind, workshop materials and splinting materials.

### How do I know if a substance is harmful and is a COSHH substance?

Always read the container label which will provide you with the necessary information. It will indicate whether it is a COSHH substance or if not, if it is potentially harmful.

Any harmful substance that we use will have had a risk assessment completed. Please ask your educator for the location of the hard copy as well as the location of an electronic copy on the shared drive.

If a problem arises with a COSHH substance, e.g. spillage or burn, an incident form needs to be completed as soon as possible with your educator.

## COSHH Symbols

### Old COSHH Symbols

Recently the warning symbols have changed. The symbols below are the old symbols that you will be familiar with. The new symbols are called pictograms and are similar images but a different shape and colour and can be found on the following page.



The black cross pictured on an orange background indicates that a substance is harmful. That means the product is harmful if inhaled or swallowed. It will cause irritation to the eyes and respiratory system.



A skull and crossbones on an orange background denotes products that are toxic. These products are more dangerous than the 'harmful' substances. As they are toxic they should not be inhaled, swallowed or allowed to come into contact with skin or eyes.



The test tube and hand combination denote a product that is corrosive. These products are not only corrosive to humans but also to animals and other materials. If these substances come into contact with skin or eyes or if they are inhaled they will cause burns.



A picture of a flame on an orange background shows that the product in question is flammable. The vapours of such substances may also be flammable and will ignite in the presence of a naked flame.

A number of other hazard warning symbols relating to other risks may be displayed. These include;



symbols

New CLP



You'll see that the harmful symbol is missing. This has been replaced by the exclamation mark pictogram:



This pictogram will refer to less serious health hazards such as skin irritancy / sensitisation.

**A couple of new pictograms have also been introduced:**



This pictogram reflects serious longer term health hazards such as carcinogenicity and respiratory sensitisation



This pictogram means "Contains gas under pressure"



# Dress Code for Therapy students on Placement with Therapy Services

## Introduction

Sheffield Teaching Hospitals is committed to providing a safe environment for their patients, staff and visitors. It is therefore important that all staff and students working with patients meet certain standards around dress which in turn helps meet infection control guidelines. These guidelines set out the expectations of Therapy Services in relation to the dress code for therapy students. Students not adhering to the dress code will not be allowed on the wards. These guidelines are based on the Trusts Dress Code.

All clinical staff and students must comply with the 'Bare below the Elbows' standards when providing direct care to patients or touching the immediate patient environment. This standard is part of the Infection Control policy and outlines the need to keep forearms and hands free of clothing and jewellery to assist in the maintaining of good hand hygiene. By adhering to the dress code below the student will meet the standards.

The Trust recognises the diversity of cultures, religions and disabilities of its employees and will take a sensitive approach when this affects dress requirements. However, priority will be given to clinical, health and safety, security and infection control considerations.

All students should wear their university identity badge that has their photo and name on it and these must be worn and visible at all times when on the Trust site.

Most students will be required to wear a uniform whilst on placement. This should be the uniform that is standard issue through the university.

General requirements for uniform wearers:

- The uniform should be worn in a clean and presentable fashion and all students should bring a spare uniform in case one becomes soiled during the shift.
- Smart and appropriate shoes (enclosed toe) should be worn, with appropriately coloured tights if wearing a dress. Trainers can only be worn in the gymnasiums of Therapy Services Out-patient Department NGH, Spinal Injuries and 'B' Floor Physiotherapy Department RHH, where this type of footwear is specifically required for the job role. Shoes with a fabric upper are not acceptable as they do not meet health and safety considerations. Flip-flops can only be worn in hydrotherapy areas to prevent staff and students slipping in wet areas or coming into contact with accidental body fluids and minimise potential fungal foot infections. They are single staff use only and should be cleaned daily with detergent and hot water.

- Nail varnish, false nails and false eyelashes are not permitted. Nails should be sufficiently short to ensure safe patient contact and good hand hygiene.
- Make-up can be worn but it must be in keeping with presenting a smart and professional image. Students wearing make-up that is considered to be inappropriate will be asked to remove it.
- The uniforms worn by the student must not be altered or added to by the individual.
- Uniforms must not be worn to or from work.
- Students who smoke must not smoke in uniform, or be identifiable as a health care worker.
- Students must ensure that uniforms are laundered in accordance with guidance provided on the uniform. In the event of any confusion, students should contact the infection prevention and control nurses for guidance.

If you are not required to wear a uniform then appropriate clothing should be worn. Examples of acceptable clothing include:

- Female students: skirts, blouses, smart T-shirts, dresses, trousers.
- Male students: trousers, smart T-shirts, shirts (with collars - short sleeve)
- Footwear must be safe, sensible, in good order, smart and clean and have regard to health and safety considerations.

N.B. All tops should be short sleeved to conform to Infection Control standards. Jumpers etc. can be worn in the department but not in clinical areas or wards.

### **Non acceptable Clothing**

The following items of clothing are examples of unacceptable clothing, either on the grounds of health and safety or for the Trust's public image: Casual trousers/jeans/skirts (all colours and styles), tracksuits, casual sports T-shirts, leisure shorts, combat trousers, sweat-shirts, baseball caps/hats, overly tight or revealing clothes, including mini-skirts, low cut tops or those revealing the midriff and clothing bearing inappropriate slogans. Trousers or skirts that are of a length that they touch the ground when walking are not acceptable on safety and hygiene grounds in some areas of the Trust (i.e. clinical settings such as wards). Stiletto heels and plastic flip-flops are not acceptable as are shoes with a fabric upper as they do not meet health and safety considerations.

## **Personal Protective Clothing and Equipment**

Personal Protective Clothing and equipment will be supplied by Therapy Services, if required.

### **Tattoos**

Visible tattoos are to be discouraged and where present should not be offensive to others. Where they are deemed to be offensive they should be appropriately covered.

### **Jewellery and Piercing**

Jewellery must be kept to a minimum; a single 'wedding ring' or equivalent and one pair of metal, gold or silver simple discreet stud earrings are permitted. Earrings with stones are not permitted. Neck chains must not be worn. Rings should not have protruding jewels or metal work or indentations where dirt and fluids may accumulate. The ring must be mobile enough to allow the wearer to wash underneath the ring.

To comply with 'Bare Below the Elbows' wrist watches must not be worn in a clinical area where students can reasonably expect to come into contact with patients or the immediate patient environment. This will include inpatient wards, therapy areas and outpatient departments.

Facial/body piercing is not permitted and must be removed before coming. This includes tongue studs. If students have piercings for religious or cultural reasons, these must be covered and must not present a quantifiable health and safety or infection prevention and control risk.

### **Hair**

Hair should be neat and tidy at all times and in the clinical environment long hair should be tied back and off the collar. Headscarves worn for religious purposes are permitted. Beards should be short and neatly trimmed, unless this reflects the individual's religion where it should be tidy.

### **Facial Covers**

Students who wear facial coverings for religious reasons are expected to remove them whilst on the ward or therapy areas. This will ensure that the student is identifiable and facilitate communication with patients and staff.

## Equality, Diversity, Inclusion and Human Rights

Equality and Human Rights are for everyone. This means people who use services or members of staff. Everyone has a right to be treated with dignity and respect i.e. to have their *Human Rights* respected. *Equality* is relevant to everyone this means that people should not face discrimination and should have equal opportunities irrespective of particular characteristics that they may have, for example people often face discrimination and barriers to employment or services because of characteristics of:

- **Age**
- **Disability**
- **Gender Reassignment**
- **Marriage or Civil Partnership**
- **Pregnancy or Maternity**
- **Race**
- **Religion or Belief**
- **Sex i.e. gender**
- **Sexual Orientation**

Legislation protects people in these groups (Equality Act 2010) but everyone will be a member of one or more of these groups at some time, therefore equality and equal opportunity is relevant to everyone.

**Sheffield Teaching Hospitals provides services to a range of people and aims to have a workforce which reflects this.**

The majority of people that use STHFT services are from Sheffield and the surrounding areas and about five per cent are from other parts of the country. Here are some facts about some of the 547,000 (ONS, 2010) people in Sheffield and STHFT Staff:

The Diversity of Ethnicity of STH Staff	STH Staff 2010	STH Staff 2011	Sheffield Population 2007
White British / White Irish	81.2%	81.4%	85.0%
White - Any other White background	4.3%	4.0%	2.3%
African / Caribbean / Other African	4.2%	4.3%	2.6%
Mixed White / African or Caribbean	0.6%	0.7%	1.0%
Asian	5.5%	5.4%	6.0%
Mixed White / Asian	0.4%	0.4%	0.5%
Chinese	0.5%	0.6%	1.3%
Other (includes any other mixed)	1.3%	1.3%	1.3%
Not known	2.1%	1.9%	0.0%

It is estimated that over 6,000 people living in Sheffield have dementia 90% of these are over 75 years of age. 23% of people over the age of 85 have dementia.

Nearly a third of the Sheffield population is over 50 and one in six is over 65. Over the next twenty years the number of people in the city aged over 50 is projected to increase by 17%.

### Barriers to healthcare experienced by some people from BME communities

- **Language and communication**
- **Access to information.**
- **Access to culturally sensitive services in relation to religious and cultural needs.**
- **Different health belief systems**

**Men often delay seeking medical help until conditions have become more advanced and harder to treat – this is thought to be a factor behind men's high death rates from cancer and other conditions. (Men's Health Forum)**

## **Infection Control**

It is important that all staff comply with the Trust Infection Control Standards. In order to ensure that students also comply with these standards the following must be adhered to.

### **Hand Hygiene**

All students must adhere to the Sheffield Teaching Hospitals Hand Hygiene Policy which is available to view on the Trust Intranet site. The policy helps to maintain high standards of infection control and prevention thus reducing the risk of healthcare associated infection in patients and staff. All students have a responsibility to both their patients and themselves to employ effective hand hygiene.

In particular all students should note:

**Hand washing is the single most important method of preventing cross infection.**

Hand hygiene must be performed before patient contact particularly

- Before an aseptic task
- After body fluid exposure risk
- After patient contact
- After contact with patient environment

(Adapted from WHO World alliance for National Patient Safety Agency (NPSA) 2006)

### **Use of Gloves**

Gloves should be used during all patient care activities that may involve exposure to blood and all body fluid (including contact with mucous membranes and non-intact skin) and when undertaking barrier precautions and during outbreak situations.

Key Points to remember:

- Always remove gloves immediately following completion of the task for which they were worn
- Glove usage is not a substitute for thorough hand hygiene
- Within the Trust, hands should be washed with soap and water before donning gloves if carrying out any aseptic procedure or a non-touch aseptic technique
- Hands should be washed with soap and water after removal of all gloves as hands may become contaminated during the removal of gloves. Similarly, in the domiciliary care setting, perform appropriate hand hygiene after removal of gloves.
- It is important to ensure gloves fit correctly
- Sterile surgical gloves should not be used for non-invasive aseptic procedures where sterile examination gloves would be adequate
- Long nails and jewellery may damage gloves, please adhere to 'Bare Below The Elbows'
- Single use gloves must not be reused

## **Barrier Precautions**

There are strict procedures to follow when treating patients who are being barrier nursed. You must discuss these with your Practice Placement Educator before treating the patient. When a number of patients are being barrier nursed in one bay, each patient must be considered as separate and procedures followed as if they were in a single room. Equipment must not be shared amongst patients in the bay nor in the rest of the ward. All students must wear gloves and aprons and dispose of all waste in clinical waste bags and linen in the red linen bags within the room.

Patients may be removed from the ward for treatment, e.g. taken to the department or for stairs assessment, under strict guidance and only where deemed necessary at that point in time. This should only be carried out at the end of the morning or afternoon, giving you time to clean the equipment and room used by the patient.

### **Cleaning of equipment**

Most of the equipment we are required to clean will be considered 'low risk' i.e. when the equipment is in contact with healthy skin only. There is no contact with body fluids, and the patient is not infectious or immuno-compromised.

Cleaning of this equipment can be carried out using general detergent or detergent wipe i.e. clinell wipes, plus gloves and aprons.

'Intermediate risk' pieces of equipment are when the equipment has been in contact with body fluids or mucous membranes. If the equipment could be contaminated with virulent or readily transmissible organisms it is an intermediate risk. If an item of equipment is used with an immuno-compromised patient this is an intermediate risk.

Cleaning of this equipment requires donning aprons and gloves plus cleaning followed by disinfection. Equipment should be cleaned by using a cloth and chlor-clean or Diff-S solution which both cleans and disinfects at the same time. If this is unavailable then you clean the equipment as with low risk equipment and then wipe down with a disinfectant wipe such as Sani-cloth 70.

**It is very important that you read the local policy as soon as possible and this can be found on the Therapy Services' shared drive (s drive) in 'Policies and Procedures' in the 'Current Policies' folder.**

# Information Governance



The NHS uses the term "Information Governance" to describe the rules on handling information.

This term covers issues such as:

- Data Quality (making sure information is accurate and available),
- Records Management (a systematic method of recording information),
- Data Protection (which places obligations on how personal information is used) and confidentiality and security.

Information Governance covers all information - confidential and non-confidential - across the Trust. The NHS holds 'Personal and Sensitive Personal Information' about millions of people - NHS staff as well as our patients. E.g. names, addresses, dates of birth, NHS numbers AND related information about physical or mental health condition.

**Safeguarding such a large amount of information is the responsibility of all people who use the information**

Information can be split into 4 types:

**Confidential** - private information about you; given to somebody who has a duty of confidence (i.e., healthcare professional); you expect it to be used in confidence - UK law says that health information is confidential

**Personal** - all information about a person (name, address, loyalty card details, car you drive, where you went to school, etc.) - UK law sets out rules which must be followed by any organisation collecting or using personal information

**Sensitive Personal** - racial or ethnic origin, political opinions, religious belief, union membership, physical or mental health condition, sexual life, criminal record - UK law says that health information is sensitive personal. Other sensitive personal information includes that which could cause damage/distress, i.e. bank/passport details

**Anonymous** - **NHS number, reference number** - if information is lost, it is unlikely that person can be identified. Think - could a patient with a rare illness be identified because of that?

Confidential, Personal and Sensitive personal information needs to be protected. Anonymous information and personal information that is kept in the public domain anyway, is not seen as confidential.

Information must be safeguarded by ensuring that notes and patient/staff identifiable information is kept securely and that confidentiality is not broken.



## **ALLIED HEALTH PROFESSIONAL TEAMS PLACEMENT LEARNING EXPECTATIONS**

Clinical education of AHP students is a partnership arrangement between the student, clinical staff and Placement Tutors. This document clarifies the expectations and responsibilities of all those involved, including some of the requirements outlined in the Learning Development Agreement. The aim is to ensure that students are prepared to be fit for purpose as registered AHP professionals.

### **Clinical Staff have the right to expect:**

1. That students behave in a courteous and respectful manner at all times.
2. Students to make an appropriate contribution to patient/client care while flexibility is ensured to meet negotiated individual learning needs.
3. Students to conduct themselves in a professional manner as defined by the HCPC and in keeping with clinical placement policies.
4. Students to undertake their role as a learner in accordance with their competency level and in adherence to the relevant university and clinical placement policies and procedures.
5. The Placement Team to ensure that clinical areas have three weeks advance notification of student placements where possible.
6. Students to report sickness and absence immediately to the clinical placement and the university.
7. Students to contact the clinical placement to which they have been allocated at least one week prior to the start of the placement.
8. Students to have an understanding of the assessment of practice documentation and be able to provide the appropriate assessment of practice documentation relating to the clinical placement throughout their allocation.
9. Students to be flexible in using available learning opportunities to experience twenty four hour care and care pathways.
10. A Placement Tutor to actively support the learning environments in accordance with local and national standards.
11. Regular communication with the University to discuss course structures, assessment procedures and evaluation of clinical placements.
12. Dedicated time within the working environment to facilitate their role as a Practice Placement Educator and to have access to appropriate training, annual updating and on-going support for staff.
13. Students to complete a placement evaluation and be accountable for their feedback. Placement Tutors and Placement Provider Education Lead will review the evaluations after each placement allocation.
14. An Educational Audit will be undertaken as per HEE requirements and 'Best Practice'. As part of the yearly educational audit, student evaluations will be discussed and reflected on by the HEI/Placement Provider Education Lead/PLF.
15. Re-auditing will be undertaken in any practice learning environment from which students have been temporarily removed.

**Students have the right to expect:**

1. Courtesy and respect, and to be treated as a valued member of the multi-disciplinary team.
2. Three weeks' notice of a continuous placement allocation, where possible.
3. Access to individual practice learning environment profiles that reflect current services and programme placement requirements.
4. A clinical placement that, will have no more than the optimum number of students.
5. Practice Placement Educators (PPEs) to be available to reflect on clinical practice with the student, to discuss student's progress and to identify areas for development for the student and to complete the assessment documentation.
6. A safe and supportive environment that is conducive to meeting identified individual student learning needs commensurate with their competency level and clinical practice needs.
7. A flexible collaborative approach that acknowledges and responds to the individual learning needs of the student, wherever possible.
8. Appropriately prepared and experienced PPEs to work with students as specified by HCPC guidelines.
9. Flexibility within reason regarding working patterns, which will be negotiated and agreed by the PPE and/ Practice Placement Education Lead and the Student.
10. Access to learning resources.
11. Placement Provider to provide the student with an orientation to the placement setting.
12. Placement areas to provide access to relevant policies and procedures including health and safety audit, protecting vulnerable groups, lone worker [community], risk assessment and accident and incident reporting.
13. The opportunity to evaluate their placement with appropriate action being taken in response to their feedback.
14. A working environment that meets health and safety regulations.
15. Consideration/reasonable adjustments to be made as identified by the Disability Coordinators following disclosure of a disability/long term health condition.
16. To be on a placement with a satisfactory education audit that meets HCPC standards and cognisant of reports by bodies including CQC and Monitor, which report on the quality of care provided to service users.
17. To be informed of the importance of, and process for, raising and escalating concerns when on practice placements, during each practice placement induction.
18. To be supported in the process of raising and escalating concerns when on practice placements.
19. To be supported and safely reallocated should their temporary removal from a practice learning environment be necessary.

**The University and Lecturers have the right to expect:**

1. Courtesy and respect at all times.
2. Placement providers to cooperate with quality assurance processes.
3. Clinical staff to liaise with University staff regarding the progress of students on placement.
4. Clinical staff to notify Placement Tutors/University Student Support Officers as soon as there is concern about a student's progress.
5. To be notified if a student is involved in any situation that may require the student to produce a statement so that the appropriate support can be provided.
6. The Placement Team to inform them of student placements three weeks prior to start of placement, wherever possible.
7. Students to notify their academic supervisor if experiencing problems whilst on placement.
8. Mentors who have been appropriately prepared for their role.
9. Students will follow the processes outlined on the placement learning information website.
10. Dedicated time to undertake the Placement Tutor role.
11. Opportunities to liaise with clinical staff to discuss educational issues.

**Patients and Carers have the right to expect:**

1. To be fully informed of the student's role in their care.
2. To be fully informed of their right to decline student care.
3. Respect for their rights, dignity and privacy, equality and diversity in all practice learning environments.
4. Safe, effective and compassionate care in all practice learning environments.
5. That students will be aware of the importance of, and process for, raising and escalating concerns in the practice environment.

**The ultimate aim of this document is to ensure that patients/clients and carers receive the best possible care by AHPs of the future who are fit for purpose.**

## Managing Violence and Aggression

There may be times when patients or visitors display either aggressive behavior or become violent. This may be for a number of reasons and the use of good communication is imperative in the dispersion of anyone's anger before it escalates into something more serious.

In a challenging situation a little empathy can go a long way. Instead of appearing confrontational, you can appear caring and supporting, which may help.

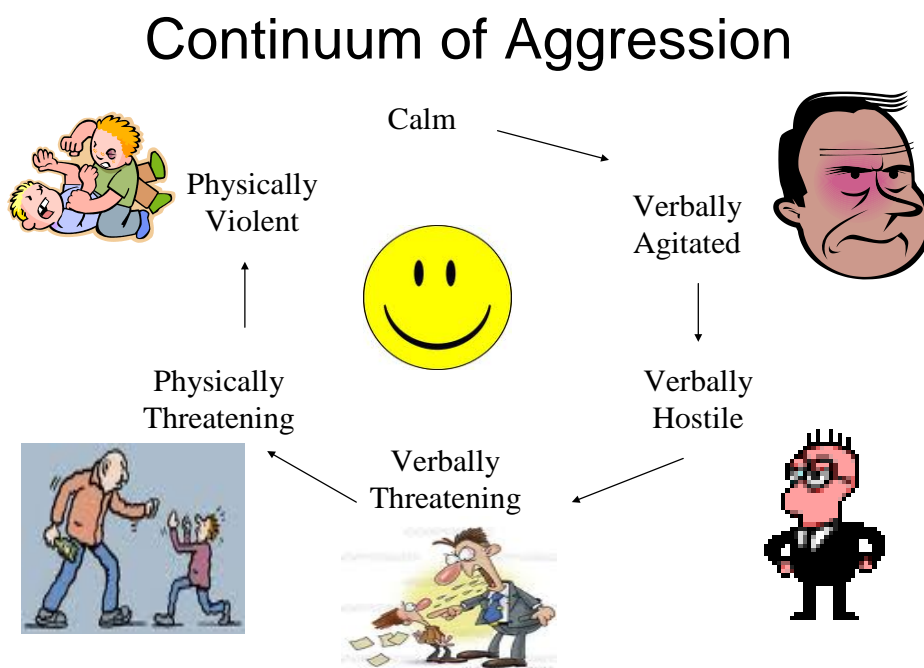
Customer care is also imperative when communicating in a difficult situation. We don't want to mirror their behaviour and create a challenge, nor must we appear too submissive. It's also important not to appear patronising.

Consider the main rule in communication:

*'Speak to a person as you would wish to be spoken to yourself'*

If you have concerns about your patient or carers in relation to them becoming aggressive, ensure you have help at hand should it be required or treat the patient with 2 people. The environment should be suitable and not cause an obstruction in the event you need to vacate the room in a hurry. This can include having a physical barrier between you and the patient e.g. coffee table and ensuring you sit near the door.

Below is the Continuum of Aggression and if the signs of aggression are picked up early, unpleasant situations and complaints could be avoided.



## Therapy Services Note Writing Guidance

Sheffield Teaching Hospitals use integrated patient progress records called 'IPPR' which requires all health professionals to write in the same set of notes. All inpatient therapy notes are written in the integrated records (except Spinal Injury Unit patients). Therapy Services no longer uses the SOAP format to write notes as other professions do not know what the acronym stands for. Notes should be written under the headings of Assessment, Intervention, Clinical Reasoning / Analysis, Treatment plan, Discharge summary / Transfer of care. What can be included in each section is set out below:

Each team has an example of a 'best practice' set of notes for each speciality to illustrate how IPPR standards are met for new staff and students.

### **Assessment**

- a) An explanation of the role must be given to the patient and/or carer
- b) Verbal consent must be documented for the initial assessment.
- c) If consent is withdrawn by the patient this must be clearly recorded in the IPPR.
- d) If therapy intervention is recorded in the continuation sheets in IPPR, clear headings must be used i.e. Assessment, Intervention, Clinical Reasoning/Analysis, Treatment Plan, Discharge Summary/Transfer of Care (*see flow chart on next page*)
- e) Record that the patient's expectations of therapy intervention have been discussed, agreed and document in the IPPR (if able to express).
- f) Record the objective findings
- g) Use outcome measures/proforma/specialist guidance specific to your area
- h) List issues for discharge or identified problems

### **Intervention**

- a) Verbal consent must be documented for the intervention.
- b) Verbal consent must be documented if there has been a significant change in the patient's condition.
- c) Record the intervention
- d) Note any limiting factors
- e) If any discussion, advice or recommendations takes place with the patient / family or carer this is documented in the progress notes.
- f) If any equipment is loaned or ordered record this in the progress notes.

**NB: Combine headings 'assessment/intervention' as appropriate to the clinical circumstances**

### **Clinical Reasoning/Analysis**

- a) Evidence of clinical reasoning and analysis.

### **Treatment Plan**

- a) Verbal consent must be documented if there has been a significant change in the treatment plan
- b) Demonstrate patient involvement with treatment options.
- c) Agreed needs/goals are listed in collaboration with the patient / family or carer
- d) The plan of intervention should be recorded
- e) If applicable, document and highlight 'Recommendations to MDT'

### **Discharge Summary/Transfer of Care**

- a) Record Discharge Summary to include patient's current status.
- b) Record Discharge Summary to include clear arrangements for any follow up care required.
- c) Follow-up arrangements actioned (inc 'Request for Service' form where appropriate)
- d) Record that any discharge plans are discussed and agreed with the patient / carer / family and MDT.
- e) Record reasons for OT / PT Complete.
- f) Equipment - date ordered and expected delivery
- g) Specific / generic outcome measures completed

### **(INITIAL) ASSESSMENT:**

- Explanation of role
- Consent
- Analysis of any expectations/discussions with patient and/or carer that will inform your plan
- Objective findings of your functional, physical, social and psychological assessments
- Refer to proforma / specialist guidance if applicable
- Utilise outcome measures specific to area
- List issues for discharge or identified problems



### **INTERVENTION:**

- Specific therapy interventions with any limiting factors
- Discussion, advice or recommendations with the patient is documented



### **CLINICAL REASONING/ANALYSIS:**

- Evidence of clinical reasoning/analysis



### **TREATMENT PLAN:**

- Involve patients in their treatment options and choices
- Needs/goals agreed in collaboration with patient and/or carer
- Discussions with senior staff documented if appropriate
- Recommendations to the MDT



#### **DISCHARGE SUMMARY:**

- Summary of current status and follow-up arrangements made by therapy
- Reasons for OT / PT complete
- Specific / generic outcome measures completed
- Request for Service Form if appropriate

### **'1-OFF' FLOWCHART**

#### **(INITIAL) ASSESSMENT**

- Explanation of role
- Consent
- Analysis of any expectations/discussions with patient and/or carer that will inform your plan
- Objective findings of your functional, physical, social and psychological assessments
- List issues for discharge or identified problems



#### **INTERVENTION:**

- Specific therapy interventions with any limiting factors
- Refer to proforma if applicable
- Evidence of clinical reasoning/analysis
- Discussion, advice or recommendations with the patient is documented



#### **DISCHARGE SUMMARY**

- Summary of current status and follow-up arrangements made by therapy
- Reasons for OT / PT complete
- Specific / generic outcome measures completed



## Risk Management

The Trust has a responsibility to ensure the safety of its staff, patients and visitors. In order to do this there must be some assurance that risks are minimised. Therefore the Trust requires us to assess and manage our risks at Trust level and at local level. There are a number of Trust policies to assist us in doing this.

Every employee and student has a responsibility to ensure that no-one is harmed as a result of their acts or omissions during the course of their work. All students should be aware of the 'Therapy Services Health and Safety and Risk Management Guidelines' located on s drive under Policies and Procedures. These guidelines outline people's responsibilities and safe systems of work. Safe systems of work are generic systems that help to minimise risk for all staff and students and must cover all routine work carried out by them. All students should be aware of the safe Systems of Work that relate to their working area and follow the documentation within them.

Information around 'Safe Systems of Work' e.g. protocols, guidelines and generic risk assessments etc. are kept on s drive and can be found through the link [S:\Risk\Safe Systems of work](#)

All students need to be aware of the risk assessments pertaining to their area of work and abide by the control measures. Students should also be vigilant about highlighting any previously unidentified risks in their work area to their educator. Any risk assessments that pertain **only to their area** should be kept electronically on s drive in the Team folder and a paper copy should be available in their area.

Students need to be aware of the Trust Policy on **Management of Blood and Body Fluids Exposure**. This is especially relevant if you work with sharps or are likely to be exposed to blood or body fluids during your work. If you think you may have been exposed please escalate this to your Practice Placement Educator or Lead Therapist. An online incident form must be completed and the incident managed according to Trust Policy which can be found on the Trust's Intranet site via Corporate Policies.

**Incidents / Near misses** must be reported using the online datix reporting system which your Practice Placement Educator can help you with. You must also follow the university procedure in reporting the incident to them.

**Complaints** – all concerns raised by a patient/relative must be logged as an 'on-the-spot' complaint on the appropriate form and you must escalate these concerns to your supervisor or Lead Therapist urgently. The forms can be found on [S:\Forms\On the Spot Complaint Form](#). Once the form is completed it should be sent to Rachel Smith, Clinical Governance Lead, Therapy Services, G Floor, RHH.

## Safeguarding Patients - Adult and Children



Safeguarding is an early intervention to minimise the risk of more serious consequences in situations where issues of Adult protection, Child protection, Domestic abuse and vulnerable adult risk taking behaviours arise. It means working to agreed local policies and procedures in full partnership with other agencies.

Within Sheffield Teaching Hospitals there is corporate responsibility to ensure the safety and welfare of all adults, children and their families who access the services across the Trust.

For further information about what abuse is and what to do if you suspect abuse, please ensure you read the general leaflets entitled :

"Safeguarding Adults" and "Safeguarding Children", which can be obtained via the Safeguarding Patients intranet site.

If you suspect that any form of abuse may be happening, please discuss your concerns with your educator or Lead Therapist as soon as possible. Any managers in the Therapy Leadership Group would also be able to help. You can also contact the Trust Leads who are very helpful and will guide you through your concerns.

Remember, as Lord Laming says:

Do not work in isolation  
And  
Never do Nothing

Report into the death of Victoria Climbié, 2003

## Telephone Technique

All employees and students need to help the Trust convey a professional service in all areas of communication. A particularly strong method of communication in the NHS is the use of the telephone. This is why it is vital that students are not only aware of how to use the telephone equipment but to know how to conduct themselves when using the telephone.




### Making and receiving telephone calls

- **Have a consistent greeting** - Make sure your greeting is professional so the caller can identify you.  
An example of a professional greeting is as follows;  
*"Good morning / afternoon, your department, your name speaking"*
- **Try not to use Jargon** - Remember, not all calls will be from internal members of the trust and the use of jargon could easily confuse a caller who is not familiar with the Trusts workings. Take time to assess who you are speaking to and adjust your language accordingly.
- **Identify the type of call** - try to identify what the callers needs are early into the conversation. This will prevent the need for calls to be passed around and for the caller to have to relay the subject of the conversation several times before getting through to the right person.
- **Identify the caller** - If you have instigated the call or received the call, it is important that you are sure who you are talking to. If you have rung relatives to gather information about the patient, please ensure that you are speaking to the right person by asking them questions that are specific to the patient.
- **If you are not sure** - Occasionally you may receive a phone call that is not relevant to your department and you may not be sure who the caller needs to speak to. In this case do not pass them around; take their name, number and as much information as possible then tell them you will get the right department to call them back
- **Remember confidentiality** - Always remember that no confidential information should be passed over the phone.

## WASTE MANAGEMENT

All staff and students have an individual duty of care to ensure safe handling, storage, treatment and disposal of waste. Correct segregation of waste is a legal requirement. Waste **MUST** be segregated at the point of origin. This reduces expensive disposal costs, prevents risk of injury to individuals or escape of controlled wastes in the environment. Confidential papers must be segregated from other waste.

More wastes in the healthcare sector are now classified as hazardous, requiring additional treatment and higher disposal costs. Sheffield Teaching Hospitals has established a continuous programme for reducing environmental impact plus progressing the principles of sustainable waste management. Part of this is to reduce waste created and ensure correct disposal which will lead to less waste going into landfill sites. STH is committed to diverting an increasing volume of waste materials to recycling.

DESCRIPTION OF WASTE	CONTAINER TYPE	RISK	EXAMPLES
HOUSEHOLD WASTE  NO SHARPS!	Black sack 	Non-infectious	Includes food, packaging and any waste not contaminated with body fluids generated in clinical areas. Recyclables can also be included. Should not exceed 10kg in weight and be more than $\frac{3}{4}$ full.
CLINICAL WASTE - SHARPS		Potentially hazardous or infectious	Includes acupuncture needles / syringes / discharged syringes without needles / clinically used / broken glass.
CLINICAL WASTE	Orange sack 	Potentially hazardous or infectious	Includes any waste which is visibly contaminated or may pose an infection risk to people coming into contact with it.

## OTHER HAZARDOUS WASTE

ITEM	DISPOSAL	ADDITIONAL INFORMATION
BATTERIES	Collect in BLUE BOXES marked 'batteries/aerosols only'. Ensure both ends of battery are taped to avoid generating a spark when stored with other batteries	Take to bulk storage for disposal in BLUE DRUMS. RHH - C Road Waste Store NGH - External Compound (Central Way).
AEROSOLS	Collect in BLUE BOXES marked 'batteries/aerosols only'	Take to bulk storage for disposal in BLUE DRUMS. RHH - C Road Waste Store NGH - External Compound (Central Way).

## RECYCLING INCLUDING CONFIDENTIAL WASTE

TYPE	CONTAINER	DISPOSAL
NON CONFIDENTIAL WASTE PAPER	Recycling box located in each team area	No collection available. Empty contents into nearest waste paper recycling container on your site.
CONFIDENTIAL WASTE PAPER	Can be cross shredded and disposed of in general waste or via white Hessian sack	Contact Medical Records for full details of this service.
INK CARTRIDGES	Send spent cartridges to the Xerox Department in C Floor supplies RHH or HQ at NGH	Toner cartridges recycling are handled and recycled by Xerox.
GLASS/PLASTIC	<u>Brown paper sack</u> beside general waste bin for non-clinical glass and crockery only. Also recycling stations for glass and plastic can be found on all STH sites.	All broken glass and crockery should be packaged to minimise potential of injury. Polystyrene is plastic and can therefore be recycled.

CONFIDENTIAL

*STUDENT DETAILS*

Please complete the following information for our records and return it to Therapy Services, G Floor, RHH as soon as possible.

<b>Title:</b>	<b>Please print clearly</b>
First Name(s):	
Surname:	
Date of Birth (optional):	
Address:	
Town:	
Post Code:	
Telephone Number (*including area code):	
Mobile Number:	
Emergency Contact details:	
Name:	Relationship:
Address:	
Home Tel No *:	Work Tel No *:
Relevant Health information (optional)	

Usual signature:

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## Statement of Understanding – Student Initial Induction

I declare that I have attended the Therapy Services' Student Initial Induction and/or read the Student Induction file and understand my roles and responsibilities in relation to adhering to the policies and guidelines within the file.

The Student Induction File included the following information:

- General Trust information about aspects of the Trust's processes and policies that may be useful to my placement
- Control of Substances Hazardous to Health
- Dress Code for Therapy students on placement with Therapy Services
- Equality, Diversity, Inclusion and Human Rights
- Infection Control
- Information Governance
- Sheffield Hallam University Allied Health Professionals Teams Placement Learning Expectations
- Therapy Services' Note Writing Guidance
- Risk Management
- Safeguarding Patients – Adult and Children
- Telephone Technique
- Waste Management

Signature: .....

Print name: .....

Date: .....

Please ensure a copy of this is returned to Therapy Services, G floor, RHH