



PRIMARY CARE MEDICAL CHAMBERS LOCUM HANDBOOK



1.0 Welcome to Primary Care Medical Chambers

Welcome to Primary Care Medical Chambers. We are delighted that you have chosen to undertake locum work with Primary Care Medical Chambers. You are in good company because our clients consistently commend us on the high calibre of locum doctors we provide to them. Indeed, we pride ourselves on the strong reputation we have among candidates and clients alike for being a friendly, professional and supportive healthcare staffing and locum agency.

Your satisfaction is hugely important to us. It is our mission to ensure you feel supported and have the best candidate experience with us. We feel this begins by building a strong working relationship with you right from the start, so you can quickly feel part of our valued team. We look forward to working with you and wish you every success in your career with Primary Care Medical Chambers.

Your assigned placement officer will be your main point of contact at Primary Care Medical Chambers from hereon in. They will contact you on a regular basis to offer you the best range of jobs that suit your needs and availability. They are also there to support you throughout your placements. Our dedicated teams each have specialist knowledge of their particular area or specialty.

2.0 What this Handbook is for

This handbook is intended to help you through your first few days and act as a reference during your time working with us. Contained is a catalogue of invaluable information which you should familiarise yourself with and includes guidelines and standards essential to the delivery of quality healthcare services, useful information and contact details for you to refer to. Please read it carefully.

Please note that you should always observe local trust policies and procedures on infection control. These should be available via your supervisor along with local policies for complaints handling.

Should you have any queries regarding the content of this booklet, please contact your placement officer on 0203 950 4726.

If you have any questions, please ask your placement officer or email admin@pcmchambers.co.uk

3.0 General Information

3.1 Contact us anytime

Our office hours are Monday to Friday 09.00-17.00. However, our clients often provide placement details outside of office hours. You may also want to speak to Primary Care Medical Chambers at times convenient to you. Therefore, we provide a 24-hour service ensuring that you can contact a member of staff who will be fully conversant with your details, at any time of the day or night, 365 days a year.

3.2 Induction

At your interview you will have been given an induction into the policies and procedures of Primary Care Medical Chambers.

The induction provided will cover issues such as timesheet submission, on-call procedures, immunisation, care standards and legislation.

4.0 Documents and information required

Primary Care Medical Chambers provides locum doctors to a number of healthcare organisations, GP Surgeries, OOH Providers, Walk in Centres, Urgent Care Centres and Private Healthcare Providers and Healthcare Trusts. A key responsibility of an approved supplier is adherence to the strict compliance criteria that allows a risk-managed service to be provided.

4.1 Annual Updates Required

Primary Care Medical Chambers will request the following documents are kept up to date on an annual basis or as updates occur:

- Additional qualifications,
- Up to date employment history,
- Two new referees for work conducted in the last 12 months,
- Career progression and training,
- Appraisal and revalidation details,
- Renewal of criminal records check,
- Health review documents completed

4.2 Appraisals and Revalidation

Medical revalidation started in late 2012. The purpose of revalidation is to assure patients, the public and other healthcare professionals that licensed doctors are up to date and are practicing to the appropriate professional standards. All doctors wishing to hold a license to practice must take part in revalidation.

Revalidation is the process by which doctors have to demonstrate to the General Medical Council (GMC) that they are up to date and complying with the relevant professional standards. Revalidation will be based on a local evaluation of doctors' performance through annual appraisal. The information from the appraisal will be fed to a Responsible Officer (RO) who will make a recommendation to the GMC, normally every five years, on whether to revalidate a doctor.

The RO will make a recommendation to the GMC about a doctor's fitness to practice. This will be based on the doctor's appraisals over the five year period, together with information derived from local clinical governance processes. The GMC will require assurances that each doctor is meeting the required standards and that there are no known concerns about a doctor's practice. The RO makes the recommendation, however, it will be for the GMC to decide whether the doctor concerned should be revalidated.

Doctors are required to link to a designated body and Responsible Officer who will provide support with appraisal and revalidation. This will be managed the National Performers List and your designated RO.

All Doctors must be registered on the National Performers List.

4.3 Welfare Check

As Primary Care Medical Chambers want all our locum professionals to be satisfied with the work we provide, we will conduct a welfare check after your first six months of work, and thereafter on an annual basis. This is to ensure you are being provided with suitable assignments and can share your experiences and any issues you may wish to raise.

4.4 Changes to Personal and Professional details

In order to ensure that your personal and professional details remain up to date, you must inform Primary Care Medical Chambers in writing of changes to any of the following:

- Name
- Address
- Bank details
- GMC Registration
- Fitness to Practice
- Criminal Convictions
- Health Status
- Next of Kin

4.5 Criminal Records Checks

All public and private organisations request that an Enhanced Criminal Records Check is obtained for all health professionals, acquired from the appropriate service (DBS for England and Wales, Disclosure Scotland for Healthcare workers living and working in Scotland or Access NI for Healthcare workers working in Ireland). We can assist you at all stages of the process.

4.5.1 The Disclosure and Barring Service (DBS) Update Service

Upon receipt of your DBS Criminal Records Check, you can apply to join the DBS Update Service. This allows you to save money and means you may never need to complete another DBS application. Please note that registration to the update service must be completed within 30 days of the certificate issue date.

If you are already registered with the DBS Update Service, please send us a copy of the certificate you registered with and written permission for us to check (we will need to view the original certificate at your interview). You then won't need to apply for a Disclosure with Primary Care Medical Chambers.

4.5.2 PVG

If you are already registered with the PVG, we will require to see your Full Scheme Record certificate and whether you have declared any vetting information which may be included on your Full Scheme Record. We will then register with the PVG in order to receive any updates on your status.

If you are not already registered with the PVG, we can complete an application for you.

4.5.3 Access NI

Criminal Records Checks for those living or working in Northern Ireland are provided by AccessNI.

4.5.4 Overseas Doctors

If you have been living or working outside of the UK for a period of six months or more, in the last five years prior to registering with Primary Care Medical Chambers we will require you to provide an overseas police certificate / certificate of good conduct from the relevant country or countries before you commence your first assignment. If this period overseas is immediately prior to registration with Primary Care Medical Chambers then the overseas police check must not be more than three months old at point of registration. If you are unsure how to obtain an overseas police check then please contact us for advice.

For any UK resident where you continue to work for Primary Care Medical Chambers and then live or work outside the UK for a period of 3 months or more and then return to the UK you will be required to provide a new overseas police check / certificate of good conduct.

4.5.5 Criminal Convictions

Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, applicants for locum medical jobs are not entitled to withhold information about convictions which for other purposes are 'spent'. Doctors are expected to provide Primary Care Medical Chambers with a statement of any criminal convictions, police investigations or cautions and written permission to disclose this information to clients. Please note that having a criminal record will not necessarily bar you from working as a locum through Primary Care Medical Chambers.

Primary Care Medical Chambers is bound by the Code of Practice of the Disclosure and Barring Service and has policies on the Rehabilitation of Offenders and Secure Handling and Storage of Disclosure information. Refer to sections 8.5 and 8.6 of this handbook.

4.6 Occupational Health Requirements

4.6.1 Health Assessments

Primary Care Medical Chambers Occupational Health Provider undertakes occupational health assessments based on the information provided in your health declaration forms at registration and annually thereafter. The assessment is undertaken by an occupational health professional with an aim of assessing the impact if any, that a declared illness/condition may have on your ability to undertake the work processes of any proposed post.

The primary aim is to advise Trust's on what adjustments should be considered to ensure a safe/healthy working environment for you. It may then be necessary for occupational health to contact you in order to discuss your health status and to ensure that any proposed work will not impact upon your physical or psychological wellbeing.

4.6.2 Immunisation Requirements

Immunity and vaccination screening requirements for locum healthcare workers undertaking placements within the NHS are governed by NHS, Nice Guidance, and the NHS Procurement Agency. This guidance was formulated for the NHS /DOH Agencies by panels of experts within the relevant fields. They decided that due to the peripatetic nature of locum workers, immunisation and vaccination requirements **should be higher than those required for a substantive post within the NHS**. Locum staff of all grades and professions are regarded as **new entrants to the NHS regardless of any present or previous NHS post**, and as such, are required to provide evidence to the standard set out in the attached Guidance 'Health Clearance for tuberculosis, Hepatitis B, Hepatitis C and HIV: New healthcare worker, NICE guidance on Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control; NICE guidelines [CG117] Published date: March 2011, **regardless of any prior or present NHS substantive posts**.

The Department of Health requires all agency healthcare workers provide documented evidence of their immunity to, or freedom from, a number of common illnesses/infections in order to protect the healthcare worker, their patients and colleagues from infection.

All evidence must state your correct name, date of birth and be on official headed paper or stamped by the issuing medical centre.

Any costs for the required evidence below are to be met by yourself. If your medical practice is unable to offer you the service, you will need to find a private clinic; we can assist you with this.

Your present/previous NHS employer's Occupational Health Department should be able to assist you in obtaining the required evidence.

All Healthcare Workers must provide evidence of immunity to/immunisation for the following;

- **Hepatitis B:** evidence required of your vaccination course dates, along with your post vaccination surface antibody blood test results (Titre levels). A course is three vaccinations, and
- **Hepatitis B five year booster:** As per Department of Health's 'green book', a booster is advised to be given five years after your primary course of vaccinations, and
- **Rubella:** evidence required of either your serology showing you are immune to Rubella, or evidence of two vaccinations, and
- **Measles:** evidence required of either your serology showing you are immune to Measles, or evidence of two vaccinations, and
- **Tuberculosis:** evidence required that your BCG scar has been seen by either your practice nurse, GP or Occupational Health department. Alternatively, you can provide evidence of a BCG vaccination, Quantiferon or Heaf/Mantoux test.

For those who have lived in a Tuberculosis High Risk Country for over three consecutive months in the past five years, they must provide evidence of one of the following since they were in that country;

- A Quantiferon/Gold Spot Test (interferon - gamma testing), or
- a Negative Mantoux Test, or
- a Chest X-ray (CXR)

- **Varicella:** A personal declaration demonstrating that you have had chickenpox. Alternatively, you can provide evidence of your serology showing your immunity. If you are not immune, we need to have evidence that you have had two vaccinations.

For those wishing to undertake work in exposure prone areas such as surgery, theatre/scrub, dentistry or A&E, refer to the section below.

4.6.3 Additional requirements for Exposure Prone Procedures (EPP) Workers

- Hepatitis C,
- HIV,
- Hepatitis B surface antigen.

The above must be taken in line with the Department of Health Document HSG (93) 40, and the results must be from a UK laboratory and should include evidence that the healthcare worker's identity was confirmed at the time the sample was collected. This is achieved by the individual presenting photo ID (e.g. a driving licence or passport), and that this is recorded on the issued laboratory result.

4.6.4 Doctors from Overseas requiring EPP Certificate of Fitness

Some doctors may have had standard and additional health checks for serious communicable diseases carried out in their own country. To enable our occupational health department to issue an EPP Certificate of Fitness, the Hepatitis B Antigen, Hepatitis C and HIV reports must be from the UK and must also be IVS.

4.6.5 Fit to Practice

For your own health, and for those in your care, it is important that you are fit to practice on each assignment; therefore you are required to declare you are fit to practice prior to each assignment. You must not declare that you are fit to practice if you are suffering from any of the following conditions or any other condition that a responsible healthcare professional would consider impinges their fitness to practice;

- Vomiting,
- Diarrhoea,
- Rash,
- Upper respiratory infection.

Always inform Primary Care Medical Chambers if you become injured or are diagnosed with any condition. You should also inform your Placement Officer if you become pregnant because of any potential risks to the unborn child. Please contact us immediately, should you become concerned that an assignment might involve risk to your health, safety or fitness, or to that of your unborn child.

Primary Care Medical Chambers reserves the right to request a certificate of fitness to practice from your GP or an occupational health department or service. Clients of Primary Care Medical Chambers may also ask that you undergo a medical examination prior to assignment and future placements may be dependent on your compliance and the outcome of the examination, provided the request is made with good reason.

4.7 Personal Professional Indemnity Insurance

The NHS Clinical Negligence Scheme pays only for cases of medical negligence that arise in NHS hospitals. It does not provide support in a variety of other situations, including criminal cases, GMC or disciplinary hearings and good Samaritans acts. Also, there are positions which Primary Care Medical Chambers may offer you for which personal indemnity insurance is mandatory. In all cases, we strongly recommend that all doctors take out and maintain their own medical insurance.

Temporary workers working outside the NHS as a locum will need their own insurance.

All GPs are required to hold their own insurance whether they are working inside or outside the NHS. This must state the hours, type and location of work to be undertaken.

5.0 Your first placement

We are dedicated to making things as easy as possible for you during your first and any new placements.

You can be sure that before your first and indeed any placement, you'll be given the following information;

- The name of the client,
- Address/directions to the place of work,
- Start and finish times of the shift,
- Where to collect any keys, beepers, induction packs,
- Details of accommodation (where applicable),
- Details of parking (where appropriate),
- Payroll arrangements

On arrival, please request an induction from the person to whom you will be reporting to. This induction should include;

- Orientation - how to find your way around your new work environment,
- Explanation and clarification of times (e.g. when to take your lunch breaks etc.),
- Introduction to new colleagues,
- Health and safety overview,
- Fire policy and procedures,
- Any relevant local policies and procedures
- Crash call procedure,
- Violent episode policy,
- Procedure for alerting security staff,
- Health and safety,
- Information Governance,
- Patient confidentiality.

Please make sure you take the following with you;

- Your confirmation letter/email,
- Your Primary Care Medical Chambers timesheet (if applicable),
- Your current GMC annual registration confirmation,
- Your passport/visa,
- Your vaccination records and any professional certificates,
- Any appropriate clothing/equipment,
- Any Fitness to Practice documentation.

On completion of your orientation/induction, you may be required by the Trust to complete an Orientation Training Form. Please email this back to your placement officer.

5.1 Alcohol

Under no circumstances should you attend work if you are under the influence of drink or drugs that would preclude you from driving. If personal medication is required during working hours, please advise the client and follow their recommendations.

5.2 Communication between staff, patients, relatives and visitors

Effective communication must take place between staff, patients, relatives and visitors where there is a risk to everyone connected to the patient, especially if that patient has an infectious condition and extra precautions are being taken, in particular where MRSA or Clostridium Difficile or other such infections are prevalent.

5.3 Family Leave

You must inform your Placement Officer if you wish to take family leave, such as statutory maternity, paternity, adoption, shared parental or parental leave. You may be required to undertake a risk assessment for your assignments.

As an agency worker, you may be entitled to participate in the Statutory Pay Schemes subject to satisfying the Government's qualifying requirements. Please contact your Placement Officer for more information and to find out if you qualify, or view further information on HMRC's website: www.gov.uk

5.4 GMC Guidance

5.4.1 Code of Conduct

When working through Primary Care Medical Chambers, please conduct yourself in a professional manner at all times as outlined by the GMC's Members Code of Conduct. In particular, we ask you to pay special attention to:

- Punctuality,
- Standards of dress and courtesy,
- Quality of care and clinical procedures,
- Consideration and respect for patients, clients, colleagues and supervisors,
- No smoking or vaping on a client's premises except where it is expressly permitted.

You are responsible for your own actions when completing a placement and, in co-operation with your colleagues, are responsible for the care of your patients. You should comply with all reasonable requests using your professional judgement at all times. If you have any questions or concerns about your work, please try and resolve these locally at first. You should not attend work under the influence of alcohol, illicit substances or smoke at work.

5.4.2 Good medical practice

The web address below will take you to a PDF file about Good Medical Practice from the GMC. This sets out the principles and values on which good practice is founded. These principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors.

www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf

5.4.3 Medicines Management

The GMC states:

‘Safe prescribing is at the heart of good medicine and it’s a skill that doctors must develop and keep up to date throughout their careers.’

It is, therefore, an expectation that all our registered locum doctors will take responsibility for updating their medicines management knowledge and skills.

The GMC’s Good Medical Practice (2013) states:

‘You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work...You must recognise and work within the limits of your competence. ...you must keep your knowledge and skills up to date...and develop the knowledge and skills in pharmacology and therapeutics, as well as prescribing and medicines management; relevant to your role and prescribing practice...’

For further information on Medicines Management see:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managingmedicines-and-devices>

5.5 Gratuities

It is essential you do not accept any gift, favour or hospitality from patients or clients in your care, which might be interpreted as seeking to exert influence to secure preferential consideration. Avoid any abuse of your privileged position with patients and clients, person, property, residence or workplace.

5.6 Holidays and Holiday Pay

When you wish to take your holidays, you must give your Placement Officer the minimum notice set out in your Terms of Engagement, but ideally, you will inform us of the dates as soon as possible.

Holiday Pay entitlement may be claimed by PAYE workers only. This request should be made in writing or email to your placement. Please include either your date of birth or National Insurance number on the email; this is required for verification and auditing purposes.

Holiday hours are calculated at a rate of 12.07% of the hours you have worked (e.g. for every ten hours you work you accrue 1.21 hours holiday). The holiday pay rate is based on an average of your last 12 weeks' pay rates.

Your holiday year start date will be the date of your first shift paid.

5.7 ID cards/badges

Some Client sites may require you to wear an ID badge. If this is this is required for your assignment you will be provided with a Primary Care Medical Chambers ID badge. Please carry this with you, or ensure it is visible on your uniform, whenever you are working on behalf of Primary Care Medical Chambers and produce it whenever requested.

5.8 Managing harassment

Primary Care Medical Chambers will provide you with the same level of support in accordance with the relevant policy whether the person harassing you is a client, service user or a colleague. Any alleged incidents of harassment should be reported in accordance with the Event Reporting Procedure or in line with the Whistleblowing Policy.

5.9 Mobile phones

Mobile phones must be switched off during work hours. If you need to use your mobile phone, please ensure this is done in your break time and in an appropriate and safe area. Do not share your mobile number with any patient or service user.

5.10 NHS Induction

All healthcare workers should ensure they receive an NHS environment and local policy and procedure induction at the start of any new shift. If you are not offered an induction for any of your new assignments, please contact your placement officer who will endeavour to raise this with the relevant client.

5.11 Record keeping

Good records are essential to safe and effective patient care and should be;

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

Records should;

- Be written with the involvement of the patient, client or their carer,
- Be written in terms the patient or client can understand,
- Be consecutive,
- Identify problems that have arisen and any action taken to rectify them,
- Show care planned, decisions made, care delivered and information taken.

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

5.12 Rest Time

Always ensure that you have had adequate rest time between shifts. Under no circumstances should you work directly before or after a waking night shift. If you have any doubts, please contact your placement officer.

5.13 Security

Please ensure that you comply with the client's security measures. Keep confidential information, valuables, equipment and materials adequately secured at all times. Report suspicious incidents or loss of items immediately to your placement officer. You must never be in unauthorised possession of any client, patient or Primary Care Medical Chambers property, including cash. Please follow any instructions relating to the wearing of security badges or identity cards.

5.14 Security and use of computers

You are expected to comply with all security measures implemented by the client in respect of personnel and other persons attending those premises. All doctors are to observe the clients computer security instructions in respect to the proper use and protection of any password used in connection with such computer systems and if there is a need to use or insert into any computer any floppy disk, CD ROM, removable hard drive or any other device for the storage and transfer of data or programs, please observe the following;

- Do not load any programme into any computer via disk, typing, electronic data transfer or any other means,
- Do not access any other computer or bulletin board or information service (including, without limitation, the internet) except with specific prior consent of the hospital.

If you are granted access to a client's computer system, this must only be used as authorised and not for the purposes of gaining access to other programs or data. Please ensure that you;

- Adhere to the client's policy/procedure,
- Maintain password security,
- Log off after use.
-

5.15 Sick pay

If you are sick for more than three days, subject to certain conditions, you may be entitled to Statutory Sick Pay (SSP).

If you are sick for more than four days but less than seven days please complete a statement of sickness form; this can be found on the HMRC website. If your illness lasts longer than seven days you will need to provide a signed fit note. These documents will need to be emailed to your placement officer. An assessment will be undertaken to determine whether you qualify for SSP. If you do not qualify you will be sent an SSP1 form to take to your local Jobcentre.

5.16 Sickness and absence

If you accept work from Primary Care Medical Chambers but later discover you cannot attend, you must inform us immediately to enable us to advise your place of work and search for alternative cover. If you have to leave the clinical area before the end of a shift, you must ensure you inform both Primary Care Medical Chambers and the client.

5.17 Smoking

No smoking or vaping is allowed on any clients premises except where it is expressly permitted.

5.18 Telephones

You are not normally allowed to use a client's telephone for personal calls. However, in an emergency, please gain consent from an authorised person and keep the call as brief as possible.

5.19 Supplier's Uniform Policy

Where required by policies, rules, procedures or standards, you shall wear any special protective clothing or footwear provided.

If you have any queries regarding correct local procedures or are uncomfortable carrying out any of the duties you have been asked to perform, please raise these issues with your line manager and/or Placement Officer. Always keep your own written record that you have done this.

5.20 Wills and Bequests

If you are requested to witness a Will or any legal document, you must explain you cannot do this and advise the individuals to speak to their legal representative or members of the patient's family. You should also inform the Head of Department or your supervisor.

5.21 Working Relationships

For medical locums, good working relationships are of crucial importance. Primary Care Medical Chambers expects that all its locum doctors promote and co-operate in the removal of any discrimination in service provision and the promotion of best practice.

Locum doctors can ensure standards of treatment which are equal by:

- Developing a basic knowledge and understanding of equal opportunities,
- Promoting positive beliefs and attitudes towards others, aiding the development of effective working relationships,
- Attending training, induction and staff briefings available to them,
- Reporting any instances of discrimination, harassment, bullying and intimidation.

6.0 Your responsibilities

Your dedicated Placement Officer works hard to match you to the right type of assignments, and will be in contact with you regularly to discuss your options. We receive a high volume of assignments every week and we ask you to keep us updated with your availability or any changes in contact details. We would also ask that you remain in regular communication with Primary Care Medical Chambers to ensure that you are the first choice for all placements we submit you for.

We also ask that you;

- Ensure that your healthcare practice is of the highest quality,
- Comply with professional, legal and ethical requirements,
- Abide by your professional codes of practice/conduct,
- Act as an advocate for all patients and clients in managing their care,
- Be courteous and polite at all times,
- Be on time,
- Wear the appropriate uniform,
- Wear your Primary Care Medical Chambers ID badge if required,

- Do not wear the uniform, protective clothing, photo ID badge or use the equipment on the authority's premises unless fulfilling the terms of the agreed of your assignment,
- Fully complete and return your timesheet in a timely manner,
- Ensure you have requested, read and understood the client specific policies and procedure such as Health and Safety, Crash Call, Violent Episode, administration of medicines and security procedures for each job, including clients where you have worked previously,
- Co-operate in the removal of any discrimination in service provision,
- Inform your placement officer immediately if you are unable to work or are due to arrive late to an assignment,
- Let us know if a Client offers you a permanent role,
- Give your placement officer as much notice as possible of any annual leave,
- Inform us of any new training you have undertaken and update your CV,
- Inform us of any disciplinary proceedings, suspensions or investigations immediately,
- Complete statements in a timely manner when requested
- Tell us if you fall ill, get injured or become pregnant,
- Understand and comply with the relevant security measures,
- Keep your professional registrations up to date,
- Do not arrange or provide a substitute worker yourself if you cannot attend, that is what we are here for,
- If you are medically unfit, please do not report for a job, but immediately inform your placement officer,
- Let us know your thoughts on the service we provide, be it positive or negative. Without your feedback, we cannot continue improving our service.
- Do not share any personal details with patients/service users
- Where possible, give at least one week's notice if you will be leaving an assignment early where possible,
- Cooperate in the removal of any discrimination in service provision,
- Do not make unnecessary use of authority in connection with the discharge of the provision of services and assignment instructions,
- Do not misuse or abuse the authority's property,
- Do not at any time be, or appear to be, in possession of firearms or other offensive weapons,
- Will not transport any services users in the worker's own car, and will not use or be a passenger in the service user's car.

Agency staff have a duty to ensure that they;

- Take reasonable care of his/her own and their colleagues' safety when lifting and handling patients or equipment,
- Use any work equipment provided correctly in accordance with any training instructions,
- Comply with a "no manual lifting policy" if this is in accordance with the client's policy,
- Inform the client when a work situation presents a serious danger or if there are any shortcomings in the arrangement for manual handling,
- Keep your training and appraisal up to date.

This applies in particular to the need to report;

- Lack of staff or equipment,
- Environmental hazards,
- Defects in machinery or equipment,
- Incidents injuries, accidents and near misses.

Please note any information provided to Primary Care Medical Chambers declared by yourself can be shared with the clients to ensure the client is fully aware of your current professional status and any change in your circumstances in relation to the work you will be carrying out.

6.1 Infection Prevention and Control

Infection prevention and control is a key component of delivering safe patient care.

Infections, particularly those known as 'health care acquired infections' (HCAI or HAI) are one of the biggest challenges facing health services throughout the world.

There are many kinds of infections that patients/clients can acquire while accessing health care services. Some are associated with specific germs such as Clostridium difficile which causes diarrhoea, others cause urinary, wound or chest infections. These can be caused by lots of different germs (usually bacteria) and can range from being very mild to serious – sometimes fatal – infections.

Your job as health care workers is to do everything you can to reduce passing (or 'transmitting') infection to patients, and from one patient to another. Standard infection control precautions include personal protective equipment, waste streams and most importantly hand hygiene.

6.2 Banking arrangements

Your earnings are paid directly into your bank account. Therefore, it is essential that you provide us with the correct bank details.

If you have any questions or wish to change the bank account you initially gave us, your Placement Officer will be happy to assist you.

6.3 Confidentiality Statement

As a locum doctor working through Primary Care Medical Chambers you will, in the course of your duties, have access to personal information. It is vital that you treat any information in a discreet and confidential manner and you ensure that;

- Written records and correspondence are kept securely at all times,
- No information regarding the placement, client or patient is disclosed to unauthorised persons,

- Where information is requested no details should be given and you should refer the request to your placement officer,
- Do not hold conversations relating to confidential matters affecting the client/patient or Primary Care Medical Chambers in situations where they may be overheard, ie in corridors, reception areas, lifts etc.
- Confidentiality must be preserved in dealing with matters relating to other locum workers,
- Disclosures of confidential information without consent should be made only where they can be justified in the public interest. Usually where disclosure is essential to protect the client/patient or someone else from risk of death or serious harm or, where disclosure is required by law or order of a court,
- Any breach of confidentiality will be regarded as unacceptable conduct, and if proven, will result in your removal from the Primary Care Medical Chambers register.
- In addition to the Caldicott Principles, you are required by law to comply with the General Data Protection Regulation (GDPR) (EU) 2016/679. Further information is available from the GMC and from the Information Commissioner's website at <https://ico.org.uk>.

6.4 Intimate examinations and chaperones

The GMC guidance Intimate examinations and chaperones (2013) states that doctors should offer the patient the option of a chaperone wherever possible before conducting an intimate examination.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-andchaperones>

The presence of an impartial chaperone during intimate examinations can provide both protection and reassurance for patient and doctor alike, and regardless of the gender of either.

The guidance states that the chaperone should usually be a trained health professional (friends or family members are not regarded as impartial). However, doctors should comply with 'a reasonable request' to have them present as well as a chaperone.

Guidance advocating chaperone use has also been published by other professional organisations, including the Faculty of Sexual and Reproductive Healthcare at the Royal College of Obstetricians and Gynaecologists and the MDU.

To avoid misunderstandings and potentially serious allegations from patients Primary Care Medical Chambers recommends you read the GMC guidance on intimate examinations and chaperones and abide by its principles and note the following:

6.4.1 Do you need to offer a chaperone?

Doctors routinely offer patients a chaperone before conducting an intimate examination but the circumstances in which a chaperone is required may extend beyond those which might conventionally be considered 'intimate' examinations, such as when the needs of the specific patient require it. For particularly vulnerable patients or those who have been the victims of abuse,

it might be appropriate to offer a chaperone for other examinations too. You must also remember that the gender of the doctor and the patient is irrelevant to whether a chaperone should be offered.

As locum doctors, you must make yourself familiar with the local trust policies and work effectively with your colleagues to ensure trained chaperones are available.

6.4.2 Checklist for intimate examinations

6.4.2.1 Before the examination

- Explain to the patient why the particular examination is necessary and what it entails so they can give fully informed consent.
- Record the consent discussion in the notes, along with the identity of the chaperone or if a chaperone was offered but declined.
- If possible, use a chaperone of the same gender as the patient.
- Allow the chaperone to hear the explanation of the examination and the patient's consent.

6.4.2.2 During the examination

- Ensure patients' privacy during the examination and when they are dressing and undressing e.g. use screens and gowns/sheets.
- Position the chaperone where they can see the patient and how the examination is being conducted.
- Explain what you are going to do before you do it and seek consent if this differs from what you have told the patient before.
- Stop the examination if the patient asks you to.
- Avoid personal remarks.

6.4.2.3 After the examination

The chaperone should leave the room following the examination so the consultation can continue in private.

6.4.3 The chaperone's role

A chaperone's principal responsibility is to protect patients from abuse. They can also reassure or comfort patients during examinations that they might find embarrassing or distressing.

The presence of a chaperone during intimate examinations may also help protect you from false allegations of abuse.

Primary Care Medical Chambers is aware of cases where doctors have been accused of unprofessional conduct or sexualised behaviour by patients despite the presence of a chaperone.

Therefore, we strongly advise you to document both the presence of a chaperone and their identity (name and full job title) in the records, in line with the GMC's guidance.

6.5 Life Support Training

All life support training must be in line with European or UK Resuscitation Council guidelines. Basic Life Support (BLS) training is valid for one year and may be incorporated in Advanced Life Support (ALS) which is valid for four years. Immediate Life Support is also acceptable and is valid for one year.

For eligible staff, BLS training is incorporated within the following mandatory programmes:

- First Responders IHCD First Person On Scene (Basic/Intermediate)
- Patient Transport Service HSE First Aid at Work
- High Dependency Transfer Service - HSE First Aid at Work,
- Accident and Emergency Service IHCD Ambulance Technician Training.

BLS refresher training is provided to meet the mandatory training requirement:

- First Responders every 12 months,
- Patient Transport Service every three years,
- High Dependency Transfer Service every three years,
- Accident and Emergency Service every three years.

Please ensure you read and understand the clients policies before commencing your placement.

6.6 Mandatory training

Please keep up to date with all relevant clinical guidance as well as attending to CPD requirements. In particular, you must have received mandatory training in the following and this training must be updated according to Skills for Health and Framework requirements. Please speak to your Placement Officer about how you can access this training;

Annually

- Caldicott Protocols/Information governance
- Complaints handling
- Infection prevention and control, including MRSA and Clostridium Difficile
- Lone Worker
- Manual Handling / Moving and Handling
- Mental Capacity Act (those working in Mental Health) Counter fraud

Two Yearly

- Fire safety

Three Yearly

- Conflict Resolution (England) / Handling of violence and aggression (Wales)
- Equality & Diversity
- Health, Safety & Welfare
- Preventing Radicalisation
- Safeguarding Adults (SOVA) Level 2
- Safeguarding Children (SOCA) Level 3

7.0 Payment Arrangements

7.1 Timesheets

For each week or part week of the placement you cover, you will receive a timesheet. Payments are rounded down to the nearest five minute increment. Your timesheet should be carefully completed as follows:

- Complete each day worked giving clear details of the start and finish times (using the 24 hour clock) and include total break time, adhering to the clients breaks policy.
- Read, sign and date the declaration on your timesheet.
- Timesheets need to be signed by an authorised person at the clients site.

Please note you will be advised as to whether or not your travel and/or accommodation expenses are covered before you are put forward for a placement. In such cases, please retain receipts such as bus/train fares.

It is your responsibility to ensure that the timesheet is filled in correctly. You must never make corrections on timesheets after the client has authorised, any changes made must be countersigned by the client.

All timesheets should be emailed to gp.timesheets@pcmchambers.co.uk . Please keep a copy of your timesheets for your own records.

PAYE

Payments will be transferred directly to your bank or building society via our BACS system. Once you have submitted your timesheets and the hours have been processed you will be paid within 10 working days. Your earnings are paid directly into your bank account. Therefore, it is essential that you have provided the correct bank. Your payslip will be emailed to you. If you have any questions or wish to change the bank account details, please contact your Placement Officer.

Umbrella Company

Payments will be transferred directly to your umbrella company once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly. The hours will be processed and will be paid to your umbrella company within 10 working days. Primary Care Medical Chambers cannot take responsibility for the onward payment of funds into your own personal account. Payslips are provided by the umbrella company directly to you.

Personal service company (PSC)

Payments will be transferred directly to your PSC once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly. The hours will be processed and will be paid to your PSC account within 10 working days. There is no need to complete a company invoice as these are generated as per our Self Bill agreement and will be emailed to you along with your remittance.

Direct Engagement

Some of our clients may decide to pay locum healthcare professionals directly you would be informed of this at the time of being offered an assignment.

Pay type options

There are three different payment methods you can choose from:

- PAYE
- Umbrella company
- Personal service company (PSC)

PAYE

Should you decide to be paid into your own personal account you will need to supply your current bank account details. You will also be sent a New Starter Checklist form which you will need to complete in full and return to the above email prior to your first shift. This enables the tax office to inform us of the appropriate tax code for you. If you have a break of three months or more, your employment will be terminated and we will follow the HMRC's procedure to send you a P45.

Umbrella Company

If you opt to be paid through an umbrella company, Primary Care Medical Chambers are not able to recommend or advise of umbrella companies, due to this we do not have a preferred suppliers list (PSL). You will need to do your own research. It's important that you carry out an extensive review of the companies you are interested in working with and gain a good understanding of their policies regarding IR35 legislation and PAYE types in line with HMRC requirements.

Once you have selected your option, you will need to advise Primary Care Medical Chambers which umbrella company you are considering using. We will then be able to confirm if your choice has met Primary Care Medical Chambers audit requirements. If Primary Care Medical Chambers currently holds an umbrella service agreement with the company, we will require the below details to be sent to your Placement Officer. We will require:

- Written confirmation from you
- Signed contract of employment (this is a document that is between yourself and the umbrella company)

If Primary Care Medical Chambers does not work with the umbrella you have chosen, we will not be able to set you up with them and you will need to choose an alternative company.

Personal service company (PSC)

If you choose to be paid through your own personal service company you will need to email your Placement Officer with the following:

- Written confirmation from yourself
- Business bank document (bank statement showing business account name, sort code and account number this must be dated within the last three months)
- Certificate of incorporation
- VAT certificate (if applicable)
- Accountants details (full name, email address, contact number and registered address).

7.2 Tax code queries

Whilst Primary Care Medical Chambers process your pay and deductions, we are not responsible for your tax affairs. Please contact HMRC directly;

Pay As You Earn and Self-Assessment
HM Revenue and Customs
BX9 1AS

Tel: 0300 200 3300

When contacting the tax office, you may need to quote the following PAYE reference 120/YE23677 together with your National Insurance number.

7.3 Auto Enrolment Pensions

The Company provides a workplace pension plan (“the Pension Plan”). Subject to the eligibility requirements and Part I of the Pensions Act 2008 (Pension Scheme Membership for Jobholders), you may be enrolled into the Pension Plan automatically or you may elect to join the Pension Plan. Please contact your Placement Officer for more information.

8.0 General Policies and Procedures

8.1 Agency Worker Regulations (AWR)

The AWR came into force on 1 October 2011 and gave agency workers the right to the same basic terms and conditions as if the hirer (our client), had employed you directly to do the same job. The AWR gives you two specific sets of entitlements: Day 1 Rights, which apply from the first day of your assignment, and Week 12 Rights which come after you accumulate 12 qualifying weeks on assignment.

It is important to remember the AWR does not alter your employment status in any way. You remain an agency worker engaged by Primary Care Medical Chambers under your current terms. However, please be aware that it is unlikely that you will be covered by the AWR legislation if you are genuinely self-employed.

Day 1 Rights will affect all agency workers from the first day of the assignment. Previously you may have had restricted access to those on-site facilities enjoyed by permanent staff of the client such as the canteen, car parking, childcare facilities, or staff common room, the AWR now ensures that you will have no less favourable access to them than comparable employees. As part of your Day 1 Rights, you are also entitled to be notified of any relevant opportunities for employment with the client, although it is still the client’s decision whom they employ.

The AWR only gives you the same rights of access as those employed directly. It doesn’t enhance your rights any further. So while you cannot be prevented from using the on-site canteen, if the client provides subsidised meals to their permanent employees; the subsidy will not necessarily extend to you. Similarly, if there is a waiting list for access to facilities such as the car park, AWR will allow you to join the waiting list, it does not give you an automatic right to a car parking space.

After 1 October 2011, once you have accumulated 12 qualifying weeks working with the same hirer in the same job, you will be entitled to the same basic terms and conditions of employment as if you had been employed directly by the client.

The Week 12 Rights ensure that you receive the same;

- Basic pay,
- Paid annual leave,
- Rest periods and rest breaks,
- Overtime and shift premiums,
- Performance-related bonus as if you had been recruited directly by the client to do the same job, with the same skills and qualifications.

You acquire a single qualifying week each time you do any work within a seven day calendar week after the start of your assignment. This can be a full week or only a few hours, and it can be through more than one agency, so long as you are doing the same job for the same client.

To help us ensure you receive your full rights it is essential you inform your Primary Care Medical Chambers placement officer if you have worked for a client through another recruitment agency. You are not legally required to give us this information, but if you do not, we will not know when you have qualified and ensure you receive your full rights under the AWR.

You will lose any qualifying weeks;

- If you begin a new assignment with a new client,
- If you change your job role, grade and or specialty with the same client,
- If there is a break in the assignment of over six weeks.

Breaks in your assignment will not necessarily prevent you from completing your 12 week qualifying period.

Your qualifying clock will be paused where there is a;

- Break for any reason where the break is no more than six calendar weeks,
- Break of up to 28 weeks because of sickness or injury,
- Break of up to 28 weeks to perform jury service,
- Planned shutdown of the workplace by the hirers or by a strike, a lockout or any other industrial action at the hirer's establishment.

Upon your return to work, the qualifying clock will then continue as usual. If the reason for the break is for family reasons, such as maternity or paternity leave, you may continue to accumulate qualifying weeks even though you are not on assignment.

Primary Care Medical Chambers works closely with our clients to gather all the necessary information regarding pay and benefits of the comparable staff, to ensure you receive your full rights. Where a client has informed us you are entitled to a change in pay or other entitlements relating to the AWR, we will liaise with the client to arrange the appropriate amendments.

In cases where the client is already offering the same rate of pay-parity as part of your Day 1 Rights, after your twelfth week on assignment no further changes will be made. If you have any further questions relating to this information please contact your placement officer.

8.2 Duty of Candour

Regulation 20 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, introduced a statutory Duty of Candour which came into force on 27 November 2014. The introduction of Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory Duty of Candour be imposed on healthcare providers.

Primary Care Medical Chambers, as a healthcare provider, therefore has a statutory Duty of Candour which means every healthcare professional must be open and honest with patients or people in their care. When things go wrong, patients or people in their care should expect a face to face explanation and an apology from the care giver or healthcare provider.

Candour is defined by Robert Francis as: 'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made'.

Primary Care Medical Chambers wants to make this duty a reality for people who come into contact with our services. We want to ensure there is clear, strong organisational support for staff to follow their ethical responsibility in being open and honest with those in their care. Our duty of candour is a reinforcement of our development of a wider culture of safety, learning and improvement.

In July 2015, the GMC and NMC published guidance that sets out standards expected of all doctors, nurses and midwives practising in the UK. This guidance also emphasises that professionals need an open and honest working environment where they can learn from mistakes and feel comfortable reporting incidents that have led to harm.

Primary Care Medical Chambers has a Duty of Candour Guidance document that emphasises:

- Workers must understand their duty for being open and must demonstrate the principles of being open in their work,
- Workers who become aware of an incident having occurred must apply the principles of being open and the Duty of Candour,
- Agency workers who are concerned about the non-reporting or concealment of incidents, or about ongoing practices which present a serious risk to patient safety, must raise their concerns through established governance routes.

8.3 Events and Complaints

Primary Care Medical Chambers is committed to providing the best possible service to patients and staff and therefore we encourage all agency staff and clients to report all events through our event reporting process.

We recognise that on occasion problems will occur which need to be investigated so lessons can be learned and quality improved.

We recognise these problems as:

- Never events,
- Serious untoward incidents (SUIs),
- Complaints,
- Near misses,
- Clinical incidents,
- Medication errors,
- Non-clinical incidents,
- Professional concerns,
- Safeguarding concerns,
- Patient safety events,
- Operational issues,
- Compliments.

8.4 General Data Protection Regulation

You are required to comply with the General Data Protection Regulation (GDPR) (EU) 2016/679 and the data protection policy of the client during your assignment. Please ask the client for details of the relevant policy. Further information is available from the information commissioner's website at <http://ico.org.uk>

The General Data Protection Regulation (GDPR) (EU) 2016/679 allows a patient to see the contents of his/her medical records. Below is a summary where all patients/representatives are given access to all relevant health information, however, there are a few circumstances where it may not be appropriate;

- Any patient record should be compiled with the assumption that a patient may see the contents
- Within the Act, there is no provision that prohibits informal voluntary arrangements to allow patients access to their records
- Provisions within the Act that refer to the formal access of records, a patient should be given the informal access arrangements literature

A definition of records relates to the physical or mental well-being of a patient, who could be identified from the information in the file which has been made by or on behalf of a health professional in connection with the care of the patient. This includes independent clinical/departmental files as well as the central medical record. The holder of the record is the individual with whose care the record in connection has been made. The patient is the individual with whose care the record in connection has been made.

The health professional is a registered medical practitioner, dentist, optician, pharmaceutical chemist, nurse, midwife or health visitor, chiropodist, dietician, occupational therapist, orthoptist, physiotherapist, clinical psychologist, child psychotherapist, speech therapist, NHS art or music therapist and scientists who are head of departments.

The following have the right of access, the patient or if a patient is unable to access the information themselves they must give an authorised person the right of access by a written letter with their

signature, or any person appointed by the court to manage the affairs of a patient. If the patient died, the patient's immediate next of kin or any person having a claim arising from the death.

There are a few exceptions where the applicant is entitled to inspect or to be supplied with a copy of the whole record or an extract of the record. Under the terms of the Act Health Professionals, with two exceptions cannot withhold their consent to access the record. The exceptions to this are as follows: -

1. Where in the opinion of the Health Professional, giving access would disclose information likely to cause serious harm to the physical and mental well-being of the patient or any other individual.
2. Where giving access would in the opinion of the Health Professional disclose information relating to or provided by an individual other than the patient who could be identified from the information.

However, access can be given where the individual who could be identified has consented to the disclosure. The rule does not apply if the individual who could be identified is a Health Professional involved in the care of the patient.

NB the right of access is granted to a patient or a person authorised in writing by the patient. The holder of the record may deny an applicant's request for access when the Health Professional has formed the view that the patient authorising the access has not understood the meaning of the authorisation.

In addition, patients who are children (i.e. persons under 16 years of age) who in the view of the appropriate health professional are capable of understanding what the application is about, may prevent a person having parental responsibility from having access to the record. Where in the view of the health professional the child patient is not capable of understanding the nature of the application, the holder of the record is entitled to deny access if it were not felt to be in the child's best interest. Where the patient has died, the Act enables such a patient before death to request that a note is included in the record that he/she does not wish access to be given on an application.

If a record contains terminology that is not understood by the patient, the Health Professional concerned must give an explanation. Although a lay administrator may supervise inspection of records that individual may not comment on or discuss the contents. In the event that an applicant required an explanation, the lay administrator will contact the health professional. If he/she is not available the administrator will seek an appointment with the health professional for the patient.

If the applicant has a correction for his/her records he/she can ask for any inaccuracies in the record to be corrected. The health professional/lay administrator should either make the necessary correction or make a note in the relevant part of the record that is alleged to be inaccurate.

There are statutory time limits to process the request. If the individual has previous notes that are older than 40 days, the holder has 40 days from receipt to process the request. If the individual is a new patient or previous notes are less than 40 days old, there are 40 days from receipt to process the request. For written applications there is a 14 day period during which time the Trust must

request any proof of credentials or identity. The time limit restarts from the date of receipt of further information.

NB All time limits are calendar days, not working days.

Applicants have the right to apply to the High Court or County Court if the holder of the record appears to have failed to comply with the Act.

8.5 Policy Statement on the Recruitment of Ex-Offenders Act

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offence therefore please disclose any previous spent or unspent convictions and we will advise you whether this will restrict you to assignments with Primary Care Medical Chambers.

8.6 Pregnancy and Maternity (New and Expectant Mothers)

You must inform your Placement Officer if you are pregnant as you will be required to undertake a risk assessment for your assignments.

As a Primary Care Medical Chambers locum doctor, you are entitled to participate in the Statutory Maternity Pay Scheme subject to satisfying the Government's qualifying requirements. On production of proof (such as a MATB1 certificate), you may be entitled to reasonable time off for attendance of antenatal appointments. If you are pregnant and believe there may be a risk that your pregnancy could be adversely affected by you carrying out the duties of the post we request that you inform Primary Care Medical Chambers as soon as possible. A New and Expectant Mother Risk Assessment Form should be completed through discussion between you and your supervisor/manager. The purpose of the assessment is twofold; firstly so that, as an organisation, they ensure that you are not exposed to risks which could affect your health and safety or that of your child and secondly so that they can meet their legal obligations. Primary Care Medical Chambers will assist you with this process.

8.7 Quality Assurance

To ensure service standards are being met, Primary Care Medical Chambers has policies and procedures on all aspects of quality assurance monitoring. This is facilitated through service visits, telephone quality calls, spot checks and in-house monitoring through quality assessment questionnaires.

8.8 Social Media Policy

The following section of this policy provides doctors with common sense guidelines and recommendations for using social media responsibly and safely and applies to both open and private sections of sites. Social media policies vary from trust to trust and doctors **must** comply with the specific social media policy of the trust they are working at. This policy deals with the use of all forms of social media, including (this list is not exhaustive): Facebook, LinkedIn, Twitter, Wikipedia, Google+, Four-Square, all other social networking sites, all other internet postings including blogs.

Social networking sites provide a great way for people to keep in touch with friends and colleagues. However, through the semi-open nature of such sites, it is also possible for third parties to collate vast amounts of information. Doctors should be mindful of the personal information they disclose on social networking sites, especially with regards to identity theft. Making information such as your date of birth, your place of work, and other personal information publicly available can be high risk in terms of identity theft.

Protecting Business and Personal Reputation

1. Doctors must not post disparaging or defamatory statements about (this list is not exhaustive):

- The company
- Employees
- Clients
- Other healthcare staff
- Other locum agencies
- Other affiliates and stakeholders

2. Doctors should also avoid social media communications that might be misconstrued in a way that could damage our business or personal reputation, even indirectly.

3. Doctors are personally responsible for what they communicate in social media. Remember that anything that is published might be available to be read by the masses (including the NHS, future employees and social acquaintances) for a long time.

4. If you disclose your affiliation as a locum doctor of Primary Care Medical Chambers, you must also state that your views do not represent those of the company.

Respecting Colleagues, Clients, Business Partners and Suppliers

Do not post anything that your colleagues or our clients, candidates, competitors, business partners, suppliers, vendors or other stakeholders would find offensive, including discriminatory comments, insults or obscenity. Clinical governance is about quality. It is the term we use to describe the things we do to help Trusts provide a quality service to our patients that is continually checked and improved upon. It is clinical governance that helps us to make the Trust's visions and values an everyday reality.

Whatever your job, you have everything to do with clinical governance. As we are all employed for the benefit of patients, clinical governance is and must be everybody's business. The Department of Health gives guidance for clinical governance on its web site at

www.doh.gov.uk/clinicalgovernance/

8.9 Whistle blowing

Whistle blowing can be described as a process of reporting matters of concern and covers:

- Poor quality care,
- Malpractice of Care,
- Criminal Offences,
- Fraud or corruption,
- Negligence,
- Other Civil Law issues, such as racial, sexual or disability discrimination,
- Miscarriage of Justice,
- Danger to Health and Safety,
- Environmental issues (e.g. pollution)

Please note that this list is not exhaustive.

Primary Care Medical Chambers takes malpractice seriously and guidance and support for our agency workers if raising concerns about malpractices at work and we encourage all agency workers to raise any concerns in the right way. For full details regarding Whistleblowing, please contact your Placement Officer.

8.10 Working Hours

In line with the working time regulations Primary Care Medical Chambers limit the number of hours an agency worker can work to 48 hours per week.

8.11 Safe Use and Disposal of Sharps

Sharps must not be passed directly from hand to hand, and handling should be kept to a minimum. Needles must not be recapped, bent, broken or disassembled before use or disposal.

Used sharps must be discarded into a sharps container at the point of use by the user. These sharps containers must not be filled above the mark that indicates that they are full

If a needle stick injury occurs you should immediately:

- Encourage the wound to bleed,
- Wash under running water,
- Cover with a waterproof dressing,
- Report immediately to the supervisor in charge of the clinical area who will organise appropriate action,

Fill in an accident form. You are advised to keep a copy of your completed accident form for future reference. Report the accident also to your Placement Officer and Primary Care Medical Chambers.

8.12 Risk Assessment

A clinical risk assessment is undertaken first of all to ensure any risk to patients/service users and staff is kept to a minimum and potential risks are identified, analysed, controlled and reviewed. If an issue does occur it must be reported to the line manager in charge of the area and an incident form must be completed.

All healthcare workers must abide by the requirements of the *HSC 1998/226 Guidance on the Management of AIDS /HIV Infected Care Workers and Patient Notification* and subsequent amendments. To assist you, more information is available via the Department of Health website.

8.13 Personal Protective Equipment

Selection of personal protective equipment (PPE) should be based on an assessment, according to local guidelines, of the risk of transmission of micro-organisms to the patient/service user, and the risk of contamination of your clothing and skin by patient's/service users' blood, body fluids, secretions or excretions.

Gloves must be worn for invasive procedures, care of infected patients/service users in isolation, contact with sterile sites and non-intact skin or mucous membranes. Gloves must also be worn for activities that have been assessed as carrying risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.

Gloves must be worn as a single-use item. They must be put on immediately before an episode of patient/service user contact or treatment, and removed as soon as the activity is completed. Gloves must be changed between caring for different patients/service users, and between different care or treatment activities on the same patient/service user.

Gloves must be disposed of as clinical waste and hands decontaminated after the gloves have been removed.

Your sensitivity to natural rubber latex as well as the patients/service users must be documented, and alternatives to natural rubber latex gloves must be available. If you have a latex allergy you must inform your Placement Officer at Primary Care Medical Chambers as soon as possible.

Disposable plastic aprons should be worn when caring for infected patients/service users in isolation and there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions, discounting sweat.

Plastic aprons should be worn as a single-use item, for one procedure or episode of patient/service user care, and then discarded and disposed of as clinical waste.

Full body fluid repellent gowns must be worn where there is a risk of extensive splashing of blood, body fluids, secretions or excretions, onto your skin or clothing.

Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into your face and eyes.

8.14 Risk Incident Reporting

It is a requirement that healthcare workers be aware of risk management policies and be able to report incidents in line with the trust's Health and Safety Policy.

Hazard means anything that can cause harm (eg chemicals, electricity and equipment). Risk is the chance, high or low, that somebody will be harmed by the hazard;

- Look for hazards,
- Decide who might be harmed and how,
- Evaluate the risk and decide if any steps can be safely taken to eliminate or reduce the risk of harm,
- Report the incident to your supervisor or designated health and safety officer,
- Follow up and check that action has been taken to eliminate or reduce the risk, if this has not taken place, report again to your supervisor or designated health and safety officer.

8.15 Ionising Radiation

Ionising radiations occurs as either electromagnetic rays (such as x-rays and gamma rays) or particles (such as alpha and beta particles). It occurs naturally (eg from the radioactive decay of natural radioactive substances such as radon gas and its decay products) but can also be produced artificially. People can be exposed externally to radiation from a radioactive material or a generator such as an x-ray set, or internally, by inhaling or ingesting radioactive substances. Wounds that become contaminated by radioactive material can also cause radioactive exposure.

When you attend an x-ray department with a patient and you are asked to go into the area where the x-ray is to be taken you must wear a protective apron, especially if you are a female of child bearing age. A pregnant female must not be exposed to x-rays.

If you are required to conduct a medical x-ray, or request an x-ray, you should receive specific training in radiation protection. This is a legal requirement and you will need to produce evidence of the appropriate certificate.

Please check with a trust representative if you have any questions about ionising radiation.

Further guidance can be found on the Health and Safety Executives website at <http://www.hse.gov.uk/radiation/ionising/>.

The Ionising Radiations Regulations 1999 can be found on Her Majesty's Stationery Office (HMSO): http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

9.0 Guidelines for working in service user homes

9.1 Code of practice

The purpose of this code is to set down the responsibilities of Primary Care Medical Chambers in ensuring suitably qualified Practitioners enter a service user's home to deliver the prescribed treatment and care identified for that service user. The purpose of this is to protect and promote the well being of service users in their own homes and to protect the professionalism and safety of agency workers.

The code is intended to complement rather than replace or duplicate existing policies and it forms part of the wider package of legislation, requirements and guidance that relate to the recruitment of staff and the provision of care services identified within this handbook.

9.2 Status

To meet Primary Care Medical Chambers responsibilities in relation to protecting service users in their own homes and the agency worker, Primary Care Medical Chambers will;

- Make sure that agency workers are suitably trained and are registered with the relevant professional body and therefore understand their roles and responsibilities,
- Have written policies and procedures in place to enable agency workers to meet the standards upheld by Primary Care Medical Chambers,
- Provide training and development opportunities to enable agency workers to strengthen and develop their skills and knowledge,
- Put in place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice,
- Promote Primary Care Medical Chambers codes of practice for agency workers and service users.

Before placing agency workers into service user's homes, Primary Care Medical Chambers will check they have the adequate skills and competencies to perform the roles and responsibilities required. This includes;

- Using rigorous and thorough recruitment and selection processes, focused on making sure that only people who have the appropriate knowledge and skills and who are suitable to provide healthcare are recruited to Primary Care Medical Chambers,
- Checking criminal records, relevant registers and indexes
- Seeking and providing reliable references,
- Giving staff clear information about their roles and responsibilities, relevant legislation and the organisational policies and procedures they must follow in their work,
- Managing the performance of staff and the organisation to ensure high quality services and care,
- Having systems in place to enable agency workers to report inadequate resources or operational difficulties which might impede the delivery of safe care and treatment within the service user's home, to allow Primary Care Medical Chambers to inform the relevant authorities to address the identified issues.

Whilst working in the service user's home, the agency worker will;

- Ensure a risk assessment has been completed of the environment, especially in the area where treatment is to take place,
- Ensure they have right resources' available to them to perform the treatment,
- Remember to obtain the service user's permission to undertake the prescribed treatment, explaining exactly what they are going to do,
- Ensure they are performing the correct procedure as prescribed by the relevant medical practitioner,
- Document on the care plan all activity undertaken with outcomes and report any significant changes to the relevant care professionals,
- Maintain and respect the dignity of the service users at all times,
- Remember it is the service user's own home, therefore respect their property.

9.3 Hand washing

Hands must be washed immediately before each and every episode of direct patient/service user contact or care and after any activity or contact that could potentially result in hand contamination, including after the removal of protected gloves.

Hands that are visibly soiled, or potentially grossly contaminated with dirt or organic material, must be washed with soap and water.

Hands must be decontaminated, preferably with a non alcohol hand rub between each patient/service user contact and also between different care activities for the same patient/service user.

Only a plain wedding ring may be worn as hand jewellery. Wristwatches and bracelets must not be worn. Cuts and abrasions must be covered with a waterproof dressing. Fingernails must be kept short, clean and free from nail polish. False nails and extensions must not be worn.

There are three stages to an effective decontamination technique: preparation, washing hands and rinsing and drying as shown in the following diagram. Preparation is the wetting of hands under free flowing tepid water before applying liquid soap or an antimicrobial preparation. The hand wash solution must come into contact with all of the surfaces of the hands. The hand washing should last for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers. Hands should be rinsed thoroughly before drying with a paper towel.

When decontaminating hands using a non alcohol hand rub, hands should be free from dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the fingers, the thumbs and the areas of skin between the fingers, until the solution has evaporated and the hands are dry.

It is recommended that an emollient hand cream is applied, at the end of a shift to protect the skin from the drying elements found in some particular antimicrobial hand washes/alcohol. Be aware of any skin allergies that could occur by using certain products.

Non alcoholic hand rubs are used in preference to alcoholic hand rubs due to the risk of dealing with alcohol dependant patients/service users in the majority of healthcare establishments.

9.4 Safe Waste Management

Waste produced as a result of healthcare activities is classified as healthcare waste. Healthcare waste includes no/minimal risk hygiene waste as well as items which pose a risk either due to their potentially infectious nature or contamination with pharmaceutical products. These are known as hazardous waste. Hazardous waste is subject to additional controls as specified in the Hazardous Waste (England and Wales) Regulations 2005.

- The healthcare establishment's local policy on waste disposal, spillages and other relevant areas must be followed,
- Issues or difficulties in following the policy should be reported to the nurse in charge of the ward or department,
- Waste should be disposed of as close to the point of use as possible, and immediately after use,
- Identified bag holders should be used wherever possible in healthcare settings. These should be hands free/pedal operated lids, hard bodied, containing appropriate waste bags, so that hands do not become contaminated during waste disposal eg by having to touch lid to open,
- UN approved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment/incineration and disposal should always be used depending on the waste being generated,
- Bags should be no more than $\frac{3}{4}$ full,
- Never dispose of waste into an already full receptacle,
- Never touch the waste receptacle itself, eg the lining of the outside of bags/containers,
- Where patients can dispose of their own waste (eg tissues) they should be encouraged to do so and provided with appropriate waste receptacles for this,
- Items containing fluid, particularly those containing blood/body fluids that have to be disposed of should first have the contents solidified in order that they are safe to

transport. Seal all bags/containers appropriately before disposal/transporting/processing in accordance with local guidance.

9.5 Laundry

- The local policy on dealing with dirty/contaminated laundry must be followed,
- Any issues or difficulties in following the policy should be reported to the nurse in charge of the ward/department,
- Every day soiled linen ie bed linen should be deposited into a white linen skip or white plastic bag,
- Heavily contaminated/infected linen ie bed linen/pyjamas go into a red skip, which may have an alginate red sack inside,
- Always follow the hand washing procedure.

9.6 Zika Virus

Zika virus disease is mainly spread by mosquitoes. For most people it is a very mild infection and isn't harmful.

However, it may be more serious for pregnant women, as it's been linked to birth defects – in particular, abnormally small heads (microcephaly).

Zika does not naturally occur in the UK. Zika outbreaks have been reported in the Pacific region, and the virus has now spread to South and Central America and the Caribbean.

Experts expect the Zika virus to spread to all countries in the Americas (including the Caribbean), with the exception of Chile and Canada.

People travelling to affected areas should seek travel health advice before their trip.

It is recommended that pregnant women postpone non-essential travel to areas with active Zika virus transmission. These are areas where cases of Zika virus disease have been acquired locally, through mosquitoes, and reported by health authorities within the last two months.

If you travel to an affected area, you can reduce your risk of catching the virus by using insect repellent and wearing loose clothing that covers your arms and legs.

10.0 Appendices

10.1 Useful contacts

General Medical Council (GMC)

Tel: 0845 357 3456

Website: www.gmc-uk.org

Home Office

Tel: 020 7035 4848

Website: www.homeoffice.gov.uk

Department for Work and Pensions

Tel: 020 7712 2171

Website: www.dwp.gov.uk

Disclosure and Barring Service (DBS)

Tel: 0870 909 0811

Website: <https://www.gov.uk/disclosure-barring-service-check/overview>

Disclosure Scotland

Tel: 0870 609 6006

Website: www.disclosurescotland.co.uk

British Medical Association

Tel: 020 7387 4499

Website: www.bma.org.uk

Department of Health

Tel: 020 7210 4850

Website: www.doh.gov.uk