CÚRAM SLÁINTE POBAIL
CORCAIGH CIARRAÍ
CORK KERRY
COMMUNITY HEALTHCARE

HOME SUPPORT SERVICE DEPARTMENT

Best Practice Guidance For Health Care Support Assistants

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GLOSSARY OF TERMS

CHN	Community Healthcare Network
CISM	Critical Incident Stress Management
CKCH	Cork Kerry Community Healthcare
COVID	Corona Virus Disease
CRGN	Community Registered General Nurse
EACS	Employee Assistance and Counselling Service
EAP	Employee Assistance Programme
GDPR	General Data Protection Regulation
GP	General Practitioner
HCSA	Health Care Support Assistant
HHC	Home Help Coordinator
HIQA	Health Information and Quality Authority
HPSC	Health Protection Surveillance Centre
HSS	Home Support Service
HSE	Health Service Executive
PHN	Public Health Nurse
PPE	Personal Protective Equipment
PPPG	Policy, Procedures, Protocols & Guidelines
SWL	Safe Working Load

FOREWORD

It is with great pleasure that we introduce *Best Practice Guidance for Health Care Support Assistants*. This handbook has been developed for Health Care Support Assistants working in the community.

The Home Support Service's (HSS) Policy, Procedure, Protocols and Guidelines (PPPG) Development and Education Subgroup identified the need for a point of reference for Health Care Support Assistants (HCSA) working in the community. Subgroup gap analysis identified policy, procedure, protocol and guideline documentation was inconsistent across Cork Kerry Community Healthcare. This handbook supports the standardisation in Home Support practice across Cork and Kerry.

The information and practical advice outlined will enable Health Care Support Assistants to create a caring and dignified environment, where a person-centred approach to care can be fostered. This handbook will provide a valuable training and information resource and will prove to be invaluable to Health Care Support Assistants in their work to support people to live well at home.

A sincere thank you to all our Home Help Coordinator (HHC) colleagues who contributed to the successful completion of this handbook. We wish to acknowledge the support and assistance received from our Non-Residential Services Manager Older Persons, Home Support Managers, Health Care Support Assistants and Public Health Nursing.

Every care has been taken to ensure the information included is relevant, accurate and up to date at the time of publication.

We hope this guidance will assist you in your valued role as a Health Care Support Assistant.

Martina Mulcahy Rosemarie O'Mahoney Sharon Rennie

INTRODUCTION

Home Support Service

The Health Service Executive (HSE) was established by Ministerial order on 1 January 2005 in accordance with the provisions of the HSE Health Act 2004, as amended by the HSE (Governance) Act 2013, as the single body with statutory responsibility for the management and delivery of health and personal social services to the population of Ireland.

What is the Home Support Service?

Home Support is a person centred care approach, provided by the Cork Kerry Community Healthcare Service to support our client base in continuing to live independently in their own home and in their community.

The HSE recognises the valuable contribution of carers who care for family members, relatives and friends. Carers will be recognised and respected as key care partners.

In addition to the care being provided by family, carers, Day Care Centres, Meals on Wheels, and other voluntary services, the Home Support Service will assist clients in carrying out care needs such as showering/washing, dressing, continence care, meal provision, and any other assessed needs (identified by Public Health Nursing (PHN)) essential for their care.

The Home Support Service does not provide nursing or medical care.

The work of a HCSA is an important and vital service in the community. Since its inception in 1970 the Home Support Service has evolved and grown. Formal and ongoing training, development of policies, procedures, protocols and guidelines all assist in providing a safe and professional service and ensuring that high standards of care are maintained. The HCSA reports directly to the HHC, who is their line manager.

The guidelines in this handbook do not cover every situation that may arise in the course of your work as a HCSA as each situation is unique. However it is essential that you follow these guidelines and protocols, this is to provide a framework to support you, and if you have any doubts or difficulties your line manager is there to support and guide you.

The handbook is divided into specific sections to enable you to directly seek the advice relating to a particular situation which you need to address.

The sections are as follows:

- **Section 1 - Structure of the Health Service Executive**
- **Section 2 - Health Care Support Assistant – Roles and Responsibilities**
- **Section 3 - Supports and Entitlements for Health Care Support Assistants**
- **Section 4 - HSE Policies, Procedures, Protocols & Guidelines (PPPG)**
- **Section 5 - Personal Care Guidelines and Procedures for Health Care Support Assistants**
- **Section 6 - Non Clinical Role of Health Care Support Assistant**

SECTION 1

Structure of the Health Service Executive

ORGANISATIONAL STRUCTURE

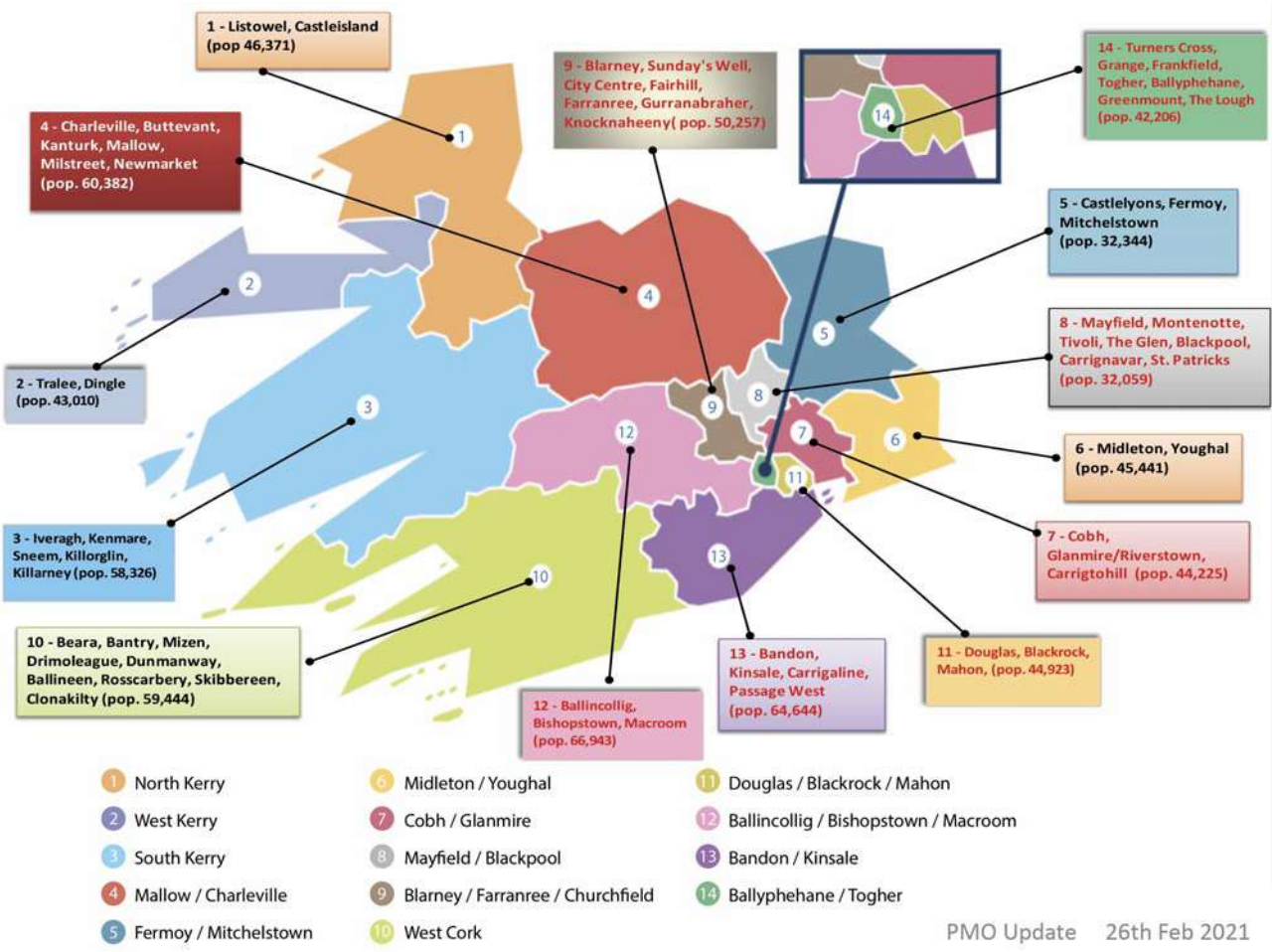
Sláintecare is a 10 year plan to reform and modernise the Health Service. One of the key steps towards restructuring the Health Service is the establishment of six new Regional Health Areas. Each Regional Health Area will be responsible for the planning and delivery of integrated Health and Social Care person centered services. Sláintecare promotes more care in primary and community settings favouring a *Home First* Approach.

As a Health Care Support Assistant you work in Regional Health Area D - Cork Kerry Community Healthcare.

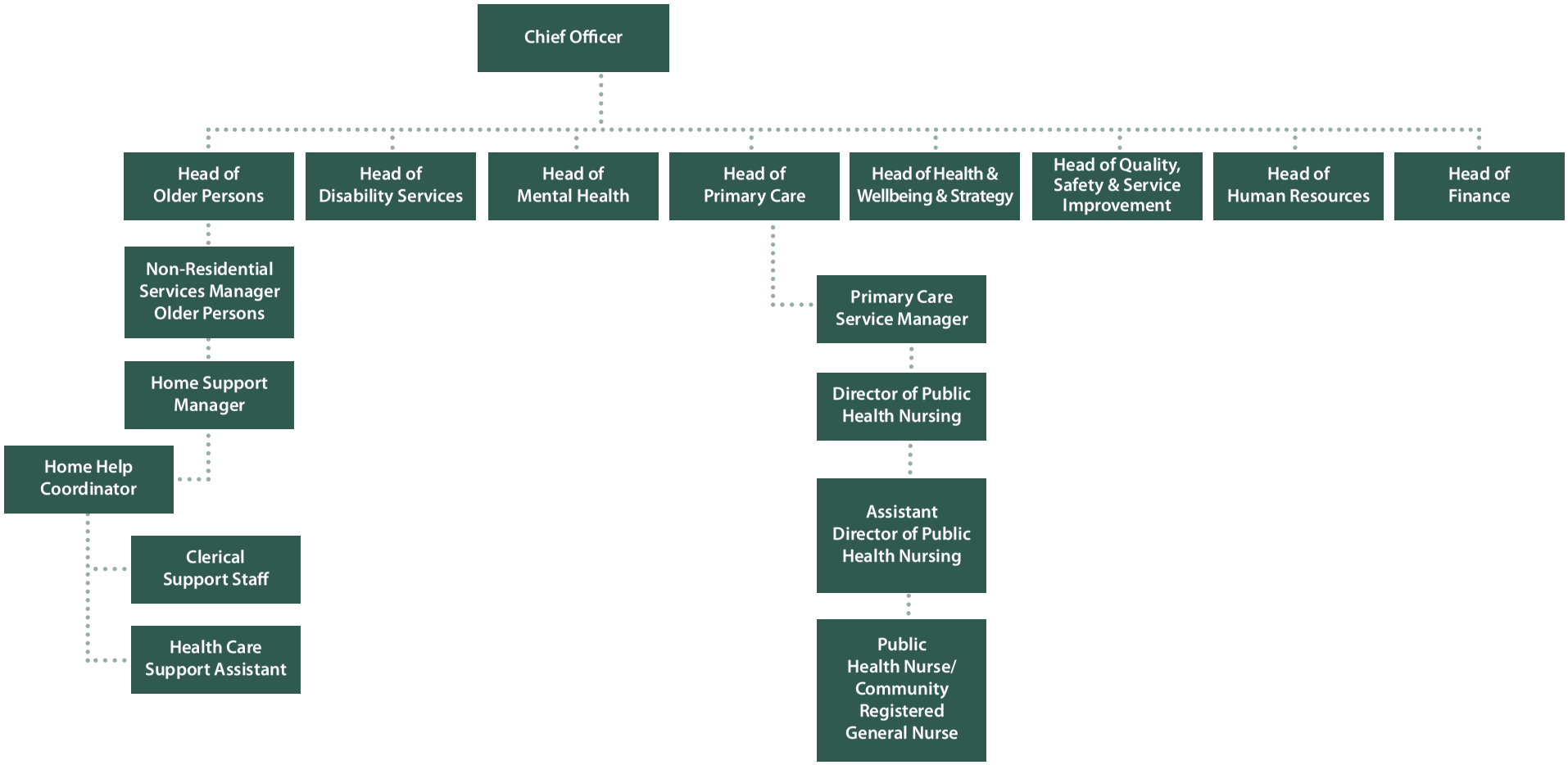
The majority of care will be provided in the community and the focus will be to deliver *the right care, in the right place at the right time*. New health areas (Community Healthcare Networks) will plan, fund and deliver integrated services for the people in their area.

The reorganisation of Community Healthcare Services to an Integrated Care model will provide staff with the opportunity to work with colleagues from other disciplines in a new dynamic and integrated manner as Community Healthcare Networks.

As a Health Care Support Assistant you will be providing a service to your local Community Healthcare Network.



Structure of Cork Kerry Community Healthcare



CORK KERRY COMMUNITY HEALTHCARE SERVICE (CKCH)

CÚRAM SLÁINTE POBAIL
CORCAIGH CIARRAÍ
CORK KERRY
COMMUNITY HEALTHCARE

Our Strategic Priorities

1. Access	*To provide the best possible access to our services*
2. People	*To value and respect our staff, those who use our services, and their families and carers*
3. Quality	*To ensure we deliver the best possible quality, compliant services*
4. Resources	*To create a culture of efficiency that makes the best use of resources in all of our services*
5. Health and Wellbeing	*To improve the health of all who live in Cork and Kerry*
6. Engagement	*To foster a culture of pride, confidence & trust in our services*

CODE OF GOVERNANCE

The HSE Code of Governance provides an overview of the principles, policies, procedures and guidelines by which the HSE directs and controls its functions and manages its business. It is intended to guide the Directorate, Leadership Team and all those working within the HSE and the agencies funded by the HSE, in performing their duties to the highest standards of accountability, integrity and propriety.

The HSE requires all staff to live their values every day when interacting and dealing with service users, colleagues and members of the public.

The HSE's values are:

Care

- To provide care that is of the highest quality.
- To deliver evidence based best practice.
- To listen to the views and opinions of our clients and service users and consider them in how we plan and deliver our services.

Compassion

- To show respect, kindness, consideration and empathy in our communication and interaction with people.
- To be courteous and open in our communication with people and to recognise their fundamental worth.
- To provide services with dignity and demonstrate professionalism at all times.

Trust

- To provide services in which people have trust and confidence.
- To be open and transparent in how we provide services.
- To show honesty, integrity, consistency and accountability in decisions and actions.

Learning

- To foster learning, innovation and creativity.
- To support and encourage our workforce to achieve their full potential.
- To acknowledge when something is wrong, apologise for it, take corrective action and learn from it.

SECTION 2

Health Care Support Assistant – Roles and Responsibilities

PRINCIPAL DUTIES AND RESPONSIBILITIES OF HEALTH CARE SUPPORT ASSISTANT

Safety At Work

No matter what job you work in, it pays to be alert when it comes to health and safety. Some jobs are obviously more dangerous than others, but accidents can happen in any type of workplace. The best policy is always to prevent an accident occurring in the first place rather than trying to deal with the consequences afterwards.

As an employee, what can you do?

- Discuss any concerns you might have in relation to safety, health and welfare with your employer.

- Be alert

  Be continuously on the lookout for anything that could lead to an accident. Be aware of the behaviour of your colleagues too. An accident caused by a co-worker could easily impact on others so if someone is behaving recklessly, bring it to the attention of your employer.

- Don't take risks

  If you feel that something is unsafe, then stand back and think about the best way to deal with it. If you can't deal with it tell your employer. Workplace accidents are often the result of human behaviour, i.e. cutting corners, rushing a job, taking chances - think about the consequences of a bad accident and make sure you do everything you can to avoid it.

Don't make the mistake of thinking that the responsibility for worker safety, health and welfare rests solely with your employer. Under the law, employers certainly have a wide range of duties - but so do employees, including those that have part-time or temporary roles, regardless of any employment or contractual arrangement they may have. All employees must:

- Comply with relevant laws and protect their own safety and health, as well as the safety and health of anyone who may be affected by their acts or omissions at work.
- Ensure that they are not under the influence of any intoxicant to the extent that they could be a danger to themselves or others while at work.
- Cooperate with their employer with regard to safety, health and welfare at work.
- Not engage in any improper conduct that could endanger their own safety or health or that of anyone else.
- Participate in safety and health training offered by their employer.
- Make proper use of all machinery, tools, substances, etc. and of all Personal Protective Equipment provided for use at work.
- Report any defects in the place of work, equipment, etc. which might endanger safety and health.

Personal Care

To work under the direction of the line manager to provide personal care services specific to the client's needs such as:

- Bathing
- Showering
- Dressing
- Mouth Care
- Hair Care
- Toileting
- Continence Care
- Catheter Care (as per guidelines on Indwelling Urinary Catheter Management)
- Assistance with Aids and Appliances provided
- Mobilising
- Assisting the client to eat and drink (only as directed by your line manager following consultation with nursing and speech and language therapist, where training has been facilitated and as per guideline)
- Shaving (electric razor only)
- Bed making
- Reminding client to take prescribed medications.

See relevant section for detailed prescribed best practice.

Domestic

- Preparation of food where meals on wheels/home delivery is not available and as directed by your line manager on basis of assessed need.
- Domestic cleaning specific to client as directed by your line manager *where non-performance of such duties impacts on the Health & Safety and well-being of the individual.*

General Duties

- To work as part of a multi-disciplinary team.
- To complete and maintain a daily work schedule as requested by your line manager.
- To use safely and efficiently equipment provided in the work place.
- To adhere to Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedure.
- To adhere to Manual Handling Safety Procedures.
- To adhere to guidelines on Infection Prevention & Control.
- To co-operate with the application of all HSE policies and procedures.
- To observe all rules relating to Health & Safety and conduct at work in accordance with the Health & Safety at Work Policy.
- To report any accidents/incidents immediately that may occur while providing care to the client in the home to your line manager, PHN or Community Registered General Nurse (CRGN).
- To communicate any changes in your client's condition or social circumstances to your line manager, PHN or CRGN.
- To be courteous and helpful to clients and their relatives.
- To respect at all times the dignity, privacy, confidentiality, individuality and rights of the client.
- To attend meetings as requested by your line manager.
- To provide other duties which may be assigned from time to time by your line manager.

Garda Vetting

Garda Vetting of all HCSAs occurs prior to taking up employment. Employees who are convicted of a criminal offence (or given the benefit of the Probation Act when tried for a criminal offence) must report that fact to the HSE.

Punctuality

HCSAs should be punctual to all their assigned calls. If an employee is late or delayed then they must phone the Home Support Office to inform them of what time they will be at their assigned client. Out of hours – HCSAs contact client to inform of delay. Any employee in breach of time-keeping regulations is liable to disciplinary action in accordance with the disciplinary procedure.

Uniform/Dress Code

Home Support Service Uniform Policy

As an employee of the HSE it is important that all staff project a professional image at work and are aware of their role in the organisation. HCSAs should ensure that they look presentable and well groomed at all times and be aware of the importance of personal hygiene. The HCSAs uniform should reflect a consumer/client-focused approach to work, demonstrating a professional and public image as HCSAs meet clients and other members of the public in the course of their role.

Each HCSA will be provided with tunics which should be worn with either a pants/trousers or a plain black/navy tracksuit bottom. Identification badges must be worn and attached to your uniform.

Uniforms/clothes should be washed at the hottest temperature tolerated for the fabric.

Finger nails should be kept short, smooth, clean and free of nail varnish and false nails.

Long hair must be tied up when delivering care.

Uniform/clothes should be changed immediately if they become visibly contaminated e.g. splashed with blood or body fluids. Uniforms should only be worn while on duty and should not be visible outside of work duties.

	Appropriate	Inappropriate
Clothing	Black or Navy Pants/Trousers or black or navy plain tracksuit bottoms Outdoor clothing such as jackets, coats and scarves should be removed while providing client care Identification to be attached to your uniform Long fitted tops with short sleeves or rolled up sleeves under Uniform can be worn	Any clothing which is stained, tatty, grubby or ripped Cardigans should be removed before direct care service provision Denims not permitted Clothing bearing images that may cause offence Prominent slogan wear Visible body piercing (excluding earrings) Restrict jewellery to one flat ring. Stud earrings only
Footwear	Footwear should be flat, with a closed toe and correctly fitting Runners/Trainers are allowed	Footwear that is flashy, grubby or dirty Open footwear such as flip flops/sandals/crocs is not permitted

Identification Badge

Each HCSA is required to wear an Identification badge at all times during their working day. Employees must report lost or stolen cards immediately to their line manager. Identification badges must be returned when employment ceases.

Mobile Phones

Mobile phones are prohibited for use in a client's home. This includes making/receiving personal calls, taking and sharing photographs, use of social media and recordings. **Mobile phones should be on silent when attending to clients.**

HCSAs are expected to take calls from the Home Support Office during working hours and when not attending to clients. It is required that missed calls from the Home Support Office are responded to promptly.

Intoxicants at Work

Intoxicants are defined as including alcohol and drugs and any combination of drugs or drugs and alcohol. Prescribed drugs and over the counter medications are included.

Smoking, drinking alcohol or taking illicit substances while on duty or presenting for duty having consumed alcohol or illicit substances will result in disciplinary action in accordance with the disciplinary procedure.

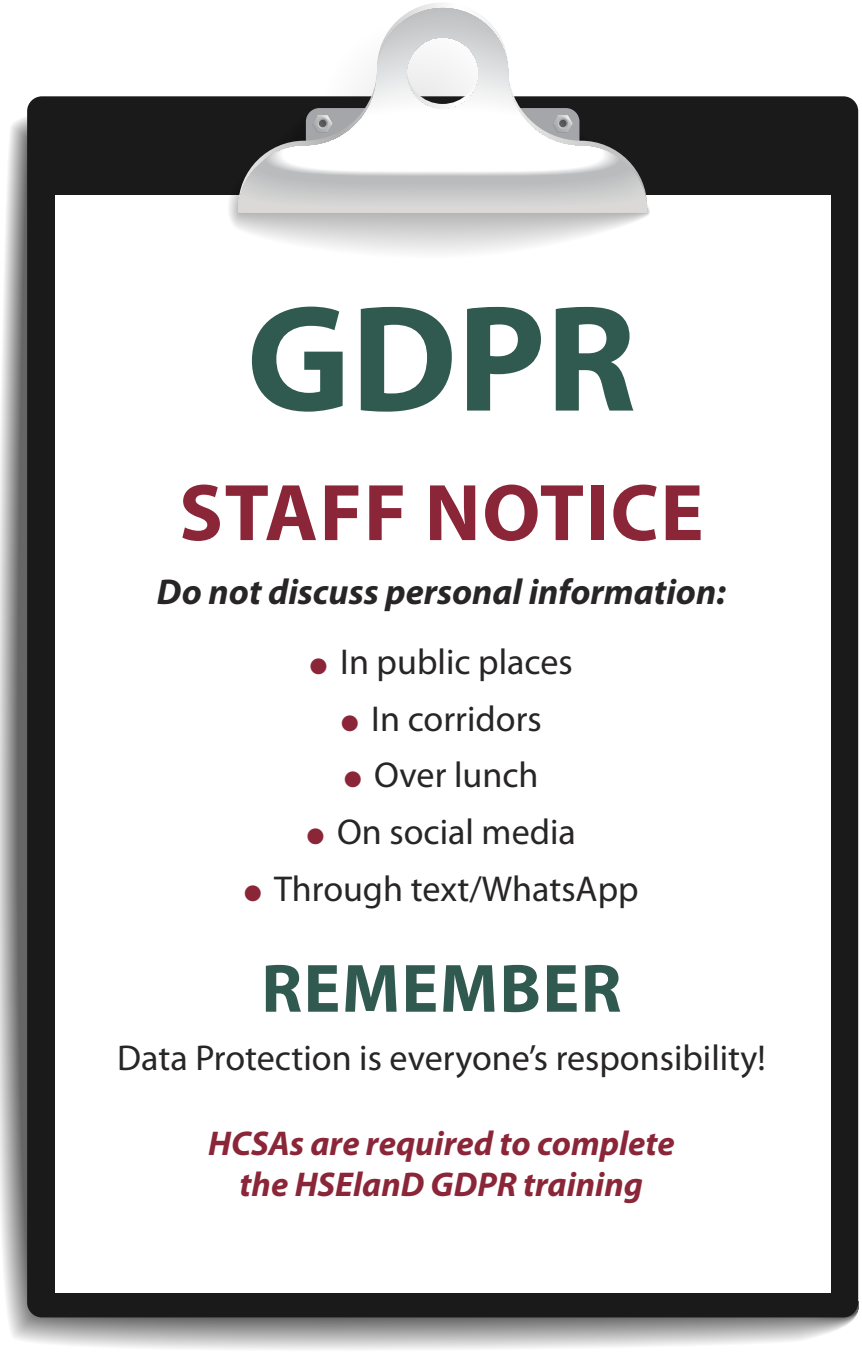
If you are on prescribed medication, you should consult with your General Practitioner regarding any possible side effects that the medication may have.

If it is likely that your ability to perform your duties while taking medication may be impaired, you must advise your line manager so that appropriate action can be taken.

General Data Protection Regulation (GDPR)

- **Photographs** – Use of phone/camera/electronic devices to take and distribute photographs of clients is prohibited.
- **Social Media** – HCSAs are not permitted to communicate work related material through videos, pictures or distribute through WhatsApp/Viber or any other social media method.
- **Texting clients** – It is not permitted for HCSAs to contact their clients by text message. Clients should be contacted through the Home Support Office Monday to Friday. During weekends and Bank Holidays, clients can be contacted by the HCSA in exceptional circumstances with a phone call. It is recommended that HCSAs put their number as private when contacting clients. HCSAs are not permitted to give clients their personal mobile number as clients must contact the Home Support Office for queries.

- **Texts with names and addresses** – HCSAs are prohibited from sending text messages or leaving voice messages on colleague's phones with details of clients, for example, names, addresses and care issues.
- **Consent** – All HCSAs are asked for their consent when issuing their details for any reason. This is mainly for training purposes.
- **Speaking to the Media** – All HSE employees are not permitted to speak to the media to discuss HSE clients. There is a communication department which deals with media issues. HCSAs must inform their line manager of any media queries.
- **Transportation of documents** – If documents containing personal information must be transported in a car, they should be locked securely in the boot for the minimum period necessary. Healthcare records should not be left in a car overnight but stored securely indoors.



Reporting to your Line Manager

Regular meetings with your line manager are recommended for support and guidance (an appointment is necessary). Any issues and concerns with regard to clients must be reported immediately.

Confidentiality

The ethical principle of confidentiality requires that information shared by the client with the HCSA in the course of the HCSA's visit is not shared with others. This is important as it promotes an environment of trust. There are important exceptions to confidentiality, namely where it conflicts with the HCSA's duty to warn or duty to protect (e.g. suicidal behaviour, abuse and elder abuse) in such instances the HCSA must inform a designated officer.

In addition, do not discuss other clients or HSE colleagues when attending your client.

Dignity and Respect

Dignity at Work Policy 2009

The HSE is an equal opportunities employer and is committed to treating its employees equally irrespective of race, religion, age, gender sexual orientation, marital status, disability, family status and ethnic origin. **Central to the delivery of the highest possible quality health service is a working environment where employees feel valued, recognised and safe. The promotion and maintenance of the dignity of all employees plays a key role in ensuring this environment.**

Under the HSE Dignity at Work policy, the HSE **recognises the right of all employees to be treated with dignity and respect and is committed to ensuring that all employees are provided with a safe working environment which is free from all forms of bullying, sexual harassment and harassment.**

Open Disclosure

Open disclosure is a core professional requirement anchored in professional ethics. We must communicate effectively with our patients in a compassionate, empathic and thoughtful manner at all times especially following patient safety incidents. This is a crucial part of the therapeutic relationship with patients. If done well it can mitigate anxiety and enhance the patient's trust in our staff, our organisation and our health care system.

Patient safety incidents include events that:

- Cause harm
- Cause no harm
- Are near misses

All Patient safety incidents must be reported to your line manager.

Following a patient safety incident there is a requirement to meet with the patient within 24 hours or as soon as possible after the incident to:

- Acknowledge what has happened
- Say we are sorry
- Provide the facts available
- Provide reassurance about on-going care and treatment.

Please read a summary of the policy here: ***www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/hse-open-disclosure-policy-summary-2019.pdf***

Please read the full policy document here: ***www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/hse-open-disclosure-full-policy-2019.pdf***

Training

HSE training is provided for all HCSAs. It is expected that all HCSAs will attend training opportunities as instructed by their line manager. In addition, HCSAs are required to register on HSELanD for online training, examples detailed below.

Children First Certificate (HSE Policy for all Employees)	**HSELanD**
Manual Handing & People Handling e-learning Certificate:	**HSELanD**
Safeguarding Vulnerable Persons at Risk of Abuse:	**HSELanD**
Personal Protective Equipment (PPE):	**HSELanD**
The Fundamentals of GDPR:	**HSELanD**
Hand Hygiene Training Certificate:	**HSELanD**
Dementia Enhanced Home Supports:	**HSELanD**

Flu Vaccine for Healthcare Workers

Healthcare workers prevent the spread of flu and save lives by getting the flu vaccine. The best way to protect you, your family and your clients is to get the annual flu vaccine. You can pass the flu virus to somebody you care for even before you know that you are sick. Healthcare workers are at an increased risk of exposure and infection. It is important that HCSAs are up to date with their vaccines and get the annual free flu vaccination to help protect clients and themselves from getting flu.

Please read for further details: ***https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/healthcare-workers/?campname=flu-vaccine&camplink=home-page-carousel***

https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/flu-vaccine/

Guidance on Best Practice

The HCSA is an important member of the community team, and as such contributes much to the lives of the clients with whom they work.

The HCSA may be the only regular visitor the client has. In order to ensure that optimum care based on best practice is delivered to clients who avail of the Home Support Service:

- Ensure a professional approach at all times to the client.
- Active listening, reassurance and supporting will ensure that the client relaxes and accepts the Home Support Service.
- Ascertain how the client wishes to be referred to (i.e. Mr/Mrs/Ms/Miss or first name).
- Ensure a safe working environment and adhere to Moving and Handling guidelines and Infection Prevention & Control guidelines.
- Ensure that your own health and safety and that of your client are maintained at all times.
- Specific tasks to be performed for the client will be outlined at your introductory visit by your line manager in conjunction with other members of the multi-disciplinary team as detailed in the care plan.
- Adhere to the instructions/directions regarding type of duties, length of sessions that your line manager arranges with you.
- Adhere to the HSE's Code of Conduct and the relevant strategy documents that define different types of abuse, such as, physical, psychological, emotional, sexual or financial.
- If you observe any significant change/deterioration with the client e.g. tiredness, loss of appetite, depression, lack of interest, report your observations to your line manager/nurse.
- Only in exceptional circumstances when directed by your line manager can a HCSA hold a key to the client's home. This must be recorded in the Home Support office and all parties will be required to complete a Key Holder Form and adhere to the Key Holder Protocol.
- Adhere to the Departmental Protocol: On the occasion when client does not answer the door.
- Collecting shopping by the HCSA is exceptional and when directed by your line manager.
- Any inappropriate behaviour i.e. physical/verbal/intimate by client/family/carer towards the HCSA must be immediately reported to your line manager.
- Ensure that you are aware of your responsibility in relation to child protection issues. Information regarding a child's/families history, treatment and state of health is privileged and confidential. A HCSA is required to adhere to this principle and can only impart this information to a designated officer when it is in the interest of the child/client's health and welfare. All HCSAs will attend Children First training or complete training on HSeLanD.
- Ensure that you are aware of the procedure for managing a client that has fallen (Appendix 1).

Tasks provided by Home Support Service
Personal Care:
Assist client out and into bed
Shower, Bathe or Bed bath
Observe Pressure areas
Shaving – electric razor only
Oral Care
Eye Care
Foot Care
Dressing and Grooming
Assistance with compression stockings, only when instructed by line manager and when given appropriate demonstration, guidance and instruction by nursing
Assist with toileting
Empty urine drainage bag as per training and guidelines
Changing Continence wear
Change urine drainage night bag as per training and guidelines
Correct disposal of continence wear
Prepare snack/light meal (only for client)
Collect dinner (only for client) where there is no alternative arrangement
Assist with eating /drinking as directed and as per guideline
Clean out fire
Light fire (Use fireguard at all times)
Fill coal/turf bucket (small amounts). Family responsible to ensure fuel is to hand
Clean personal space of client where non-performance of such duties impacts on the health, safety and well-being of the individual
Sweep floor
Wash floor and ensure floor is dry
Correct disposal of rubbish
Personal laundry only for client and only in the client's home
Dress bed
Change bed clothes
Wash dishes (of client only)
Remind re medication as per care plan
*Collect shopping (of client only)
*Holding key to client's house (local key holder protocol to apply)
Asterix (*) indicates Exception only

Tasks not provided by Home Support Service
No spring cleaning
No high dusting
No moving/carrying heavy objects
No driving client in car
No handling money
No cutting finger and toe nails
No cutting hair
No administering of medication
No administering specific client medication for example insulin and warfarin
No taking, reading and recording blood sugars or the management of dosage of Insulin
No collecting medication
No instilling eye drops
No bill paying
No pension collection
No escorting a client to the Bank
No discussion about other clients (Confidentiality)
No application of wound care dressings

In order to protect HCSAs from false accusations/complaints do not undertake certain activities:

Do not undertake these activities
Sign any legal document or involve yourself in wills with clients or family members
Accept money/gifts from clients/family members (prohibited under HSE National Financial Regulations 17.3 Voluntary donations, Gifts & Bequests)
Borrow money or goods from client/member of family
Get involved in any monetary transactions on behalf of the client
Smoke, drink alcohol or take illicit substances while on duty or present for duty having consumed alcohol or illicit drugs
Provide any equipment to carry out your duties (e.g. aids & appliances from another house, continence wear)
Enter a client's home when the client is not present

Acceptance of Gifts

The following practice must be followed in relation to the acceptance of gifts:

"An employee may not solicit or accept, directly or indirectly, from any person, firm or association, anything of economic value such as a gift, gratuity or favour which might reasonably be interpreted as being of such nature that it could affect their impartiality in dealing with the donor."

(Employee Handbook, 2016)

Health Service Executive National Financial Regulations, 2020 state the following:

17.3.1 In accordance with the HSE's Code of Governance, employees should not receive benefits of any kind from a third party which might reasonably be seen to compromise their personal judgement or integrity. Any benefits received should be of nominal value. All such benefits received in connection with a person's employment or office must be disclosed in writing to the employee's line manager.

17.3.2 Employees should not accept hospitality of any kind from a third party which might reasonably be seen to compromise their personal judgement or integrity. Within the general framework of guidelines set out in the Code, every care must be taken to ensure that:

i. any acceptance of hospitality does not influence, or is seen to influence, the discharging of official functions

ii. any hospitality received should be of nominal value. All hospitality received must be disclosed to the employee's superior.

(National Financial Regulations, 2020)

INFECTION PREVENTION AND CONTROL

The purpose of infection prevention and control guidance is to protect the HCSA and the clients being cared for. The approach is based on the possibility that all bodily fluids can transmit infection.

Bodily fluids refer to blood, all secretions and excretions except sweat.

The bodily fluids more commonly encountered when providing client care in the home are urine and faeces.

The infection control measures or Standard Precautions include the following:

- Staff health, hygiene and staff immunisations
- Hand hygiene (as per training)
- Sneezing and coughing etiquette
- When to wear gloves, aprons and masks/goggles
- Cleaning of aids and appliances
- Care with laundry
- Dealing with bodily fluids safely
- Care with needles (sharps)

Booklet on Infection Prevention and Control is included with this publication.

Dealing with a needle stick injury or blood or body fluid splashes:

- A needle stick injury occurs when a needle that a client has used then pricks you.
- A human scratch or bite where skin is broken and causes bleeding.

These incidents provide an opportunity for the client's blood to enter your blood and the possibility to transmit blood borne viruses e.g. Hepatitis B, Hepatitis C and HIV if the client was infected.

How would I manage a needle stick injury or a splash of bodily fluids onto my eyes or broken skin?

All these incidents need to be treated immediately as follows:

- If a needle stick injury occurs, encourage the area to bleed under cold running water. Do not suck the wound or use a nail brush.
- If splashes to broken skin occurs, immediately wash the area/injury with soap and cold water. The wound should be covered.
- Eye splashes should be rinsed well with cold water.
- Splashes to the mouth should be washed out with cold water.
- Human bites should be encouraged to bleed by gently squeezing and washed through with soap and cold water.
- Report exposure to your line manager immediately who will refer you for follow-up medical/ occupational health care.
- A report form should be completed with your line manager (Blood/Body Fluid Exposure form).
- HSE staff should always contact the Occupational Health Department for routine follow-up. The Occupational Health Department can be contacted for advice and follow up during weekdays from 9.00 to 17.00. If an exposure occurs at weekends, or out of office hours please attend your local Hospital Emergency Department (Accident & Emergency).
- Report to the Home Support Office and keep all receipts.

The type of follow up will depend on the degree of risk of the exposure and may include blood tests and drugs that would provide protection from developing an infection and/or counselling.

REMEMBER

1. Bleed 2. Wash 3. Cover 4. Report

Personal Hygiene for HCSAs:

- Carrying out hand hygiene regularly while at work will protect you and the clients that you care for from the risk of cross infection.
- Short sleeves or rolled up sleeves must be worn to ensure that you can carry out hand hygiene correctly.
- Hair should be clean, away from your face and avoid touching it during personal care.
- Wear a clean uniform each day. Outdoor clothing such as jackets, coats and scarves should be removed while providing client care.
- Enclosed footwear must be worn to protect from injury e.g. no sandals or flip flops

Caring for your hands:

- Any cuts or scrapes should be covered with a waterproof plaster.
- Fingernails should be short and clean with no gel/false nails or nail polish.
- Any skin problems i.e. dermatitis should be reported to your line manager who will refer you for medical/occupational health advice.
- Protect your hands by using a water based moisturiser.
- Wrist jewellery or rings with stones should not be worn while providing care; a flat band/ wedding band is acceptable.

Six Step Hand Washing Technique:

- Remove all jewellery (flat band allowed).
- Wet hands under running water.
- Dispense one application of liquid soap/antiseptic solution into cupped hand.
- Thoroughly lather all hands' surfaces for recommended duration, paying special attention to the thumbs, finger tips and between the fingers (see handwashing technique below).
- Rinse hands thoroughly under running water.
- Pat hands dry with disposable paper towel.

Handwashing Technique

Preparation

1. Remove hand and wrist jewellery (wedding band allowed) N.B. Keep nails short

2. Wet hands thoroughly under warm running water

3. Apply 5mls of soap/antiseptic soap to cupped hand by pressing dispenser with heel of hand (do not use finger tips on the dispenser)

Handwashing – (process takes at least 15 seconds)

A. Rub palm to palm 5 times

B. Rub right palm over the back of left hand up to wrist level 5 times. Do the same with the other hand

C. With right hand over back of left hand rub fingers 5 times. Do same with the other hand

D. Rub palm to palm with the fingers interlaced

E. Wash thumbs of each hand separately using a rotating movement

F. Rub the tips of the fingers against the opposite palm using a circular motion. Also ensure nail beds are washed

G. Rinse hands thoroughly under running water to remove all traces of soap

H. **Turn off taps using elbows**

I. Dry hands completely using a disposable paper towel

J. Discard paper towel in waste bin. Open bin using foot pedal only to avoid contaminating clean hands

Supported by PEI
Developed by Infection Control Team
St. James's Hospital

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

A Partnership for Better Healthcare pei

A Strategy for the Control of Antimicrobial Resistance in Ireland | SARI

Clean your hands

Say no to infection

Five Moments for Hand Hygiene (World Health Organisation):

1. Before touching a client
2. Before clean/aseptic procedure
3. After bodily fluid exposure risk
4. After touching a client
5. After touching client's surroundings.

COVID-19

As a healthcare worker, entering homes in the community to deliver care and provide support, there is a risk that you may be exposed to people with COVID-19 and a risk that you could spread COVID-19. The purpose of the guidance referenced below is to advise you on how to reduce that risk as much as possible as you continue to fulfil the critical role you play. All HCSAs are required to read and follow the guideline and to keep themselves informed on regular updates. HCSAs are also required to complete the following HSeLanD training, with additional modules due to COVID-19 and provide their manager with the relevant certificate:

- Breaking the Chain of Infection
- Hand Hygiene for Clinical Staff
- Introduction to Infection Prevention & Control
- Putting on and taking off PPE in Community Healthcare setting

COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare V2.3 11.02.2021
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/homecarevisitsguidance/COVID-19%20IPC%20Guidance%20for%20HCW.pdf

The HSE has established a webpage with information on COVID-19 for staff. You should review the relevant sections of this website on a regular basis: ***https://healthservice.hse.ie/staff/coronavirus/***

COVID-19

HAND HYGIENE BEFORE AND AFTER USING A MASK

Coronavirus COVID-19 Public Health Advice

Safe use of **Masks**

THE MASK YOU NEED

DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear **Surgical mask:**
for droplet precautions,
or
when providing care within 2 meters of any patient,
or
when working within 2 meters of another healthcare worker for more than 15 minutes.

Always wear a **fit tested** FFP2/ FFP3 respirator mask for AGPs. **Fit check** your respirator mask every single time.

WEARING THE MASK

DO: Wear your mask so it comes all the way up, close to the bridge of your nose, and all the way down under your chin.

DO: Press the metal band so that it conforms to the bridge of your nose.

DO: Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit.

DO NOT: Wear the mask below your nose.

DO NOT: Leave your chin exposed.

DO NOT: Wear your mask loosely with gaps on the sides.

DO NOT: Wear your mask so it covers just the tip of your nose.

DO NOT: Push your mask under your chin to rest on your neck.

ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- ALWAYS change your mask when you answer the telephone or you take a drink/break.
- ALWAYS wash your hands before and after handling a mask.
- ALWAYS change mask when leaving a cohort area or exiting a single patient isolation room
- ALWAYS change mask if it is dirty, wet or damaged
- NEVER fidget with your mask when it's on.
- NEVER store your mask in your pocket.

REMOVING THE MASK

Use the ties or ear loops to take the mask off.

Do not touch the front of the mask when you take it off.

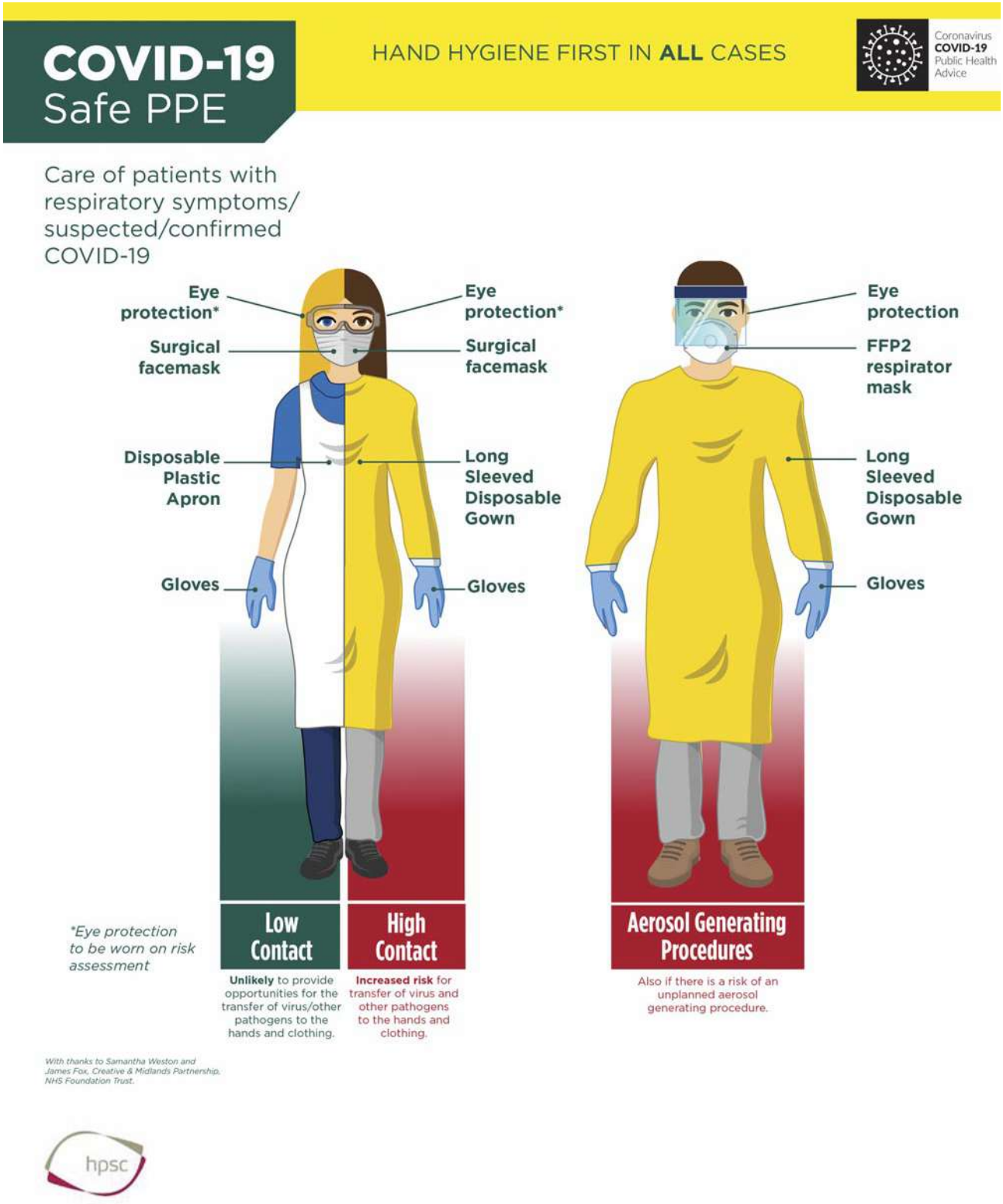
DISPOSING OF THE MASK

Dispose of mask properly in a bin as ordinary household waste unless you were caring for a person with COVID-19. If you are disposing a mask after contact with a person who has a COVID-19 infection or suspected COVID-19, please follow these disposal instructions. Place the mask in a **healthcare risk waste bin.**

IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any other PPE used when treating a person with COVID-19 or suspected COVID-19, needs to be double-bagged and stored for 72hrs in a secure location, then put in the domestic waste.

HSE | Rialtas na hÉireann Government of Ireland | hpsc



The latest PPE information is available here along with seven new PPE donning and doffing posters.

https://healthservice.hse.ie/staff/news/coronavirus/prevent-the-spread-of-coronavirus-in-the-workplace.html

MANUAL HANDLING

Avoid manual handling

Where unavoidable take measures to reduce risk

Assess manual handling risk

The Principles of Good Manual Handling (Inanimate and People)

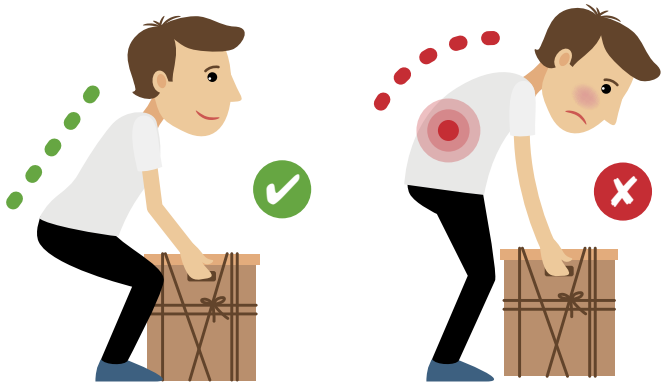
- Think Before You Lift - (Task, Individual, Load, Environment)
- Do not lift or handle more than you can manage easily
- Adopt a Stable Position
- Ensure a Good Hold on the Load
- At the Start of the Lift, moderate flexion (slight bending) of the Back, Hips and Knees is preferable to Fully Flexing the Back (stooping) or the Hips and Knees (squatting)
- Keep the Load Close to Your Waist
- Do not Flex the spine any further as you Lift
- Avoid Twisting the Trunk or Leaning Sideways, especially while the Back is Bent
- Keep Your Head Up When Handling
- Move Smoothly
- Put Down, Then Adjust

All employees have legal obligations under the Safety, Health and Welfare at Work Act, 2005. Training is required/provided every three years.

Report any health issues that may prevent you from undertaking a moving and handling task. Consider reasons such as: health problems, currently unwell, pregnant, your clothing and footwear and training needs.

Environment

Consider the environmental factors that may affect the moving and handling activity such as: space constraints, floor conditions, lighting, restrictions on your movement and posture.



Employees Duties

- Attend training and take into account training and instruction.
- Make correct use of any article/substance provided including the use of suitable Personal Protective Equipment (PPE).
- Adhere to client's handling plan as prescribed by Occupational Therapist.
- Ensure that you are not under the influence of an "intoxicant".
- Not to engage in improper conduct likely to endanger your safety or that of others.
- Report known defects:
    - Any work that may endanger safety of employees or other persons.
    - Any contravention of relevant statutory provisions which may endanger safety of employees or other persons of which he/she is aware.

Hoist

The following is general guidance and should not replace an individual risk assessment and training.

Checklist before using a hoist

- Have you been trained and do you feel confident to use the equipment? If not DO NOT PROCEED without training.
- Does the client's risk assessment and handling plan say you should use a hoist?
- What size and type of sling has been prescribed and what leg/loop configuration has been stated (where appropriate)?
- Does the hoist work – does it go up and down, do legs open and close, does it move back and forward (wheels are free running)?
- Do you know how to operate the emergency lowering system?
- Has the hoist been serviced in the last 6 months? Check sticker.
- Is the sling clean and undamaged and the label readable?
- Does the sling match the hoist?
- Is the sling the right size and type for the person and task? Check label and the person's handling plan.
- What is the safe working load (SWL) of the hoist and sling and does the person's weight exceed the SWL?
- Have I told the client what I am about to do and have I got their consent and cooperation?
- Does the current condition of the client to be hoisted present any concerns?

Checklist during the hoisting task

- Have I got all the equipment needed for the task I am about to do?
- Is the environment as clear as possible (space and clutter, wires on the floor)?
- Is the sling in the right place and smooth under the person's legs?
- Are loops secure and attached appropriately (check handling plan) and the same on each side?
- Do a physical tug test to ensure the attachments are secure.
- Have the hoist legs been widened?
- Does the client look safe and comfortable?
- Hoist up until the straps are in tension.
- Hoist with brakes off unless otherwise stated by the manufacturer or in the clients care plan.
- Only raise the client to the height required to clear the surface they are going to/from and transfer the shortest distance possible.
- Never leave the client unattended in the hoist.

Checklist after use of the hoist

- Check the client's position and comfort before removing the sling.
- Ensure the client is safe.
- Does the hoist or sling require cleaning?
- Return equipment to storage point and recharge if necessary.

All equipment must be used in accordance with manufacturers instruction.

Slips, Trips & Falls

One of the most common causes of accidents and injury in the work place is slips, trips and falls.

A few simple precautions can help to significantly reduce this hazard, such as:

- Attend training and take into account training and instruction.
- All areas should be kept free from spillages, slippery conditions and trailing leads. Clean and dry any wet areas immediately.
- Floor coverings should be securely fixed and free from curling and wear. Mats should be removed if not safe.
- Be aware of any broken or uneven surfaces and advise line manager and clients of same.
- Always wear appropriate footwear.
- Always report defective lighting immediately to client or appropriate person. Report to line manager.
- Be especially careful when carrying/lifting items when on stairways. Always keep your view clear.
- Always walk, don't run, and use hand rails when provided.

ADVERSE WEATHER PLAN/PROTOCOL

There are an increasing number of adverse weather events. For some of these there is notice and others are unexpected and afford limited planning time. The following protocol details a HCSA's response before, during and after an adverse weather event. Adverse weather events may be national, regional or local.

Met Éireanns Weather Warning System: The provision of weather warnings is the most important function the National Meteorological Service provides. The rationale for issuing weather warnings is to enable appropriate measures to be taken for the conditions to protect and mitigate against the negative impact of severe weather.

Weather Warnings are presented in three categories

STATUS YELLOW - Weather Alert - Be Aware
The concept behind YELLOW level weather alerts is to notify those who are at risk because of their location and/or activity, and to allow them to take preventative action. It is implicit that YELLOW level weather alerts are for weather conditions that do not pose an immediate threat to the general population, but only to those exposed to risk by nature of their location and/or activity.

STATUS ORANGE - Weather Warning - Be Prepared
This category of ORANGE level weather warnings is for weather conditions which have the capacity to impact significantly on people in the affected areas. The issue of an Orange level weather warning implies that all recipients in the affected areas should prepare themselves in an appropriate way for the anticipated conditions.

STATUS RED - Severe Weather Warning - Take Action
The issue of RED level severe weather warnings should be a comparatively rare event and implies that recipients take action to protect themselves and/or their properties; this could be by moving their families out of the danger zone temporarily; by staying indoors; or by other specific actions aimed at mitigating the effects of the weather conditions.

Staff/Client Responsibilities

All Staff

All staff should be alert to predicted weather events. These are usually public service announcements on TV and radio.

Staff scheduled to work must ensure that they are contactable by phone as this is how primary communications will be sent. Please reply to the communication at the earliest opportunity.

All staff should ensure that their mobile phone is charged.

If staff drive, it is recommended that they have at least 3/4 tank fuel.

All staff should also follow standard advice for preparation for adverse weather.

Staff must put their safety first and where safe to do so follow instructions as issued.

HSE HSS will make every effort to ensure timely communication with staff.

In the event of STATUS ORANGE alert

If staff who are scheduled for essential service can travel safely they should work as planned.

Staff who are scheduled for essential service and who can travel safely at a different time [e.g. in day light] should inform the office and service user and attend at that time.

In the event of STATUS RED alert

In event of a Status Red alert staff will be instructed to remain safe and follow the instructions given.

If a weather event occurs unexpectedly and the staff member is in the home of a client, they should remain there until it is safe to travel home.

Client Responsibilities

HSE HSS will make every effort to get to clients but only where it is safe to do so.

Clients must be alert to the fact that their HCSA **may not be able** to get to them at the scheduled time and will not be able to stay the schedule duration.

Clients should be made aware that they may have to make alternative care arrangements and have a 'back up' plan.

Summary

Non-essential travel should not be carried out during the Orange weather warning period. In the event of a Red weather warning staff should "stay in place" for their own safety.

See here for further information: ***https://www.hse.ie/eng/services/list/3/emergencymanangement/severe-weather/***

SECTION 3

Supports and Entitlements for Health Care Support Assistants

LEAVE ENTITLEMENTS

Each HCSA will receive a contract of employment which includes details on leave entitlements.

Annual Leave

The leave year runs from 1st April to 31st March. Annual leave and public holidays are granted in accordance with the provisions of the Organisation of Working Time Act, 1997. The annual leave entitlement for your grade, based on the standard core weekly hours of 39 hours per week is 23 days per annum.

You are entitled to a pro-rata of this amount for hours worked less than 39 hours per week or less than 2029 hours per annum. Please note that hours worked on an overtime basis are not reckonable for annual leave purposes.

Plan and Request Leave well in advance

HCSAs requesting annual leave are required to contact their line manager a minimum of two weeks (4 weeks preferably) prior to taking annual leave. If you are part of a team of HCSAs attending the same client, you need to plan your leave so that only one HCSA is off at any given time.

All annual leave for HCSAs should be planned across the year in so far as possible and practicable. The approval of leave is subject to service requirement.

Other Leave Entitlements

Details of other leave entitlements listed below can be found in the HSE Terms and Conditions of Employment:

- Adoptive Leave
- Carer's leave
- Career Break
- Force Majeure Leave
- Maternity Leave including Health & Safety Leave
- Paternity leave
- Paternal Leave
- Special Leave with Pay on Marriage

Sick Leave Entitlements For HSE Staff

The **Public Service Sick Leave Scheme** provides that employees who are absent on sick leave may receive up to a maximum of 3 months on full pay, followed by 3 months on half pay in a rolling 4 year period.

Staff requirements regarding Sick Leave:

- The HCSA must contact their line manager if out on sick leave (out of hours notify by leaving a voice message on the office phone and follow up with contact with your line manger).
- HCSA must send in medical certificates on the third day and weekly thereafter, unless the employee is advised otherwise.
- HCSA must complete Payroll Notification Illness Benefit Form if sick leave is greater than three days (available from your line manager).
- If a HCSA falls sick over a weekend or out of hours they should contact the family/next of kin/point of contact. HCSA should also ensure that they have the phone number of another HCSA who could provide cover for client in an emergency situation.
- Advanced notice is required by line manager of intention to return to work from sick leave.

HSE's Managing Attendance Policy outlines employees' role and responsibility in relation to sick leave, see the following document for more information: ***https://www.hse.ie/eng/about/qavd/hr-policies-and-procedures/managing%20attendance%20policy%20revised%20may%202014.pdf***

Bereavement Leave

Bereavement leave may be granted to an employee in the event of the death of a relative up to a limit of:

- Twenty working days in the case of a spouse (including a cohabiting partner), child (including adopted children and children being cared for on the basis of 'in loco parentis') or any person in a relationship of domestic dependency, including same sex partners.
- Five working days in the case of other immediate relatives as follows: father, mother, brother, sister, father-in-law, mother-in-law.
- In exceptional circumstances (e.g. where the employee concerned has lived in the same house as the deceased or has to take charge of funeral arrangements) an employee may be granted up to three working days' special leave on the death of a more distant relative.

TRAVEL AT WORK

Travelling and Subsistence Regulations are set out in: ***https://circulars.gov.ie/pdf/circular/finance/1982/11.pdf***

All travelling duties should be planned so as to reduce the total amount of travel to the minimum. Travel should be by the shortest practicable routes and by the cheapest practicable mode of transport.

Employees may not use their private vehicles on official business without first producing evidence that there is a current motor insurance policy covering his/her use of the vehicle in connection with his/her business or profession. The policy must be extended to indemnify the HSE and the employee must complete and sign an Employee Declaration for use of own Motor Vehicle Form.

Travel Forms must be submitted monthly to the office. Bus tickets should be submitted monthly to the office, with the completed relevant form.

HSE Safe Driving for Work Policy 2018

It is the policy of the HSE to reduce, so far as is reasonably practicable, the risks associated with driving for work. In this regard the HSE is committed to complying with its legal obligations under the Safety, Health and Welfare at Work Act, 2005 by ensuring that work related road safety is a priority, and recognises that safe driving for work makes good sense as this protects employees, other road users and the HSE itself.

Employee Responsibilities under the Policy

- Take reasonable care of their own safety, health and welfare and that of others.
- Adhere to the Policy and any associated risk assessments.
- Adhere to the rules of the road and speed limits unless the employee is entitled to avail of the exemptions outlined in section 87 of the Road Traffic Act 2010. In such circumstances a dynamic risk assessment must be applied.
- Not engage in improper conduct or behaviour or place anyone at risk whilst driving.
- Ensure they are fit to drive at all times and aware of the implications which alcohol/illegal substances, medication and fatigue could have for driving safely.
- Respond truthfully to questions from the health professional regarding their health history and status and the likely impact on their driving ability, including disclosure of drug or alcohol dependence.
- Adhere to prescribed medical treatment and monitor and manage their conditions and any adaptations with on-going consideration of their fitness to drive.

- Notify line manager of any change in their medical status that may impact their ability to drive.
- Comply with requirements of their licence as appropriate including periodic medical reviews.
- Adhere to the procedures in place in the event of an accident or incident.
- Report to the line manager as soon as is practicable:
    - Incidents/accidents, near misses while driving for work
    - Any injury or illness or anything that may affect their ability to drive.

Drivers driving their own vehicle must:

- Hold a full current driving licence and insurance specifying HSE indemnification.
- Ensure driving licence is carried with them at all times while driving.
- Ensure vehicles are roadworthy, fully taxed, have a valid NCT (if required) and have both discs displayed.
- Receive management approval and authorisation to drive.
- Report to the line manager if driving licence has been suspended or cancelled.

SUPPORTS OFFERED TO HEALTH CARE SUPPORT ASSISTANTS

- An induction program on commencement of employment
- Support during probationary period
- Employee Assistance and Counselling Service (Appendix 2)
- Dignity At Work Support Contact Personnel
- Occupational Health
- On-going training and support
- Staff Care Service 1800 409 388
- CKCH Health & Wellbeing Service

Employee Assistance and Counselling Service

The Employee Assistance and Counselling Service (EACS) is a national independent service that is available free of charge to all employees in HSE funded hospitals and community health organisations and divisions.

EACS provide the following free and confidential services to staff:

- Consultancy to Managers on staff wellbeing issues
- Critical Incident Stress Management (CISM) Individual and group staff support following a critical incident and other CISM supports.
- Pre Incident Critical Incident Stress Management training for staff, managers and teams*
- General and Group Staff Support*
- Staff Wellbeing Workshop*
- Linkage with Educational Institutions*
- Input into training modules*
- Linkage with other appropriate support services*

Asterix (*) indicates services provided by internal staff.

Counselling

The Employee Assistance Programme (EAP) provides confidential professional support and counselling to employees. This free service is provided to support employees at a time of difficulty with personal and/or work related issues. Employees do not need to contact HR or their line manager to access this service. The service is provided across each Health Region, Hospital Group, Primary Care Reimbursement Service and National Ambulance Division.

Depending on your work location, the EAP Service will be provided by internal practitioners and may also be provided by an agency provider. All practitioners within the service are accredited and required to maintain continuous professional development standards. You may require urgent or out of hours assistance and if this is the case, you should contact your General Practitioner (GP) immediately.

How can I access the free EAP Service?

You can phone or email the service in your area directly or you can phone 0818 327 327 to access EAP from anywhere in the country. You do not need to discuss this with anyone and you can access it at a time and place that suits you. The majority of staff who attend EAP Service self refer.

What can I expect?

You will be treated in a respectful manner. You can expect the highest standards of professionalism in a service where your wellbeing is supported at a time of difficulty. All EAP Service providers are bound by strict standards of confidentiality and a code of Ethics as required by their accrediting body.

What happens at my first appointment?

You will meet your counsellor/EAP practitioner and they will outline the process. A consent form relating to the process will be signed by you and the counsellor/EAP practitioner.

How many appointments do I get?

The EAP is intended as a short–term service. If the service is provided by an internal EAP counsellor/practitioner the number of sessions is agreed between you and the counsellor directly. If the service is being provided by an agency an upper limit of 4 sessions applies. This may be extended to a maximum of a further 2 sessions.

Is there any charge/do I have to pay fees?

There is no charge or fees that you have to pay to avail of this service.

Are my details given to anyone in the Health Service if I am attending EAP Service?

No. This is a one-to-one arrangement between you and an independent service. Your details are anonymised from the moment you access the service. There is no sharing of information with management or other services. Your counsellor/EAP practitioner may recommend that you avail of a specific service and will be able to discuss this directly with you in the confines of your session. Notes taken in the course of your EAP Service journey are maintained in complete confidence.

How qualified is the person that I am seeing when I attend EAPS?

The EAP Service provided is a quality, accredited professional independent service. Each EAP Service counsellor/practitioner is required to attend regular clinical supervision as it is an essential requirement for best practice. Clinical supervision is a formal confidential arrangement with a trained and accredited supervisor.

The Employee Assistance Programme (EAP) is a FREE and Confidential service for all HSE staff: please see link for further information: ***https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/employee-assistance-and-counselling-service/***

Dignity at Work Support Contact Personnel

A support contact person is an employee of the HSE who has volunteered and received training to provide support and information on the Dignity at Work policy to colleagues who may feel they are experiencing bullying, harassment and/or sexual harassment.

Further information is available at: ***https://www.hse.ie/eng/staff/resources/hrppg/dignity-at-work-policy.html***

How can a Support Contact Person support me in these circumstances?

Their role is to enable you to better understand the Dignity at Work policy which explains bullying, harassment and sexual harassment. The policy provides information on a range of options available to you. Support Contact Persons are there to assist you over a short period of time, i.e. 3-4 visits if required.

Who will know that I visited a Support Contact Person?

This support is available to all staff on a confidential basis. The only individual who will know about your visit is the support contact person.

Will the Support Contact Person help me if I am accused of bullying, harassment or sexual harassment?

Yes, this support is available to both people who may feel they are being bullied, harassed and/or sexually harassed, or by staff who may have an accusation of bullying, harassment or sexual harassment made against them.

Will the Support Contact Person speak to the person who is bullying, or harassing me?

No, this is not their role. They will help you to better understand what is going on, but will not speak to anyone on your behalf.

Do I have to visit a Support Contact Person in my work area?

No, you can choose any Support Contact Person. Support Contact Persons are there to assist you over a short period of time, i.e. 3-4 visits if required or via telephone.

Further information is available at: ***https://www.hse.ie/eng/staff/resources/hrppg/support-contact-persons.html***

CKCH Health & Wellbeing Service

CKCH Health & Wellbeing Service is committed to the promotion of staff health and wellbeing. Please see link for further information on the resources available for employees to support wellbeing at work.

https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/community-healthcare-organisations/wellbeing-at-work-resource300720.pdf

Open Disclosure – Information for HSE Employees

When things go wrong during the delivery of care to patients it affects staff also. It is important that all staff involved in, or affected by patient safety incidents can access immediate and on-going practical and emotional support.

If you experience a patient safety incident and need help please talk to your line manager. Your manager will talk with you and give you any information you may need.

Other supports available to you are:

- Employee Assistance Programme
- Occupational Health
- Critical Incident Stress Management

SECTION 4

HSE Policies, Procedures, Protocols & Guidelines (PPPG)

What are Policies, Procedures, Protocols & Guidelines?

The HSE's Policies, Procedures, Protocols and Guidelines define what the HSE does and how we do it.

What is a Policy?

> ***"A policy is a written statement that clearly indicates the position and values of the organisation on a given subject".*** *(HIQA, 2018).*

It is a written operational statement of intent and explains the organisations stand on a subject.

When to use a Policy

> ***"A policy is used to provide a guiding principle and regulates organisational action. It is used to provide guidance, express rules, expectations and requirements".*** *(HSE, 2016)*

It explains the 'what' and 'why' however, it does not inform exactly how something will be done. A procedure deals with the 'how'.

Examples:

HSE National Consent Policy 2019:
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/National_Consent_Policy/

HSE National Managing Attendance Policy (January 2009) revised 2014:
http://www.hse.ie/eng/staff/Resources/hrppg/Managing%20Attendance%20Policy%20revised%20May%202014.pdf

HSE Policy on the Prevention of Sharps Injuries 2016:
https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/hse%20policy%20for%20the%20prevention%20of%20sharps%20injuries.pdf

What is a Procedure?

> ***"A procedure is a written set of instructions that describe the approved and recommended steps of a particular act or a sequence of events".*** *(HIQA, 2018).*

Procedures supplement polices with specifics and completes the information users need.

When to use a Procedure

A procedure is used to outline the specific method of how things are done. It is action orientated and outlines the 'Why'. It describes specific step-by-step instructions and the sequence in which to perform those steps. It specifies what will be done, when, and by whom and what records are to be kept.

Examples:

Disciplinary Procedure for Employees of Health Service Executive 2007:
https://www.hse.ie/eng/staff/resources/hrppg/disciplinary-procedure-for-employees-of-hse-2007.html

What is a Protocol?

"A protocol is a written plan that specifies procedures to be followed in defined situations".
(HSE 2016)

A protocol represents a standard of care that describes an intervention or set of interventions. Protocols are more explicit and specific in their detail than guidelines; in **that they specify who does 'what', 'when' and 'how'.**

When to use a Protocol

Protocols can be used when developing specific instructions, for example, Departmental Protocol on the occasion when client does not answer the door.

What is a Guideline?

"A guideline is defined as a principle or criterion that guides or directs action". *(HSE 2016)*

Guideline development emphasises using clear evidence from the existing literature, rather than expert opinion alone.

When to use a Guideline

Guidelines are used when recommendations on evidence-based clinical practice are required.
(source: Healthcare Improvement Scotland Methodology Toolkit NHS Scotland)

Examples:
HSE Long Term Absence Benefits Scheme Guidelines 2012:
https://www.hse.ie/eng/staff/resources/hrppg/long-term-absence-benefit-schemes-guidelines-december-2012.html

Where can I find HSE's Policies, Procedures, Protocols & Guideline?

All policies and procedures are accessible on the HSE Website www.hse.ie or through your line manager. The HSE has in place a wide range of written policies, procedures, circulars and guidelines that are applicable to all HSE employees and are essential to support administrative personnel functions, performance management and employee relations.

The policies and procedures specific to a HCSA are given on the day of induction along with this guide and are detailed in Appendix 3.

Please familiarise yourself with policies specific to a HCSA, for example policies regarding Media, Social Media, Managing Attendance, Dignity at Work, Trust in Care, Children First etc.

We have chosen five policies to mention as examples of required knowledge.

1. **The HSE Code of Standards and Behaviour 2009:**
   https://www.hse.ie/eng/staff/resources/hrppg/code-of-standards-and-behaviour.html

2. **Supporting a Culture of Safety, Quality and Kindness:**
   Code of Conduct for Health and Social Care Providers 2018:
   https://www.hse.ie/eng/staff/resources/hr-circulars/dept-of-health-a-code-of-conduct-for-health-and-social-service-providers.pdf

3. **Trust in Care 2005:**
   https://www.hse.ie/eng/staff/resources/hrppg/trust-in-care.html

4. **Safeguarding Vulnerable Persons at Risk of Abuse: National Policy & Procedures 2014:**
   https://www.hse.ie/eng/staff/resources/hrppg/va.html

5. **Consent: A Guide for Health and Social Care Professionals 2019:**
   https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf

Code of Standards and Behaviour

The HSE Code of Standards and Behaviour is an important element of the overall framework within which all employees are expected to work. It sets out the standards required of employees in the discharge of their duties. These standards of behaviour and values will support a high quality public service, based on high levels of personal performance and responsibility. The Code sets out the principles which should govern the behaviour of employees and the values which the HSE espouses.

Main features of the Code

In the performance of their duties employees must:

Maintain high standards in service delivery by:

- discharging responsibilities conscientiously, honestly and impartially;
- always acting within the law; and
- performing their duties with efficiency, diligence and courtesy.

Observe appropriate behaviour at work by:

- dealing with the public sympathetically, fairly and promptly; and
- treating their colleagues with respect.

Maintain the highest standards of probity by:

- conducting themselves with honesty, impartiality and integrity;
- never seeking to use improper influence, in particular, never seeking to use political influence to affect decisions concerning their official positions;
- abiding by guidelines in respect of offers of gifts or hospitality; and
- avoiding conflicts of interest.

Support and be loyal to the HSE by:

- supporting colleagues and the HSE in the performance of its functions;
- promoting the goals and objectives of the HSE and not undermining any of them through action or omission;
- seeking to resolve grievances and concerns through agreed channels;
- ensuring any actions taken maintain public confidence in the HSE and its good name.

Supporting a Culture of Safety, Quality and Kindness

A Code of Conduct for Health and Social Service Providers.

Guiding Principles

Patient safety is about values and principles. It recognises that the experience our service users have of using our services is the most important barometer of the quality of those services. It is the most important measure of the performance of our health system.

The guiding principles underpinning this Code are based on those contained in the *Report of the Commission on Patient Safety and Quality Assurance, the National Standards for Safer, Better Healthcare and the Quality Framework for Mental Health Services.*

These principles create a shared understanding about how we relate to service users and each other. They must be at the centre of all that we do.

Our guiding principles are:

- **Patient Centredness/Putting people first** – we will put the needs and the voices of service users, and those providing the services, at the centre of all of our work, treating both groups with kindness, dignity and respect. We will strive for equity in access and care for all.
- **Kindness, Dignity and Respect** – we will be kind, respectful and courteous in our dealings with service users, organisations and each other.
- **Openness and transparency, honest communication, learning and accountability** – we will communicate honestly and ensure learning when a service user has suffered harm as a result of care and accept full responsibility for our actions.
- **Excellence, Effectiveness and Efficiency** – we will take personal responsibility for excellence in our work, and seek continuous improvement through self-evaluation and innovation.
- **Working together/team work and patient/family involvement** – we will commit to collaborative working, and engage with people providing and people using the services in improving and developing all aspects of our work.

Together, these principles guide our actions under this Code of Conduct.

While it is true that health and social service managers play an important role in shaping and maintaining workplace culture, all employees have a personal and collegial responsibility to lead by example, ensuring that these principles are upheld and that patients, clients, service users, colleagues and the public experience them when they access our services.

Accordingly, we can expect that users conduct themselves appropriately when they access our services.

Trust in Care

Guiding Principles

This policy is about upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members.

The health service is committed to promoting the well-being of patients/clients and providing a caring environment where they are treated with dignity and respect. Health service employers are also highly committed to their staff and to providing them with the necessary supervision, support and training to enable them to provide the highest standards of care.

The aim of this Policy is two-fold:

(i) Preventative: to outline the importance of the proper operation of human resource policies in communicating and maintaining high standards of care amongst health service staff;

(ii) Procedural: to ensure proper procedures for reporting suspicions or complaints of abuse and for managing allegations of abuse against health service staff in accordance with natural justice.

Dignity is an essential component of the quality of life for all people. Health service employees have a duty of care to protect patients/clients from any form of behaviour which violates their dignity and to maintain the highest possible standards of care.

The majority of staff working in the health service are highly motivated and caring individuals who are committed to providing the highest possible quality of care.

Health service employers have a duty of care to provide staff with the necessary supervision, support and training to enable them to deliver a high quality service and to protect staff from situations which may leave them vulnerable to allegations of abuse or neglect.

Where allegations of abuse of patients/clients are made against a staff member, the welfare and safety of the patient/client is of paramount importance. It is also acknowledged that staff members may be subjected to erroneous or vexatious allegations which can have a devastating effect on the person's health, career and reputation.

Health service employers are therefore committed to safeguarding the rights of the staff member against whom allegations of abuse are made to a fair and impartial investigation of the complaint.

Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures 2014

All adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of all service providers, statutory and non-statutory, to ensure that, service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

The Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures, which applies to all HSE and HSE funded services, outlines a number of principles to promote the welfare of vulnerable people and safeguard them from abuse.

These include a requirement that all services must have a publicly declared **"No Tolerance"** approach to any form of abuse and must promote a culture which supports this ethos.

Definition of a Vulnerable Adult:

The HSE, Social Care Division, for the purposes of this policy and procedures document,

"considers a Vulnerable Person as an adult who may be restricted in capacity to guard him/her against harm or exploitation or to report such harm or exploitation".

Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances.

Some of the principles underpinning the policy include:

- Respect for human rights
- A person centered approached to care and services
- Promotion of advocacy
- Respect for confidentially
- Empowerment of individuals
- A collaborative approach.

There are a number of different types of abuse:

- **Physical Abuse** includes slapping, hitting, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.
- **Sexual Abuse** includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
- **Psychological Abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.
- **Financial or Material Abuse** includes theft, fraud, exploitation; pressure in connection with wills, property, inheritance or financial transactions; or the misuse or misappropriation of property, possessions or benefits.
- **Institutional Abuse** may occur within residential care and/or acute settings including nursing homes, acute hospitals, and any other in-patient settings and may involve, for example, poor standards of care, rigid routines or inadequate responses to complex needs.
- **Neglect and Acts of Omission** include ignoring medical or physical care needs, failure to provide access to appropriate health, social or educational services, the withholding of the necessities of life such as medication, adequate nutrition and/or heating.
- **Discriminatory Abuse** includes ageism, racism, and sexism.

All vulnerable people have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe, regardless of the setting in which they live.

Who may Abuse?
Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, any staff member at any level in any organisation.

Familial Abuse
Abuse of a vulnerable person by a family member.

Professional Abuse
Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.

Peer Abuse
Abuse, for example, of one adult with a disability by another adult with a disability or one older person in a day centre to another.

Stranger Abuse
Abuse by someone unfamiliar to the vulnerable person.

Where might abuse occur?
Abuse can happen at any time in any setting, by anyone.

Key Considerations in Recognising Abuse:

Recognising Abuse

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

The role of the HCSA in recognising abuse is:

- to be **Vigilant**
- to be **Aware**
- to **Refer** and **Report** any concerns of abuse to their line manager.

Early Detection

All service providers need to be aware of circumstances that may leave a vulnerable person open to abuse and must be able to recognise the possible early signs of abuse. They need to be alert to the demeanour and behaviour of adults who may become vulnerable and to the changes that may indicate that something is wrong.

Barriers for Vulnerable Persons Disclosing Abuse

Barriers to disclosure may occur due to some of the following:

- Fear on the part of the service user of having to leave their home or service as a result of disclosing abuse (an unfounded fear as no one can be made to leave their home, without their consent).
- A lack of awareness that what they are experiencing is abuse.
- A lack of clarity as to whom they should talk to and trust.
- Lack of capacity to understand and report the incident.
- Fear of an alleged abuser.
- Ambivalence regarding a person who may be abusive.
- Limited verbal and other communication skills.
- Fear of upsetting relationships.
- Shame and/or embarrassment.

All staff employed in publicly funded services should be aware that safeguarding vulnerable persons is an essential part of their duty.

Staff must be alert to the fact that abuse can occur in a range of settings and, therefore, must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse. This applies to all staff, students, volunteers etc.

Roles and Responsibilities

Role of Frontline Personnel

- Promote the welfare of vulnerable person in all interactions.
- Be aware of the services policy and any local procedures, protocols and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and indicators of abuse.
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with the policy.

HCSAs must report all concerns to their line manager. Information must not be held or discussed with other colleagues but reported directly to your line manager.

The client will be informed of all reports made and referrals will be made to the safeguarding team by your line manager.

It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable. However it is important to identify the added risk factors that may increase vulnerability.

People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise.

As vulnerability increases responsibility to recognise and respond to this increases.

These responsibilities must be addressed on the ***same day*** as the alert is raised.

Immediate Protection

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

HCSA report immediate concerns to their line manager within office hours. If an immediate risk outside of office hours then seek medical assistance or emergency services.

Listen, Reassure and Support

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

- Appear shocked or display negative emotions
- Press the individual for details
- Make judgments
- Promise to keep secrets
- Give sweeping reassurances

Detection and Prevention of Crime

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately. For example, a HCSA may be present when family and client are discussing euthanasia plans or hear discussion to assist a client to die contact An Garda Síochána if they cannot contact their immediate line manager or the PHN.

Record and Preserve Evidence

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate). For example if you see a pattern of somebody new calling to a client's home to carry out work and looking for exorbitant payment.

As soon as possible on the same day, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

HSCA will need to include in their written report, names of those involved, time, dates, relationship/status of all people involved. This Information is factual and opinions should not be expressed.

The report will need to include:

- When the disclosure was made, or when you were told about/witnessed this incident/incidents;
- Who was involved and any other witnesses, including service users and other staff;
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- Any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible;
- make sure the written report is legible and of a photocopiable quality;
- make sure you have printed your name on the report and that it is signed and dated;
- keep the report/s confidential, storing them in a safe and secure place until needed.

HSCA must not keep written records/information in their home/car/person. All reports and recordings must be kept in client's file in the Home Support Office. All information that will be recorded and kept is confidential and may be shared with relevant personnel involved in safeguarding the vulnerable adult.

Report & Inform

Report to Designated Officer/Line Manager as soon as possible. This must be reported on the ***same day*** as the concern is raised. The **Line Manager** must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps. In the absence of the Designated Officer/Line Manger, the Service Manager must be informed immediately.

The following must be done by the **Line Manager** and/or Designated Officer:

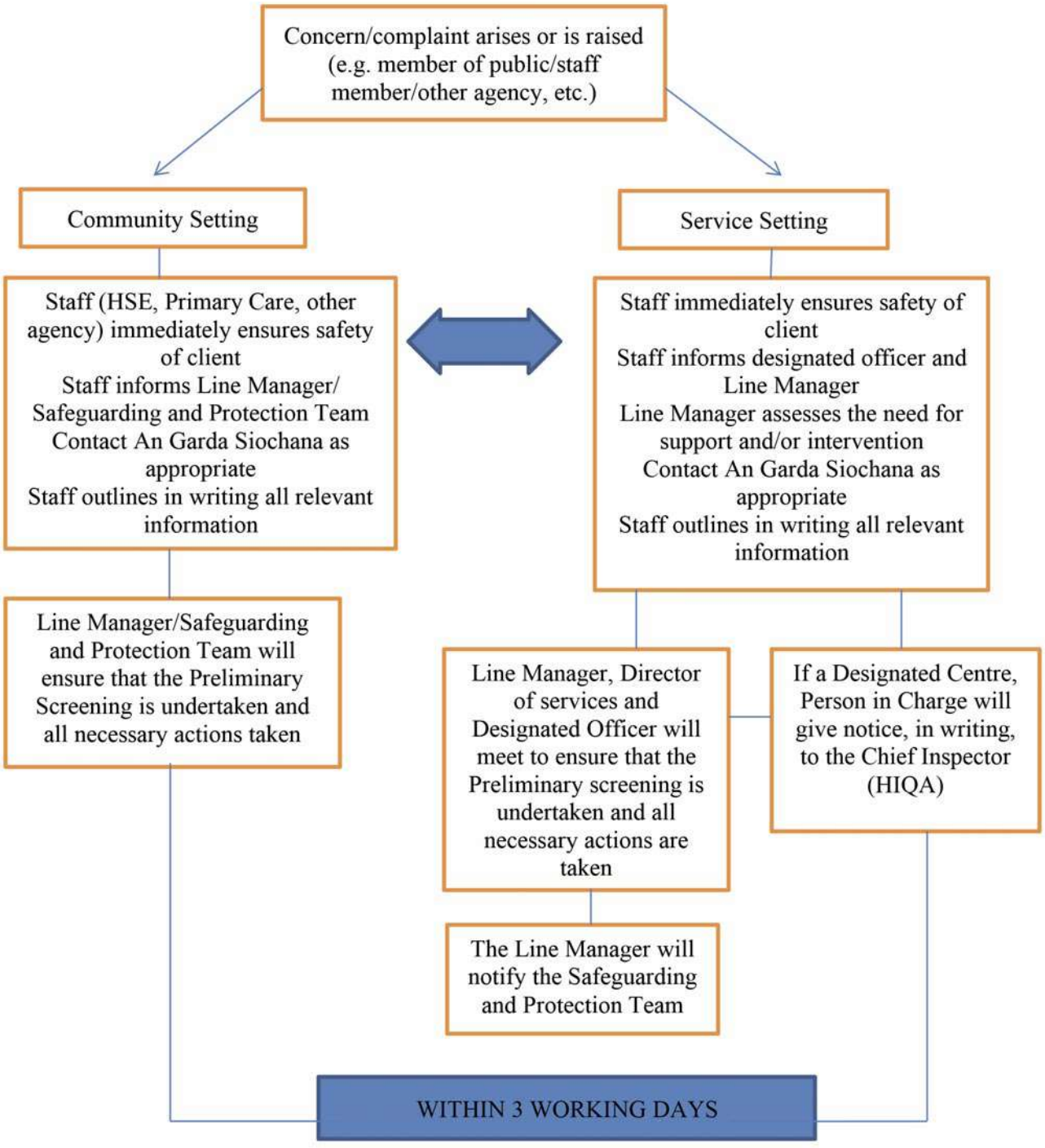
The Designated Officer or **Line Manager** must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within ***three working days*** after he/she has been informed of the concern.

Your line manager will make a referral to the safeguarding team once a concern is raised by the HCSA in relation to a client where concerns of abuse are known and involve family members, strangers or neighbours to the Vulnerable adult. If a concern of abuse relates to professionals (HCSA, PHN, GP, Social Worker etc.) their line manager will be notified, the Trust in Care policy will be adhered to and a referral will be made to the safeguarding team.

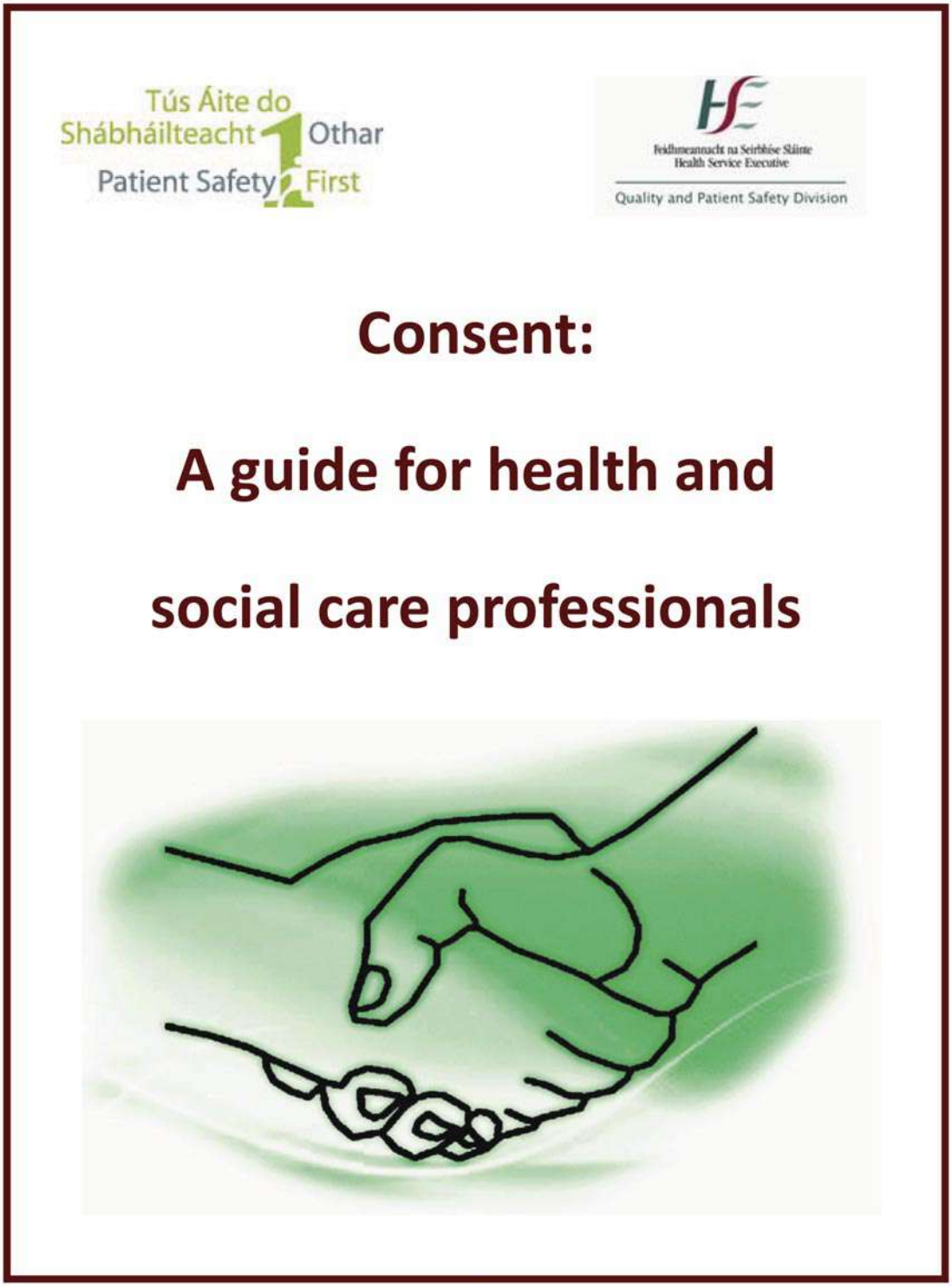
If the concern relates to a designated centre, the **Line Manager** must notify HIQA in writing within three working days on the appropriate form. The line manager must also notify Tulsa ***immediately*** if there are concerns in relation to children.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

Responding to Concerns or Allegations of Abuse



Consent : A guide for health and social care professionals



Consent Policy

If your work involves treating or caring for people (this involves anything from helping people with dressing to carrying out major surgery) you must make sure you have that person's consent to what you propose to do. This respect for people's rights to determine what happens to their own bodies is a fundamental part of good practice.

It is also a legal requirement. It is also important to note that nobody else can consent on behalf of an adult, unless they have formal legal authority to do so.

What is Consent?

Consent is defined as:

"permission for something to happen or agreement to do something"
(Oxford English Dictionary).

In relation to health care, it is a general legal and ethical principle that valid consent must be obtained before commencing or providing care.

Consent is the giving of permission or agreement for an intervention following a process of communication about the proposed intervention.

For our service this means telling/explaining to the client/service user what you intend to do and asking them if they are happy for you to do it.

Example; *Mrs. Smith, would you like me to help you have a shower?*

If Mrs. Smith says **NO**, that choice has to be respected. Mrs. Smith has the right to refuse a shower. Sometimes a little coaxing or agreeing a change of day to shower solves the problem. If Mrs. Smith continues to refuse, your job is to report to your line manager and respect Mrs. Smith's choice.

Role of the family

No other person such as a family member, friend or carer and no organisation can give or refuse consent to a health or social care service on behalf of an adult service user who lacks capacity to consent unless they have specific legal authority to do so.

Why is Consent important?

Consent must be obtained before starting treatment or investigation, or providing personal or social care for a service user. This requirement is consistent with fundamental ethical principles, with good practice in communication and decision-making and with national health and social care policy. The need for consent is also recognised in Irish and International law.

Other than in exceptional circumstances, it is important to note that treating service users without their consent is a violation of their legal and constitutional rights and may result in civil or criminal proceedings being taken by the patient. Such exceptional circumstances relate primarily to emergency situations where it is necessary to intervene in the absence of consent in order to preserve the service user's life or health, or where the service user lacks capacity to give personal consent and a decision is made in his/her best interests.

Is it always necessary to seek Service user/Client consent?

Yes it is always necessary to seek service user consent.

The general principles of consent apply to ***all decisions about care:*** from the treatment of minor and self-limiting conditions, to major interventions with significant risks or side effects.

Obtaining a Genuine and Valid Consent: Adults

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
Quality and Patient Safety Division

Age

•16+ years for medical, dental and surgical procedures, Non-Fatal Offences Against the Person Act (1997)
•18+ years for mental health interventions under the Mental Health Act 2001

Lack of capacity

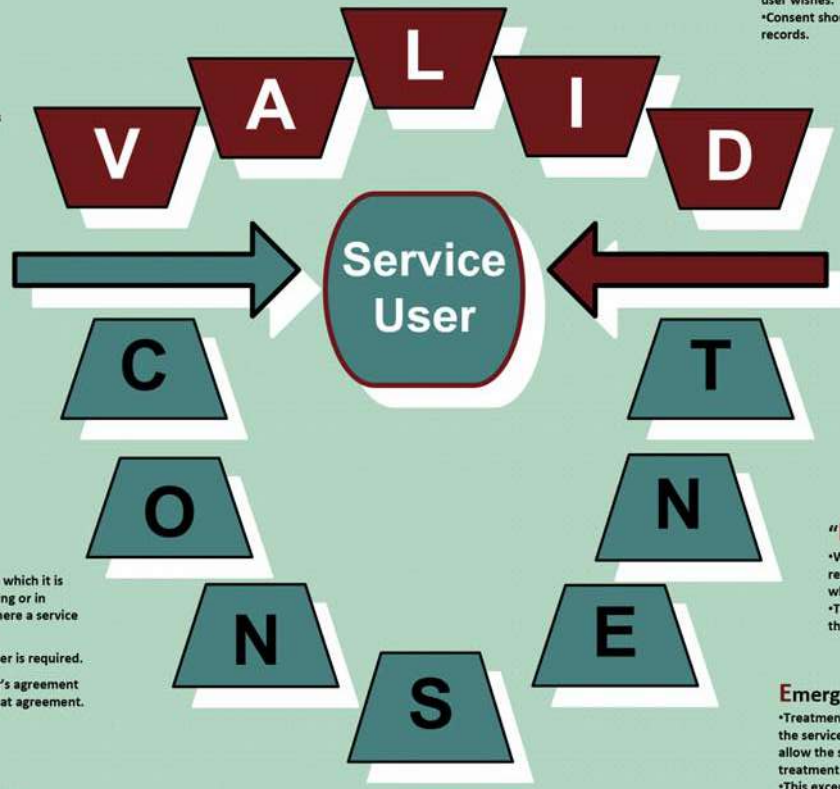
•If the service user lacks capacity and no other person has legal decision-making authority for her/him, then the health and social care professional should make the decision in their best interests, based on the person's values and preferences if known.

Informed Consent

•Sufficient information should be provided about the nature, purpose, benefits and risks of a proposed intervention/service.
•The amount of information given will depend on the urgency, complexity, nature and level of risk involved.
•Service users should be asked if they understand the information they have been given, and whether or not they would like more information before making a decision.
•Answer questions honestly and, as far as practical, as fully as the service user wishes.
•Consent should be clearly and accurately documented in the service user's records.

Voluntary

•For consent to be valid the service user must not be acting under duress and their agreement should be given freely, they must understand they have a choice.
•Staff should take care to facilitate private discussions with the patient so that ultimately he or she makes their own decision.
•Escalate any concerns you may have regarding the voluntariness of consent.



Delegation

•It is the responsibility of the person providing treatment/service to ensure that informed consent has been given.

•Delegation to another professional is only appropriate where (s)he is sufficiently qualified and trained to be able to accurately communicate the required information to the service user.

Capacity

•Every adult is presumed to have the capacity to give consent to or refuse treatment.
•If the service user is clearly unable to understand the information or communicate a decision, a capacity assessment should be undertaken.
•The test of capacity involves assessing
- Does (s)he understand the reasons, risks, benefits and alternate options?
- Does (s)he understand the relevance of their decision?
- Is (s)he able to retain the information long enough to make and communicate a voluntary choice?

Timely Communication Process

•Seek consent at a time that is appropriate to the service user and their condition, e.g. if it is an elective procedure, the relevant discussion could take place at an outpatient's clinic prior to hospital admission.
•Give the service user time to consider their options and ask questions
•Provide information in a way that facilitates the service users understanding e.g. use simple, clear plain English, avoid medical terminology
•Use an interpreter, sign language interpretation, visual graphs as appropriate
•Check the service user's level of understanding

Obtaining Consent

•Consent is a process not a once-off event.

•The validity of consent does not depend on the form in which it is given. Service users may indicate consent orally, in writing or in certain limited circumstances by implication (such as where a service users holds out their arm for a blood pressure reading).

•In all situations, courtesy and respect for the service user is required.

•It is essential to document clearly both the service user's agreement to the intervention and the discussions that led up to that agreement.

"No" to procedure/Refusal of Treatment

•Where an Adult with capacity to make an informed decision has decided to refuse a treatment or service; this decision/refusal must be respected, even where the service user's decision may result in his or her own death.
•The discussion of the implications of the decision with the service user and the refusal should be accurately documented.

Emergency Situations

•Treatment may be given without consent in an emergency where the service user lacks the capacity to make a decision or time does not allow the service user to sufficiently understand and appreciate what treatment is required.
•This exception is limited to situations where the treatment is immediately necessary to save the life or preserve the health of the service user.

'Next of Kin'/Role of the Family

•No other person such as a family member, friend or carer and no organisation can give or refuse consent to a health or social care service on behalf of an adult service user who lacks capacity to consent unless they have specific legal authority to do so.

Some Exceptions to Refusal of Treatment

Although a refusal of treatment by an adult with capacity should be respected, there are some circumstances in which legal advice should be sought:
•Refusal of treatment in pregnancy
•Refusal of treatment for isolation of infectious disease
•Refusal of treatment by a service user involuntarily admitted under the Mental Health Act 2001
•Refusal to allow blood/urine samples to be taken for Garda investigations

Please refer to the main HSE Consent Policy for further detailed information

SECTION 5

Personal Care Guidelines and Procedures for Health Care Support Assistants

INTRODUCTION

The purpose of this section is:

- To promote best practice in caring for the person with dementia in their home.
- To promote best practice on pressure ulcers.
- To promote best practice in personal care delivery through providing standardised, evidence-based, personal care guidance for HCSAs providing personal care tasks.
- To standardise processes and practices in personal care service delivery by HCSAs.

Prior to carrying out any procedure ensure **client's consent is obtained**, by explaining what you are going to do before you do it.

Ensure **client privacy and dignity** throughout the procedure.

Maximise client's independence throughout the procedure depending on level of assistance required: **prompting, supervising, limited** or **extensive.**

Communicate in a sensitive manner with the client throughout. Address client by preferred style and name.

Respond to any specific client queries **appropriately** and to verbal and non-verbal cues.

All care to be provided within **Infection Prevention & Control Guidelines, Manual Handling Training** and **Client Care Plan**.

It is **essential/important to report any changes in the client's condition** to your line manager. In the event that you have advised nursing of any changes it is your duty to report this also to your line manager.

CARING FOR THE PERSON WITH DEMENTIA IN THEIR HOME

As Health Care Support Assistants it is important to adopt a person centered approach when providing care to a person with dementia. A person centered approach ensures the client and their family receive care which is delivered in a respectful, sensitive caring way.

Understanding and Respecting the Person with Dementia

Caring for the Person with Dementia in their Home information booklet for health care staff is available either on www.hse.ie or from your line manager. This booklet on dementia provides practical detailed advice on caring for a person with dementia.

If you are caring for someone with dementia, you will want to ensure that they are always treated with respect and dignity and as an individual person, however little they may seem to understand. They are a unique and valuable human being.

Someone with dementia, whose mental abilities are declining, will feel vulnerable and in need of reassurance and support. It is important that those around them do everything they can to help them retain their sense of identity and their feelings of self-worth.

Carers and family should remember that:

- Each person with dementia is a unique individual with their own very different experiences of life, their own needs and feelings and their own likes and dislikes.
- Each person will be affected by their dementia in a different way.
- Everyone reacts to the experience of dementia in a different way. The experience means different things to different people.

Those caring for people with dementia will need to take account of the abilities, interests and preferences they have at present, and the fact that these may change as the dementia progresses:

- As a HCSA you should be prepared to respond in a flexible and sensitive way.
- If you do need to offer assistance, try to do things with the person rather than for them, so that they remain involved.
- Try to focus on what the person can do rather than on what they cannot do.
- Remember the person may be forgetful and have a short attention span due to the dementia.
- Try to be patient and allow plenty of time for the completion of tasks. If you feel yourself becoming irritated, go into another room for a few minutes and takes some deep breaths.
- Give plenty of praise and encouragement to the client and their families.

The more information you can get about the person's past, as well as their present situation, the easier it will be for you to see them as a whole person rather than simply as someone with dementia. You can do this over a period of time as you get to know the person and their family and they get to know you.

A person with dementia is still an adult

It is important that everyone continues to treat the person as an adult and with courtesy, dignity and respect, however advanced their dementia.

- Be kind and reassuring without talking down to the person with dementia as though they are a small child.
- Never talk over the head of a person with dementia, or across them, as though they are not there.
- Do not talk about the person with dementia in front of them unless they are included in the conversation.
- Avoid scolding or criticising the person, as this will make them feel small.
- Look for meaning behind what they may be trying to communicate even if it seems not to make sense.

Expressing feelings

Dementia affects the thinking and reasoning part of the brain and memory. It does not mean that the person no longer has feelings.

People with dementia are likely to be sad or upset at times. They have the right to expect those caring for them to try and understand how they feel and to make time to offer support rather than ignoring them or jollying them along.

In the earlier stages, people may want to talk about their anxieties and the problems they are experiencing. It is important that others do not brush these worries aside, however painful they may be, but listen and show you are there for them and will be there for them.

Focus on abilities

- Help the person avoid situations in which they are bound to fail, since this can be humiliating. Look for tasks they can still manage and activities they can still enjoy.
- Give them plenty of praise and encouragement and let them do things at their own pace and in their own way.
- Do things with the person, rather than for them, so they can maintain some independence.
- Break activities down into small steps so that the person has some feeling of achievement, even if they can only manage part of a task.
- Much of our self-respect is often bound up in the way we look. Encourage the person to take pride in their appearance and give them plenty of praise.

Feeling valued

The person with dementia needs to feel respected and valued for who they are now, as well as for who they were in the past. It helps if those caring:

- Are flexible and tolerant
- Can listen and chat, and enjoy being with the person
- Can show affection as appropriate.

Offering choice

It is important that the person with dementia should be informed and wherever possible consulted about matters which concern them. They should also be given every opportunity to make appropriate choices.

- Even if you are unsure how much the person can understand, always explain what you are doing and why. You may then be able to judge their reaction from their expression or body language.
- Although too many choices can be confusing, you can continue to offer choice by phrasing questions that only need a 'yes' or 'no' answer, such as 'Would you like to wear your blue jumper today?'

Respecting privacy

Try to make sure that the person's right to privacy is respected, for example,

- Knock on their bedroom door before entering,
- If the person needs help with intimate activities such as washing or going to the toilet, this should be done in a sensitive way.

Our names are important

Our sense of who we are is closely connected to the name or names we are known by. Remember to ask the person what name they would prefer you to call them by.

Communication

It is important for you to highlight and role model best practice in relation to the use of person-centred dementia language.

When caring for a person with dementia who is having difficulty communicating, remember they will pick up on negative body language such as sighs and raised eyebrows.

COMMUNICATION

DO	DON'T
Talk to the person in a tone of voice that conveys respect and dignity	Talk to the person in 'baby talk' or as if you are talking to a child
Keep your explanations short. Use clear and flexible language	Use complicated words or phrases and long sentences
Maintain eye contact by positioning yourself at the person's eye level	Glare at, or 'eyeball' the person you are talking to
Look directly at the person and ensure that you have their attention before you speak. Always begin by identifying yourself and explain what it is you propose to do	Begin a task without explaining who you are or what you are about to do. Talk to the person without eye contact, such as while rummaging in a drawer to select clothing
Use visual cues whenever possible	Try and compete with a distracting environment
Be realistic in expectations	Provoke a catastrophic reaction through unrealistic expectations or by asking the person to do more than one task at a time
Observe and attempt to interpret the person's non-verbal communication	Disregard your own non-verbal communication
Paraphrase and use a calm and reassuring tone of voice	Disregard talk that may seem to be 'rambling'
Speak slowly and say individual words clearly. Use strategies to reduce the effects of hearing impairment	Shout or talk too fast
Encourage talk about things that they are familiar with	Interrupt unless it cannot be helped
Use touch if appropriate	Attempt to touch or invade their person space if they are showing signs of fear or aggression

Tips for Coping with Dementia

Coping with memory loss

Many carers find that dealing with memory problems is one of the most difficult aspects of dementia. There are some ways that carers can help the person with dementia cope with their memory problems. This will allow the person with dementia retain their confidence and independence for as long as possible.

Avoiding extra stress

If the person is tired, unwell, anxious or depressed it will be even more difficult for them to remember. It will also be harder for them to cope with memory problems if they try to do more than one thing at a time or if they are distracted by noise or bustle.

- If you think the person may be ill or depressed, talk to your line manager/PHN about it. The person may need to consult with their GP.
- Try to help them to concentrate on only one thing at a time.
- Try to ensure there are no distractions.
- Provide verbal cues rather than asking questions. For example, *"Here is your nephew, David; to see you"* is more helpful than *"Do you remember who this is?"*

Maintaining independence

You will want to help the person remain independent for as long as possible. However, certain precautions will have to be taken if the person is at risk because of their forgetfulness.

Help the person continue to do things for themselves by using frequent reminders and doing things with them – not for them.

Regular routine

Although variety and stimulation are important, too many changes will be confusing.

A regular routine will help the person feel more secure, and make it easier for them to remember what usually happens during the day.

Leave things in the same place so that the person can find them easily.

Memory aids

Memory aids such as lists, diaries and clear written instructions can be helpful in jogging memory if the person is willing and able to use them. However, you need to be aware that as dementia progresses, it may become more difficult for them to understand what the aids are for.

Top Tips for Dealing with Your Reaction to Confusion

STOP!! Think about what you are about to do and consider the best way to do it.

PLAN AND EXPLAIN!! Who you are; What you want to do; Why you want to do it etc.

SMILE!! The person who takes their cue from you will mirror your relaxed and positive body language and tone of voice.

GO SLOW!! You have a lot to do and you are in a hurry but the person isn't. How would you feel if someone came into your bedroom, pulled back your blankets and started pulling you out of bed without even giving you time to wake up properly.

GO AWAY!! If the person is resistive or aggressive but is NOT causing harm to themselves or others, leave them alone. Give them time to settle down, and approach later.

GIVE the person **SPACE!!** Any activity that involves invasion of personal space **INCREASES THE RISK OF ASSAULT AND/OR AGGRESSION**. Every time you provide care for a person you are invading their space.

STAND ASIDE!! Always provide care from the side not the front of the person, this way it is less threatening and frightening for the person.

DISTRACT THE PERSON!! Talk to the person about things they enjoyed in the past and let them hold a towel etc. whilst you are providing care.

KEEP IT QUIET!! Check noise level and reduce it when and where possible. Turn off the radio and TV etc.

DON'T ARGUE!! They are **RIGHT** and you are **WRONG!** The brain tells the person they can't be wrong.

KNOW THE PERSON!! Orientate to their surrounds as necessary. If they become upset by this reality, validate their feelings instead of continuing to cause upset by this truth.

Understanding Behaviour which is Challenging

Behaviour that is misunderstood and managed inappropriately may escalate. It may be helpful to reflect on the following three points to help understand better:

- Activating Event (what was the trigger)
- Behaviour (what behaviour resulted)
- Consequence (what was the consequence)

Tips for managing difficult situations

DO	DON'T
Stay calm and relaxed	Show fear/anxiety
Respectfully call by name to gain attention	Shout or raise your voice
Maintain their dignity	Show disrespect; tease, joke, or restrain
Remove any audience	Talk in a loud/busy room
Maintain personal space	Corner them
Listen, Reassure and Touch	Move or speak in a manner that conveys authority
Acknowledge feelings	Dismiss or Ignore

Dementia training available on HSEland Dementia Enhanced Home Supports 2021

STOP PRESSURE ULCERS

Definition:

> *"A pressure ulcer is a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance has yet to be elucidated"*
>
> *(Pressure Ulcers, A Practical Guide for Review 2018)*

Three important aspects of your job in preventing pressure damage are:

- Inspection of skin
- Reporting any skin changes immediately
- Reposition/encourage to move

How pressure ulcers develop

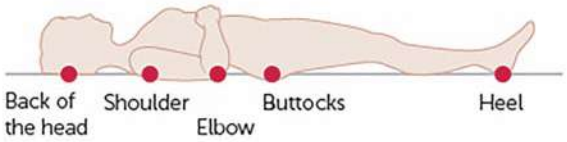
Pressure ulcers, often called bed sores can be a problem in all care settings. They develop when unrelieved pressure prevents blood from being supplied to cells. If the pressure is not relieved/removed the area becomes damaged. The damage can range from redness of the skin to pressure ulcers/bed sores.

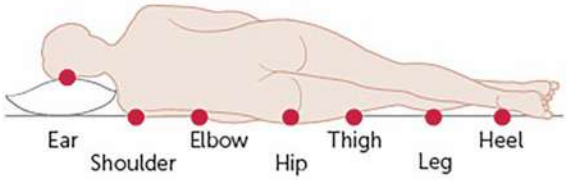
Damage may be caused by:

- Sitting or lying in a bed or chair for hours without moving.
- High pressure on the skin for short period of time e.g. sitting on a commode for 20 minutes.
- Poor manual handling when being moved.
- Pressure from equipment, slings, ill-fitting continence wear.

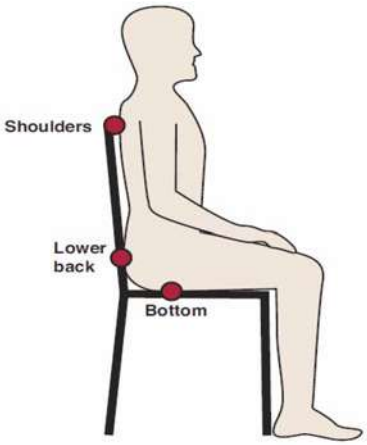
Most common sites for pressure ulcers to develop:

- The Sacrum (curved bone just above the buttocks)
- The Buttocks
- The Heels
- The Elbows
- The Shoulders
- The Ankles





People who are immobile, spend a lot of time in bed, in a wheelchair or who spend a long time sitting are particularly prone to developing pressure ulcers.



Skin Inspection - this is the best way of identifying if pressure damage could become a problem.

This involves checking the skin over bony prominences e.g. heels, sacrum, buttocks and any of the areas identified in the pictures of pressure areas.

Check when washing or dressing a client to make it part of a daily routine.

It is important you remove socks to check heels, that you check the groin area and check under your female client's breasts daily.

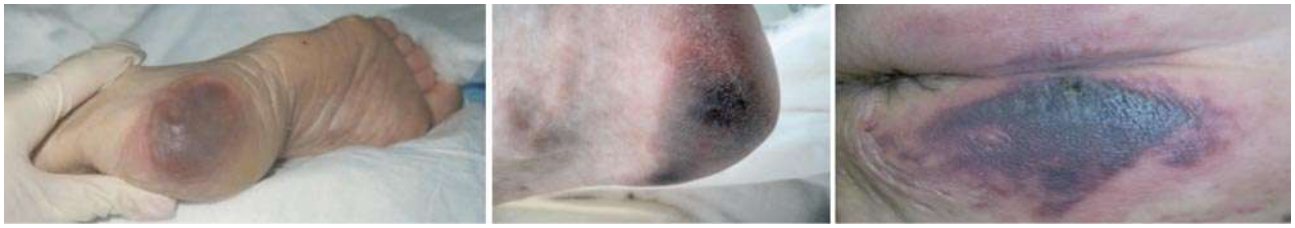
The signs of early pressure damage that you should look out for are:

REDNESS – Redness of the skin that does not go white if you apply light finger pressure (non-blanching of the skin). Other signs to look out for are, the skin may be warm to the touch, show sighs of swelling (oedema) or be hard.

BLISTERS – Blisters may appear.

DISCOLOURATION – in the early stages the skin usually appears red. It is important to watch out for any other discoloration, if the skin appears blue purple or black it may indicate significant damage has already occurred.

Types of Pressure Sore



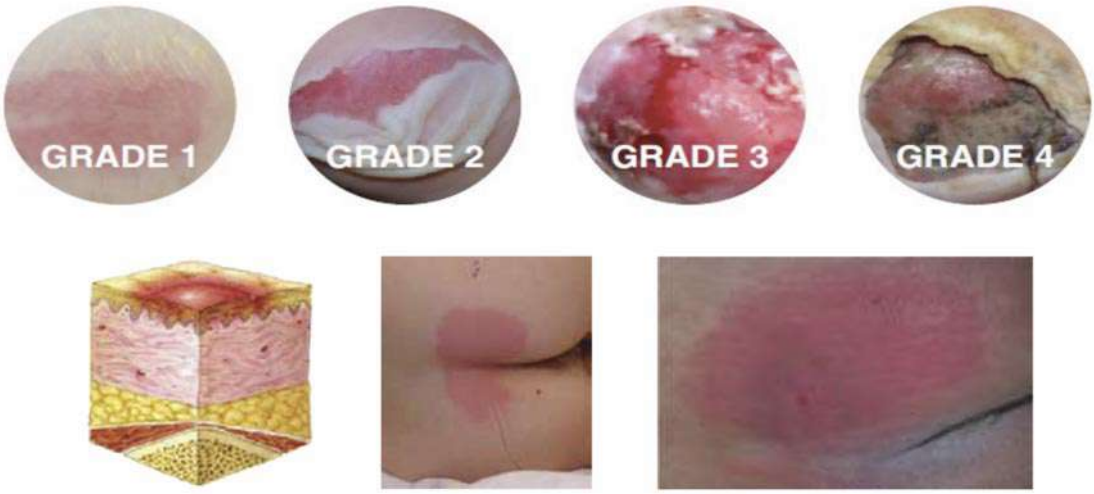
Report any changes without delay.

Repositioning & encouraging to mobilise

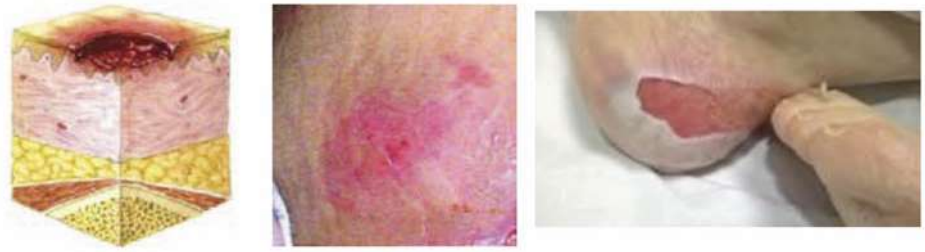
If possible, the client should be encouraged to reposition/move themselves. If this is not possible, you can assist using manual handling techniques as per your training.

- **Support surfaces** – it is important to choose an appropriate support surface when repositioning clients e.g. pressure relieving mattress on bed. PHN/CRGN will undertake this assessment.
- **Mattresses & beds** - Foam and alternating air mattresses can be used with people at risk of developing pressure ulcers. PHN/CRGN will undertake this assessment.
- **Seating** – Pressure relieving cushion may be recommended by PHN/CRGN.
- **Heel protectors** – the heels are at high risk of developing pressure sores, because there is very little soft tissue protecting the bone. **Always remember to take off socks and check both heels.**

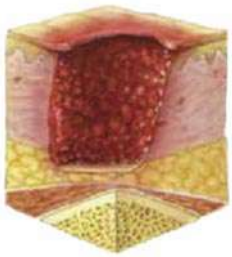
Pressure ulcers and skin damage



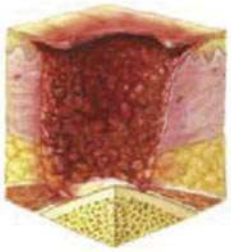
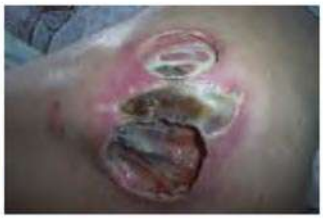
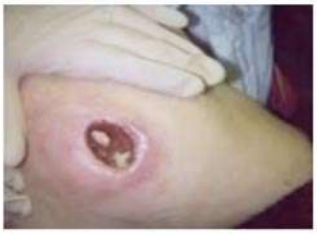
Category/Stage I
Intact skin with non–blanchable redness of a localised area usually over a bony prominence. Discolouration of the skin, warmth, odema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching. The area may be painful, firm, soft, warmer or cooler as compared to adjacent skin. (EPUAP 2009).



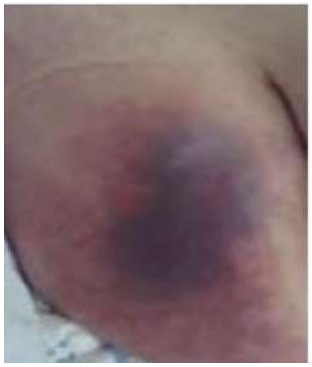
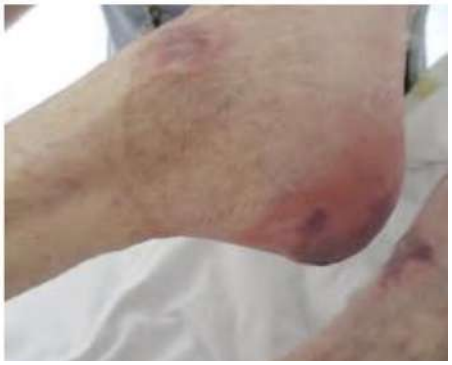
Category/Stage II
Partial thickness skin loss of dermis presenting as a shallow ulcer with a red pink wound bed, without slough. May present as an intact or open/ruptured serum filled blister filled with serous or sero-sanginous fluid. Presents as a shiny or dry shallow ulcer without slough or bruising. (EPUAP 2009).



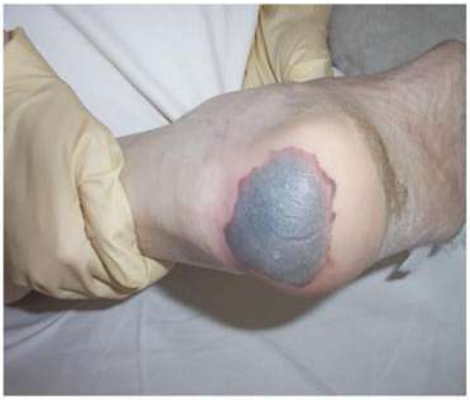
Category/Stage III
Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. The stage may include undermining or tunnelling (EPUAP 2009).

Category/Stage IV
Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. This stage often includes undermining and tunnelling. Exposed bone/muscle (EPUAP 2009).

In individuals with non-blanchable redness and purple/maroon discoloration of intact skin combined with a history of prolonged, unrelieved pressure/shear, this skin change may be an indication of emerging, more severe pressure ulceration i.e. an emerging Category/Stage III or IV Pressure Ulcer.



Stable eschar (dry adherent, intact without erythema or fluctuance) on the heel serves as the body's biological cover and should not be removed.

(Ref. HSE National Wound Management Guidelines 2018)

PERSONAL CARE GUIDELINES

Procedure for assisting a client to wash at the hand basin

Essential Equipment

- Check client care plan for client-specific care
- Disposable gloves and apron
- Towels
- Suitable container for soiled pads (if required)
- Flannels x 2 (1 x light colour & 1 x dark colour)
- Toiletries, as preferred by client
- Comb/brush
- Provisions for oral hygiene
- Clothing and footwear
- Continence pad (if required)

Pre procedure

- Note level of assistance required - Prompt/Supervision/Limited/Extensive.
- Discuss procedure with the client to gain consent.
- Assess and plan care with the client, refer to the client's care and manual handling plan. Note personal preferences, addressing religious and cultural beliefs.
- Take necessary equipment to the bathroom.
- Ensure that the bathroom is warm.
- Fill hand basin with warm water, check temperature with client and adjust if necessary.
- Wash hands, use aprons in accordance as per infection control guidelines.
- Use disposable gloves as per infection control guidelines.

Procedure

- Assist client to the bathroom.
- Assist client with the removal of clothing, wrist-watches and any other items. Cover client with bath towel.
- Ask client whether they use soap on their face. Assist client to wash, rinse and dry face and neck, with a gentle wipe around and inside the outer ears.
- Wash or assist client to wash their body. Wash, rinse and pat dry the top half of body. Pay particular attention to skin folds.
- Client should be encouraged to wash as independently as possible, particularly in the genital area. Use a second (dark coloured) flannel for the genital area.

- If assistance is required, wash hands and put on disposable gloves. Inform the client that you are going to wash around the genitalia and gain verbal consent from the client. Wash around the area and then dry it. When washing this area, remember that female clients wash from the front to back. Remove and dispose of gloves.
- Wash hands.
- If there is an indwelling catheter, wash hands and put on clean gloves and wash the tubing downwards away from the genitalia, dry tubing and remove gloves as per procedure *(Guidelines on Indwelling Urinary Catheter Management for Adults, 2018)*. Clients may prefer to do this themselves.
- Observe the skin and pressure areas for any broken skin, discolouration or rash and report changes promptly.
- If the client has a wound dressing, care should be taken not to wet it. If there is oozing from it, or it is disturbed, report promptly. Redressing of wounds is prohibited.
- Apply toiletries as required (excluding medicated creams, ointments and patches).
- Assist client to dress the upper body.
- Change the water.
- Wash legs and feet, rinse and pat dry.
- Assist client to dress the lower body.
- Ensure client has suitable and well fitting footwear, report unsafe footwear.
- Observe finger and toe nails, report if attention to nails is required.
- Note any area of skin dryness, inflammation, calluses and report promptly.
- Assist client to brush teeth and/or rinse mouth, if required.
- Comb/brush client's hair as desired.
- Assist the client to the desired living area.
- Place client's preferred items within reach.

Post procedure:

- Leave bathroom clean, dry, safe and tidy.
- Remove apron and dispose.
- Wash hands.
- Report any change in the client's condition, any skin discolouration, broken skin, rash, skin dryness, inflammation, or calluses promptly to your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client to bathe

Essential Equipment

- Check client care plan for client-specific care
- Towels
- Flannels x 2 (1 x light colour & 1 x dark colour)
- Toiletries as per client's preference
- Clothing and footwear
- Continence pad (if required)
- Non-slip shower/bath mat
- Bins/bags for soiled clothing
- Suitable container for soiled pads (if required)
- Manual handling equipment as per client's manual handling care plan, e.g. Bathmaster
- Disposable gloves and apron

Pre procedure

- Note level of assistance required - Prompt/Supervision/Limited/Extensive.
- Discuss procedure with the client to gain consent.
- Assess and plan care with the client, refer to the client's care and manual handling plan. Note personal preferences, addressing religious and cultural beliefs.
- Ensure that the bathroom is warm.
- Collect towels/flannels/toiletries/clothing etc. first and place then into the bathroom.
- Position non-slip mat/bath mat; ensure it is adhering to the bath surface.
- Prepare and use any aids that may be required, e.g. Bathmaster, grab-rails, chair, etc. (client specific training required prior to use).
- Make sure there are suitable bins/bags for soiled clothing or pads.

Procedure

- Assist the client to the bathroom as per manual handling care plan.
- Wash hands.
- Put on apron.
- Use gloves if in direct contact with bodily fluids.
- Run the bath, checking the temperature of the bath in consultation with the client. Whilst the bath is running assist the client to undress, use the toilet, and prepare to bath. Ensure client's privacy throughout.
- Assist the client into the bath using appropriate aids as per plan.
- Assist as necessary with washing. Client should be encouraged to wash as independently as possible, particularly in the genital area.

- Avoid rushing the client, but exercise care that they do not become cold.
- Never leave client unattended in the bath.
- During the procedure, observe the client's skin for any, inflammation, discolouration, rash, bruising, redness and broken areas and report changes promptly.
- When bathing is finished, empty water from the bath before assisting the client to get out – never leave water unattended in the bath.
- Wrap the client in a towel to maintain privacy and keep warm.
- Assist the client to dry and dress and to brush/comb their hair/brush teeth.
- Ensure client has suitable and well fitting footwear, report unsafe footwear.
- Assist client out of bathroom safely to the preferred living area/bedroom.
- Place client's preferred items within reach.

Post procedure:

- Collect wet towels, clothing, toiletries, etc. from the bathroom and always leave the bathroom clean, dry, tidy and safe.
- Wash hands.
- Report any change in the client's condition, any skin discolouration, broken skin, rash, skin dryness, inflammation, or calluses promptly to your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client to shower

Essential equipment:

- Check client care plan for client-specific care
- Towels
- Flannels x 2 (1 x light colour & 1 x dark colour)
- Toiletries as per client's preference
- Clothing and Footwear
- Continence pad (if required)
- Non-slip shower/bath mat
- Bins/bags for soiled clothing
- Suitable container for soiled pads (if required)
- Manual handling equipment as per client's manual handling care plan
- Shower chair
- Disposable gloves and apron

Pre procedure:

- Note level of assistance required - Prompt/Supervision/Limited/Extensive.
- Discuss procedure with the client to gain consent.
- Assess and plan care with the client, refer to the client's care and manual handling plan. Note personal preferences, addressing religious and cultural beliefs.
- Ensure that the bathroom is warm.
- Collect towels, flannels, toiletries and clothing etc. first and put into the bathroom that you will be using.
- Position non-slip mat/bath mat; ensure it is adhering to the floor of the shower.
- Prepare and use any aids that may be required, e.g. shower chair, grab-rails, stool, etc. as per manual handling care plan.
- Make sure there are suitable bins/bags for soiled clothing or pads.

Procedure:

- Assist the client to the bathroom as per care plan.
- Wash hands, put on apron, use disposable gloves if in direct contact with bodily fluids.
- Assist the client to undress, use the toilet, and prepare to shower as required. Cover the client while waiting.
- Run the shower and adjust to a suitable temperature in consultation with the client.
- Be aware of the water temperature throughout the procedure.
- Assist as necessary with washing. Clients should be encouraged to wash as independently as possible, particularly in the genital area.
- If required, assist the client to wash their hair, using a flannel as an eye guard to protect the client's eyes from the shampoo.
- Avoid rushing the client, but exercise care that they do not become cold.
- Observe the skin and pressure areas for any broken skin, discolouration or rash and report changes promptly.
- Assist client out of the shower to the designated drying and dressing area using appropriate aids. Wrap in towel to keep warm and ensure privacy.
- Assist the client to dry and dress and to brush/comb their hair/brush teeth.
- Ensure client has suitable and well fitting footwear, report unsafe footwear.
- Assist client out of bathroom safely to the preferred living area/bedroom.
- Place client's preferred items within reach.

Post Procedure:

- Collect wet towels, clothing, toiletries, etc. afterwards from the bathroom and always leave the bathroom clean, dry, tidy and safe. Switch off electric shower if used.
- Wash hands.
- Report any change in the client's condition, any skin discolouration, broken skin, rash, skin dryness, inflammation, or calluses promptly to your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for bed bathing a client

Essential equipment:

- Check client care plan for client-specific care
- Disposable gloves and apron
- Clean bed linen
- Bath towels
- Suitable container for linen
- Flannels x 2 (1 x light colour & 1 x dark colour)
- Toiletries, as preferred by client
- Comb/brush
- Provisions for oral hygiene
- Change of clothes
- Continence pad (f required)
- Clean wash bowl

Pre procedure:

- Note level of assistance required - Prompt/Supervision/Limited/Extensive.
- Discuss procedure with the client to gain consent.
- Assess and plan care with the client, refer to the client's care and manual handling care plan. Note personal preferences, addressing religious and cultural beliefs.
- Clear the area of any obstacles, ensure the environment is warm and draw curtains, close doors to guarantee privacy and dignity.
- Ensure the area is safe; check that the bed brakes are on and adjust the bed to an appropriate height.
- Offer client the opportunity to use a urinal, bedpan or commode.
- Collect all equipment by the bedside.
- Ensure wash bowl is cleaned with warm soapy water before use, fill bowl with warm water, check temperature with client and adjust if necessary.
- Wash hands, use aprons in accordance with and as per infection control guidelines.
- Use disposable gloves as per infection control guidelines.

Procedure:

- Assist the client with the removal of clothing and any other items.
- Cover client with bath towel for privacy and to prevent client getting cold.
- Ask client whether they use soap on their face – gently wash, rinse and dry face neck and inside the outer ears.
- Assist male clients with facial shaving **using electric razor** as required.
- Wash, rinse and pat dry top half of body. Observe skin and pressure areas for any discolouration, broken skin or rash. Pay particular attention to skin folds.
- If the client has a wound dressing, care should be taken not to get it wet. If there is oozing, or it is disturbed, report promptly. Redressing of wounds is prohibited.
- Client should be encouraged to wash as independently as possible, particularly in the genital area. Use a second (dark coloured) flannel for the genital area.
- If assistance is required, wash hands, put on disposable gloves. Inform the client that you are going to wash around the genitalia and gain verbal consent from the client. Wash around the area and then dry. When washing this area, remember that female clients wash from the front to back. Remove and dispose of gloves.
- Wash hands.
- If there is an indwelling catheter, wash hands, put on clean gloves and wash the tubing downwards away from the genitalia, dry tubing and remove gloves as per procedure *(Guidelines on Indwelling Urinary Catheter Management for Adults, 2018*). Clients may prefer to do this themselves.
- Ensure the client is covered. Change water and gloves. Wash hands.
- Wash legs and feet, rinse and pat dry.
- Clients requiring extensive assistance of two carers, work with second carer to roll client, wash back and then, using second flannel (dark flannel), wash sacral area, observing pressure areas. Cover areas that are not being washed. Return client onto their back, ensuring they are covered.
- Observe finger and toe nails, report if attention to nails is required.
- Observe the skin and pressure areas for any broken skin, discolouration or rash and report changes promptly.
- If the client is to remain in bed, change clothes and replace bottom sheet whilst the client is being turned. Soiled sheets for washing should be placed directly into the container.
- Remake top bedclothes.
- Assist client if required, to brush teeth and/or rinse mouth.
- Brush/comb client's hair as desired.
- Assist client to sit or lie in desired position.
- Remove equipment from bedside; replace client's possessions in their appropriate place. Place client preferred items within reach.

Post procedure:

- Remove and dispose apron.
- Wash hands.
- Promptly report any change in the client's condition, any skin discolouration, broken skin, rash, skin dryness, inflammation, or calluses to your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client with dressing/grooming

Essential Equipment:

- Check client care plan for client-specific care
- Manual handling equipment as per client's manual handling care plan
- Dressing aids as identified in client's care plan
- Comb/hair brush
- Clothing and footwear.

Pre procedure:

- Discuss procedure with the client to gain consent.
- Assess and plan care with the client, refer to the client's care and manual handling plan. Note personal preferences, addressing religious and cultural beliefs.
- Gather all relevant equipment, e.g. aids to dressing and grooming, aids to mobilise.
- Prepare area, ensuring warmth, space and privacy.
- Wash hands.

Procedure:

- Assist client in selecting suitable clothing, footwear, accessories, etc. Use any aids required for client's condition.
- Adhere to client choices where appropriate.
- Prepare clothing by unbuttoning, unzipping etc.
- Assist client to assume comfortable position.
- Assist client to undress, if necessary, one area at a time, encouraging maximum independence and keeping the client covered as much as possible.
- Always remember to take off socks and check both heels, observe finger and toe nails, report if attention is required.
- Assist client to dress, encouraging maximum independence and avoiding undue exposure.
    - Trousers: gather them at the leg and reach through to guide the client's leg through.
    - Shirt or dress: put your hand up the sleeve and guide the client's hand through.
    - Jumper: gently guide both arms into the sleeves and slide the garment over head.

In specific cases e.g. of stroke or injury, put affected arm or leg into clothing first when dressing, remove last when undressing.

- When fastening clothing, check for a snug and comfortable fit, so that clothing will stay in place without being too tight.
- Ensure client has suitable and well fitting footwear, report unsafe footwear.
- Observe the client's skin for any, inflammation, discolouration, rash, bruising, redness and broken areas and report changes promptly.

- Brush/comb client's hair as desired.
- Assist the client to the desired living area.
- Place client's preferred items within reach.

Post procedure:

- Place soiled items for laundry as per infection control procedures.
- Wash hands.
- Ensure items/equipment used is disposed/cleaned/replaced as appropriate after the procedure.
- Report any change in the client's condition, any skin discolouration, broken skin, rash, skin dryness, inflammation, or calluses promptly to your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client with mouth and denture care

Essential Equipment:

- Plastic cups
- Mouthwash or cleaning solutions
- Appropriate equipment for cleaning teeth/dentures.
  - Clean bowl
  - Paper tissues
  - Small-headed soft toothbrush
  - Toothpaste
- Disposable gloves

Pre-Procedure:

- Explain and discuss the procedure with the client to gain consent. When possible, encourage clients to carry out their own mouth care.
- Wash hands.
- Put on disposable gloves.

Procedure:

Denture Care:

- Prepare solutions required.
- If the client is wearing dentures, encourage client or family member to remove the dentures.

Mouth Care:

- Using a soft, small toothbrush and toothpaste, gently brush the client's natural teeth, gums, and tongue. Stand to the side of the client and support the lower jaw with your free hand. Observe for any bleeding from the gums, loose teeth or for any discomfort during the procedure.
- Give a beaker of water to the client. Encourage the client to rinse mouth vigorously, and ask client to spit out contents of mouth into a bowl. Paper tissues should be at hand to dry any spillage of water.
- If the client is unable to rinse and spit out contents, use a rinsed toothbrush to clean the teeth.
- Clean the client's dentures with a denture brush or toothbrush. Rinse them well and return them to the client.
- Encourage client or family member to reinsert dentures.
- Clean the toothbrush and allow to air dry.

Post Procedure:

- Ensure the client is comfortable.
- Remove disposable gloves and dispose of them as per guidelines.
- Wash hands.
- Observe for any bleeding or client discomfort during or after the procedure and promptly report to your line manager, family carer and nurse.
- Report any concerns (particularly dentures becoming loose) to your line manager and family carer.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for care of a client's feet

Foot care can be attended to following a shower or as part of a personal hygiene routine.

Essential equipment:

- Bowl of warm water
- Liquid soap
- Flannel
- Towel

Pre procedure:

- Gather the equipment as above.
- Discuss procedure with the client to gain consent.
- Ensure the client is seated comfortably.

Procedure:

- Wash hands.
- Observe the feet and toe nails for any signs of dryness, inflammation, cracking, calluses (patch of thickened skin) or broken skin, skin discoloration, pain or lack of feeling.
- If using a basin for washing feet, ensure the water temperature is suitable. Be aware that some clients have reduced sensation in their hands and feet, e.g. clients with diabetes, or Multiple Sclerosis or who have had a stroke.
- Wash feet paying attention to between the toes and under the feet.
- Gently dry feet, paying attention to between the toes and under the feet.
- Apply any skin products as per care plan. Only non-prescription creams to be applied.
- Put on socks ensuring there are no wrinkles or ridges.
- Ensure client has suitable and well fitting footwear, report unsafe footwear.
- Put on appropriate footwear.

Post Procedure:

- Wash and dry equipment used.
- Wash hands.
- Assist the client to the desired living area.
- Protect feet if transferring by wheelchair.
- Place client's preferred items within reach.
- Report any identified problems with the feet or footwear promptly to your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client to use a commode

Essential equipment:

- Disposable gloves and aprons
- Commode
- Toilet paper
- Manual handling equipment as per manual handling care plan
- Wash bowl, warm water, dark coloured flannel, a towel and liquid soap
- Continence pad (if required)
- Suitable container for soiled pad (if required)

Pre procedure:

- Discuss procedure with the client to gain consent.
- Assess and plan care with the client, refer to the client's care and manual handling plan. Use equipment as per manual handling care plan.
- Note personal preferences, addressing religious and cultural beliefs.
- Wash hands, put on gloves and apron.

Procedure:

- Close door/draw curtains in the client's room.
- Put the commode beside the client's bed/chair:
  - Lock the wheels of the commode.
  - Remove the commode cover.
  - Make sure the container is under the seat.
- Adhering to any client-specific manual handling guidelines, assist the client out of bed/chair and onto the commode using aids as per manual handling care plan.
- Assist client to adjust clothing.
- Cover the client's knees with a towel.
- When the client is safely sitting on the commode, leave him/her alone if it is safe to do so while remaining within communicable distance of the client.
- When the client has finished using the commode:
  - Allow the client to clean him/her self where possible.
  - If client unable to do so, use disposable gloves and assist.
  - Wash the genital area with soap and water, and dry gently (for female clients, use front to back wiping technique).
  - Remove gloves and wash hands.
- Allow client to wash and dry their hands.

- Assist client to adjust clothing.
- Assist client from commode using appropriate aids.
- Observe the client's skin for any, inflammation, discolouration, rash, bruising, redness and broken areas and report changes promptly.
- Assist the client to move to the prefered living area/bedroom, ensuring that they are comfortably positioned, with essential items nearby.

Post Procedure:

- Replace cover on the commode and return to the bathroom.
- Remove container from underneath the commode.
- Empty the contents of the container safely in the toilet.
- Clean the container with a toilet brush, detergent and hot water.
- Put the container back under the commode.
- Remove disposable apron and gloves and dispose.
- Wash hands.
- Observe any changes in client's condition, urine having an offensive or unusual smell, constipation, blood, mucus, diarrhoea or any changes in skin colour or if the skin is broken, and promptly notify your line manager, family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting the client to use the toilet

Essential Equipment:

- Disposable gloves and aprons
- Toilet paper
- Manual handling equipment as per manual handling care plan
- Wash bowl, warm water, dark coloured flannel, a towel and liquid soap
- Continence pad (if required)
- Suitable container for soiled pads (if required)

Pre procedure:

- Explain and discuss procedure with the client to gain their consent.
- Assess and plan care with the client, refer to the client's care and manual handling plan. Use equipment as per manual handling care plan.
- Wash hands.

Procedure:

- Supervise the client safely to the toilet, using aids if required.
- Assist the client to undress the lower half of the body.
- Remove the used continence product if worn and dispose of appropriately.
- When seated on the toilet, ensure that the client is safe.
- Cover the client's knees with a towel.
- When the client is safely sitting on the toilet, leave him/her alone if it is safe to do so while remaining within communicable distance of the client.
- When the client has finished using the toilet:
    - Allow the client to clean him/her self where possible
    - If client unable to do so, assist using disposable gloves.
    - Wash genital area with soap and water, and dry gently (for female clients, use front to back wiping technique).
    - Remove gloves and wash hands
- Assist client to dress after toileting is complete.
- Allow client to wash and dry their hands
- Wash hands.
- Assist the client to move to the preferred living area/bedroom, ensuring that they are comfortably positioned.

Post procedure:

- Observe any changes in client's condition, urine having an offensive or unusual smell, constipation, blood, mucus, diarrhoea or any changes in skin colour or if the skin is broken, and promptly notify your line manager, family carer and nurse.
- Leave the bath room clean, dry, safe and tidy.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client to use a urinal

Essential Equipment:

- Urinal
- Disposable gloves and aprons
- Toilet paper
- Manual handling equipment as per manual handling care plan
- Continence pad (if required)
- Suitable container for soiled pads (if required)

Pre procedure:

- Explain and discuss the procedure with the client to gain his consent.

Procedure:

- Wash hands and put on gloves.
- Ensure privacy.
- Bring the urinal to the client.
- Encourage the client to adjust their clothing and adopt a suitable position, assist if necessary.
- Encourage the client to position the urinal correctly, assist if necessary.
- Cover the client and ensure privacy.
- The client may be left until he has finished passing urine if it is safe to do so while remaining within communicable distance of the client.
- When the client is finished remove the urinal. Encourage the client to dry himself and to adjust his clothing, assist if necessary.
- Empty the urinal into the toilet and wash the urinal.
- Remove gloves and wash hands.
- Assist the client to wash and dry his hands.
- Assist the client to his preferred living area/bedroom, ensuring he is in a comfortable position when seated.

Post procedure:

- Observe for:
  - Changes in the colour or smell of the urine
  - Client passing urine more often or less often than normal
  - Client complains of pain when urinating, or pain in their lower back or lower abdomen
- Promptly notify your line manager, the family carer and nurse.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for assisting a client to use a slipper bed pan

Essential equipment:

- Gloves and disposable apron
- Slipper bedpan
- Manual handling equipment as per client's manual handling care plan.
- Wash bowl, warm water, toilet paper, dark coloured flannel, towel and liquid soap.
- Continence pad (if required)
- Suitable container for soiled pad (if required)

Pre procedure:

- Explain procedure to the client and gain consent.
- Ensure area is safe. Check that bed brakes are on; adjust bed to an appropriate height.
- Use equipment as per manual handling care plan.

Procedure:

- Wash hands.
- Put on gloves and apron.
- Ensure privacy.
- Remove the bedclothes and assist the client into an upright sitting position.
- Ask the client to raise their hips/buttocks and insert the bedpan, ensuring that the wide end of the bedpan is between the legs, and the narrow end is beneath the buttocks.
- Offer client the use of pillows and encourage them to lean forward slightly.
- If the client is unable to adopt a sitting/upright position, then roll the client onto one side, using appropriate manual handling equipment and technique, and insert a slipper bedpan with the narrow/flat end underneath their buttocks and wide end between their legs. Then roll the client onto their back and so onto the bedpan.
- Once the client is on the bedpan, encourage them to move their legs slightly apart and check to ensure that their positioning is correct.
- Cover the client's legs with a sheet.
- Ensure that toilet paper is within client's reach and leave the client, but remain nearby within communicable distance.
- When the client has finished using the bedpan, bring washing equipment to the bedside. Assist the client with intimate care and remove the bedpan.
- Offer a bowl of water for the client to wash their hands.
- Ensure bedclothes are clean, straighten sheets and rearrange pillows, assisting client to a comfortable position.
- Remove equipment from bedside.

Post procedure:

- Dispose of contents of bedpan in the toilet and wash bedpan.
- Remove disposable apron and gloves and dispose of appropriately.
- Wash hands.
- During the procedure, observe the client's skin for any, inflammation, discolouration, rash, bruising, redness and broken areas and report changes promptly notify your line manager, family carer and nurse.
- Assist client to sit or lie in desired position.
- Replace client's possessions in their appropriate place.
- Place client preferred items within reach.
- Report any difficulty in relation to the procedure to your line manager.

Procedure for changing continence wear

Essential equipment:

- Gloves and disposable apron
- Wash bowl, flannel (dark coloured) and towel to be used for this area only.
- Warm water
- Liquid soap/wash
- Toilet paper
- Continence pad
- Suitable container for soiled pads

Pre procedure:

- Explain and discuss the procedure with the client to gain their consent.

Procedure:

- Carry out task as per client's manual handling care plan. Use equipment as per manual handling care plan.
- Take equipment to the bathroom/bedside.
- Wash hands, put on gloves and apron.
- Check client can stand safely and advise client to use grab rail or other support for balance.
- Assist client to remove relevant clothing.
- Encourage client to assist as much as possible.
- Remove used product taking care to prevent leakage or spillage.
- Dispose of pad in suitable container. Do not dispose by flushing down the toilet.
- Offer client the opportunity to use a urinal, toilet or commode.
- Change gloves and wash hands.
- If client cannot stand safely, pad should be changed while client is in bed using a log roll.
- Encourage client to help as much as possible.
- Assist client to wash skin with a mild soap and gently pat dry.
- **Talcum powder is not recommended.** Oil based creams can reduce performance of continence wear.
- Prepare continence pad before fitting, **fold lengthways to activate anti-leak cuffs (elastics) inside continence pad. This will prevent leaks**.
- Fit continence pad. Note that client's own pants may be used to secure the continence pad.
- Remove gloves, aprons and wash hands.
- Assist client to dress.
- Allow client to wash and dry their hands.

Post procedure:

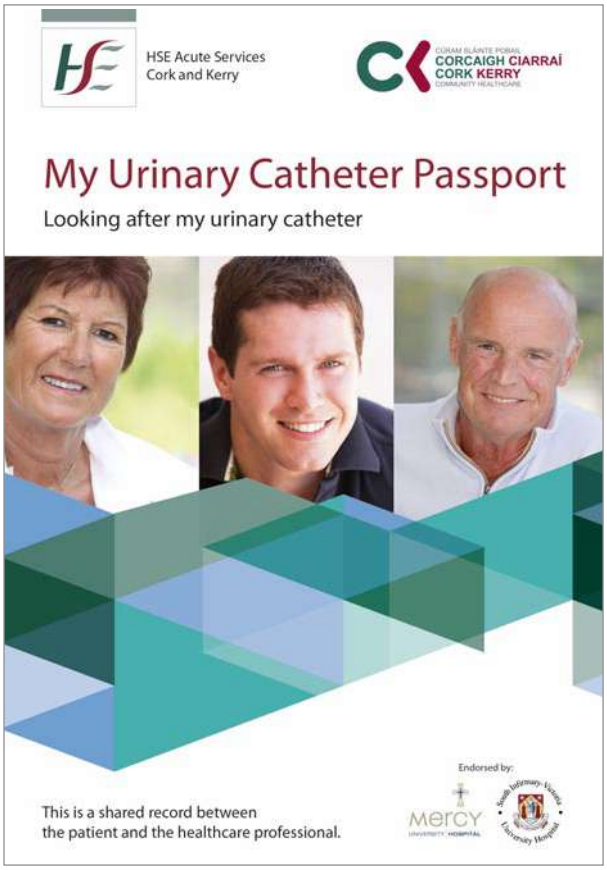
- Assist the client to move to the preferred living area/bedroom, ensuring that they are comfortably positioned.
- Observe any changes in client's condition, urine having an offensive or unusual smell, constipation, blood, mucus, diarrhoea or any changes in skin colour or if skin is broken, and promptly notify your line manager, family carer and nurse.
- Notify your line manager, family carer and nurse if continence wear appears to be unsuitable.
- **Double padding is not permitted under any circumstances, if observed report immediately to your line manager.**
- **Continence wear is client-specific. Particular products are recommended following nursing clinical assessment only.**
- **Continence products must never be shared from one client's home to another.**

Correct Use of Continence wear

DO	DON'T
Ensure you select the correct absorbency.	It is not permitted to double pad as this practice can put your client's skin at risk of breakdown.
Prepare the pad before fitting. Ensure the pad is folded lengthways to activate the anti-leak cuffs (elastics) inside the pad. This will prevent leaks.	Barrier creams should only be used when required. This may reduce the performance of the pad. If barrier creams must be used they should be applied sparingly and only on treatable areas.
Always fit the pad from front to back on the person. In fitting a pad from back to front, there is a risk of bacteria being passed from the back passage to the front.	Use of talcum powder is not recommended, this may reduce the performance of the pads.
Ensure, when using shaped pad that net support pants are used or the patient's own snug fitting underwear may be used.	
Ensure when using velcro tapes continence wear that they are secured straight across on the top and the bottom of the hips. If the velcro tapes are in the centre of the abdomen or wrapped around the patients waist, the pad is too big. If the Velcro tapes are bursting open, the pad is too small.	
The Quick Absorption Scale is an easy reference point to demonstrate the pad's absorption capability. This is the droplet system on the pad. The more droplets that are shaded in the higher the absorbency of the pad.	
Check the wetness indicator stripe (blue and yellow strips down the centre of the pad) on the pad regularly. It is not necessary to change the pad until the colour change is 1-2 inches from each end unless there is faecal incontinence or a urinary tract infection. The super absorbent powder in the pad locks away urine in the form of a gel keeping the user dry.	

DO	DON'T
Always observe patients with urinary catheters. The super absorbent powder within the pad can have the potential to draw water from the catheter balloon. Patients with urinary catheters may not need a pad but if they do they should be given low absorbency pads.	
Store pads in a dry storeroom. If they are stored in a moist environment the pads may absorb moisture making them less absorbent for the user.	

Procedure for indwelling urinary catheter care



If you are unsure of any aspect of the care to be provided you must inform your line manager.

The client will have a copy of 'My Urinary Catheter Passport' which contain information to assist them in looking after their catheter and can also be referred to.

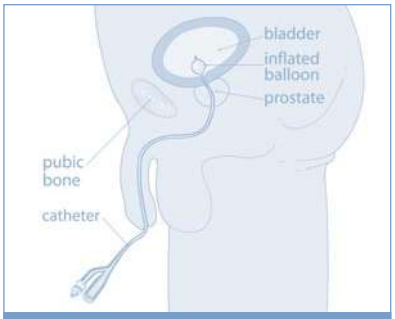
Contents

- What is a urinary catheter?
- Why is a urinary catheter needed?
- Caring for a client who has a urinary catheter
- Urinary catheter hygiene
- Urinary drainage bag systems
- Urinary catheter drainage bags
- Emptying the urinary drainage bags
- Diet and drinks
- Problems with catheters
- Instructions for
    - Emptying the urinary drainage bag
    - Connecting the 2 litre urinary drainage bag to the leg bag
    - Removing the 2 litre urinary drainage bag from the leg bag

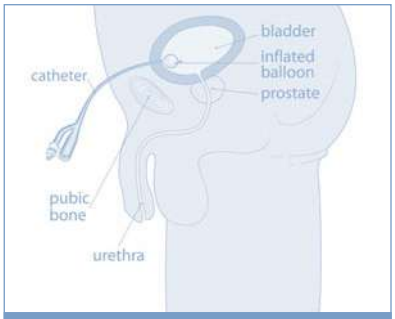
What is a urinary catheter?

A urinary catheter is a flexible, soft, hollow tube that is placed into the bladder to drain urine. The catheter is inserted into the bladder by the same route that urine comes out (known as a urethral catheter), or it may be placed into the bladder through the tummy (known as a supra-pubic catheter). The catheter allows urine to drain from the bladder into a drainage bag. A small balloon keeps the catheter in place inside the bladder.

Male

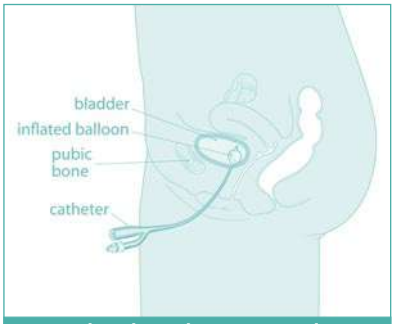


Urethral catheter in place

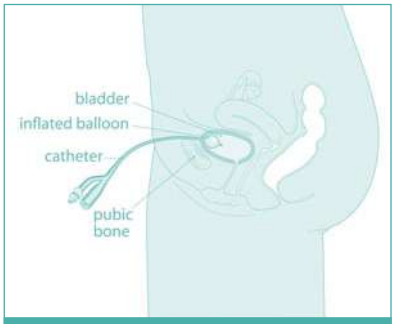


Suprapubic catheter in place

Female



Urethral catheter in place



Suprapubic catheter in place

Why is a urinary catheter needed?

In the community the most common reasons why a urinary catheter is needed are:

- There is a blockage in the system from where urine usually flows out.
- There is a risk of urine leaking onto a wound in the buttock area and preventing the wound healing.
- There is a medical condition and the bladder is not emptied completely when urine is passed.
- To provide comfort when a person is very ill at the end of life.
- To record how much urine is being passed.

Caring for a client who has a urinary catheter

Having a urinary catheter significantly increases the risk of a person developing a urinary tract infection.

Key points for HCSA staff to prevent urinary catheter infection

1. Good personal hygiene for the person is essential.
2. Good urinary catheter hygiene is essential.
3. Always wash your hands and put on disposable gloves before caring for your clients' catheter.
4. Always wash your hands after removing gloves and caring for your clients' catheter.

Urinary catheter hygiene

- Wash the area where the catheter enters the body and the catheter daily with unperfumed soap and water. For clients with a urethral catheter the area should also be washed after each bowel motion.
- In women with a urethral catheter always clean the skin from front to back to minimise the risk of infection.
- In men with a urethral catheter pay particular attention to washing under the foreskin (unless the person has been circumcised) by gently pulling back the foreskin to clean the whole area. When cleaning is finished it is very important the foreskin is returned to its normal position (you may ask the client themselves or family carer to do this).
- Dry the area where the catheter enters the body by patting dry with a clean towel.
- Never use talc or creams around the catheter. These can cause irritation and some can damage the catheter e.g. petroleum jelly.
- When cleaning the catheter tube always wash away from the body using single downward strokes. Hold the tube with one hand and wash downwards with the other hand to ensure that there is no pulling of the tube.
- Any discharge around the catheter should be observed and reported. The frequency of cleansing may need to be increased.
- If you have any concern about the site or a discharge from the site you should contact the client's Public Health Nurse.
- When emptying the leg bag always leave the urinary drainage bag attached to the catheter.
- When the client has a bath or shower
    - Empty the urinary drainage bag first
    - The urine drainage bag attached directly to the catheter should not be disconnected
    - Ensure you dry the bag well and do not use talcum powder near the catheter.

Suprapubic catheter hygiene

Unless otherwise instructed:

- Suprapubic catheters should have the area around the entrance site and the catheter washed with non-perfumed soap and water, rinsed and dried daily. Use a clean towel to pat the area dry.
- Any ooze or discharge around the catheter should be noted, observed and reported. The frequency of cleansing may need to be increased.
- If you have any concern about the site or a discharge from the site you should contact the client's PHN.

Urinary drainage bag systems

The urinary catheter is connected to a sterile urine drainage bag.

There are two types of drainage bags

- a leg bag, which can hold between 350 and 800 mls and is attached to the leg and
- a drainage bag which can hold 1.5-2 litres (which may be called a bed or night bag)

The catheter is attached to a drainage bag in one of two ways:

1. The catheter is attached directly to a leg bag.
- The leg bag is worn under normal clothing during the day.
- The leg bag is worn on the thigh or the calf and held in place with elasticated/Velcro straps or a stretchy sleeve.
- The straps should not be too tight; the straps should be at the back of the leg bag and not across the front of the bag.
- At night or when the person goes to bed a new, single use 2 litre sterile drainage bag is connected on to the valve at the bottom of the leg bag.
- The 2 litre sterile drainage bag is then attached to a catheter stand (see diagram 1). This is referred to as a Link Drainage System.

OR

2. For clients who are less mobile and spend more time in bed, the catheter is attached directly to a 2 litre sterile drainage bag which is attached to a catheter stand (See diagram 2).

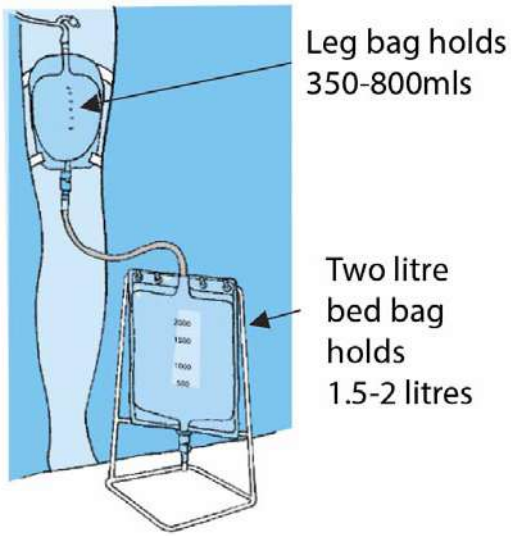


Diagram 1
Link Drainage System.

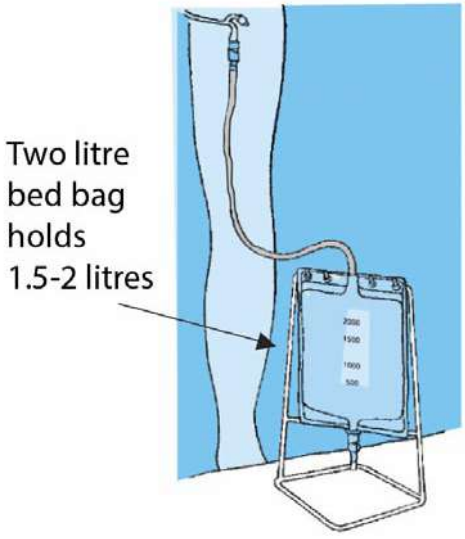


Diagram 2
Drainage bag attached directly to the catheter.

Urinary catheter drainage bags

- It is very important that any urinary drainage bag doesn't become too full. The bag should not become more the 2/3 full. If overfull it can pull on the bladder and can cause irritation.
- The catheter and drainage bag tube must always be free from kinks or twists to allow drainage.
- The catheter drainage bag must be kept below the level of the bladder; you can judge this by not allowing the bag above the level of the hip. This is to prevent urine flowing back up into the bladder.
- Do not allow the catheter drainage bag or opening port to touch the floor.

Emptying urinary drainage bags

Emptying the leg bag and 2 litre drainage bag (link system)

1. The leg bag will need to be emptied when it is 2/3 full.
2. At night the 2 litre drainage bag (which may be called a bed or night bag) is connected to the leg bag (see diagram 1). This is to prevent the leg bag over filling and allows for undisturbed sleep for the client.
3. This 2 litre drainage bag should be emptied and removed in the morning, and disposed of in the household waste.
4. The 2 litre drainage bag is single use only and should never be re-used.

Emptying the 2 litre drainage bag attached directly to the catheter

1. This bag will need to be emptied when it is 2/3 full.
2. In this, the catheter is attached directly to a 2 litre sterile drainage bag which is attached to a catheter stand. The sterile 2 litre drainage bag is only disconnected every 5-7 days when it is changed (see diagram 2).

Diet and drinks

To help keep a catheter draining well the client should be encouraged to drink at least 8 cups or 5 mugs of fluid per day (unless their doctor advises otherwise). Urine should be light yellow in colour.

The client should be encouraged to eat plenty of fruit and high fibre foods to prevent constipation (unless their doctor advises otherwise). Constipation can put extra pressure on the bladder and cause urine leakage.

Please contact the your Line Manger/Public Health Nurse if you have a concern or if there is an identified change in the client's normal bowel pattern.

Problems with catheters

The following are some problems which can occur with catheters.

1. **Catheter Leaking (By-passing)**

This can have a number of causes including position of the tube and kinks in the catheter. Check the position of the tube and remove kinks.

If the catheter continues to leak, inform the client's PHN or Home Support Office.

2. **No urine draining**

This can be caused by kinks in catheter or drainage bag tube, poor fluid intake or constipation.

- Check the position of tube - remove any kinks, make sure the tubing is not restricted by tight clothing.
- Check that the tubing is not pulled tight or stretched as this may restrict urine draining.
- Check the drainage bag is below the level of the bladder, particularly if the client is sitting on a low chair.
- Check you have opened the leg bag tap after you have connected it to the bed bag.
- Check that the drainage bag is connected correctly.

If urine drainage does not drain promptly, inform the client's PHN or Home Support Office.

3. **Cloudy, strong smelling urine, pain/discomfort around catheter, bleeding, itching and soreness -** these may be signs of a urinary tract infection. Inform the client's PHN or Home Support Office.

4. **Catheter falls out -** contact the client's PHN or Home Support Office immediately. If unable to contact the PHN or Home Support Office, advise the client/family to contact the GP urgently.

In relation to all problems outlined

- outside of office hours advise the client or their family to contact the GP/South Doc
- the Home Support Service will liaise with the Public Health Nursing Service.

Instruction for Emptying The Urinary Drainage Bag

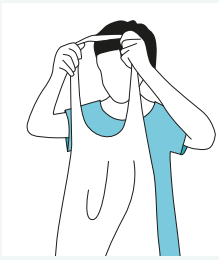
The urinary drainage bag should be emptied when it is approximately two thirds full.

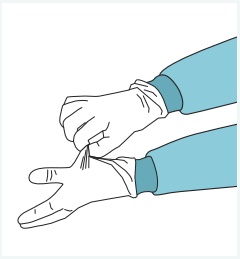
1. First, explain what you are about to do for the client and assist them to a comfortable position or to the bathroom, if appropriate.

2. Assemble all equipment you will need - disposable gloves and apron, clean jug or container kept specifically for emptying the urinary drainage bag, clean tissue.

3. Wash your hands using liquid soap and water and dry with paper towel or if your hands are clean use an approved alcohol hand rub for 20-30 seconds.

4. Put on your apron and clean disposable gloves.





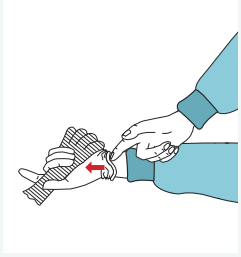
5. Open the tap at the bottom of the bag to allow the urine to empty into either a clean flushed toilet or a clean, dry jug or container. Avoid splashing and take care that the tap does not touch the toilet or container; this is to reduce the risk of infection.

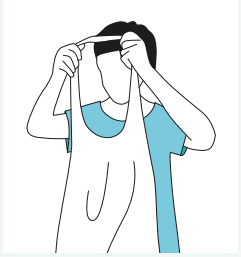
6. Close the tap and if required, dry with a clean tissue.

7. Flush toilet or empty the container into the toilet and flush.

8. Wash the container with a household detergent and dry well. Store the container in a clean area such as a press.

9. Remove your gloves, apron and wash and dry your hands or if your hands are clean use an approved alcohol hand rub.





10. Ensure the client is comfortable.

Instructions for Connecting the Two Litre Urinary Drainage Bag to the Leg Bag

Do not remove the leg bag when attaching the bed bag

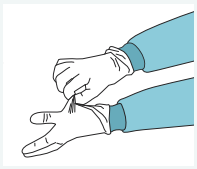
1. First, explain what you are about to do for the client and assist them to a comfortable position in bed. Empty the leg bag before connecting the two litre urinary drainage bag. When in bed, the leg straps on the leg bag should be loosened or removed.

2. Assemble all equipment you will need - gloves, apron, two litre bed drainage bag and clean tissue.

3. Wash your hands using liquid soap and water and dry with paper towel or if your hands are clean use an approved alcohol hand rub for 20-30 seconds.

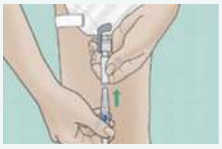
4. Open the packaging of the bed bag.

5. Put on disposable gloves.



6. Remove the protective cover from the top of the drainage tube connection and avoid touching it.

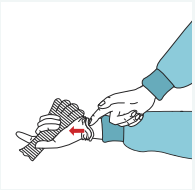
7. Insert the drainage tube of the 2 litre bag into the outlet of the leg bag securely. Do not touch the points where these bags connect to each other.



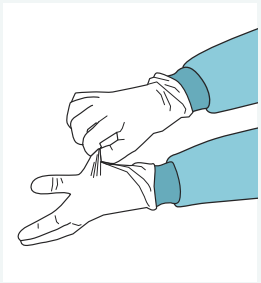
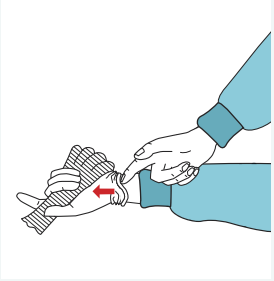
8. Open the tap from the leg bag to allow urine to drain into the night bag.

9. Attach the night bag to a suitable stand so that the drainage bag or tap does not touch the floor.

10. Remove your gloves, wash and dry your hands, or if your hands are clean use an approved alcohol hand rub clean your hands.



11. Ensure the client is comfortable.

Instructions for Removing the 2 litre drainage bag attached to the leg bag
1. First, explain what you are about to do for the client and assist them to a comfortable position. The bed bag should be removed before the client gets out of bed.
2. Assemble all equipment you will need - gloves and apron.
3. Wash your hands using liquid soap and water, dry with paper towel or if your hands are clean use approved alcohol hands rub, put on disposable gloves.  
4. Drain any urine from the leg bag into the bed bag and close the outlet valve from the leg bag. 
5. Secure the leg bag straps and ensure the client is comfortable.
6. Remove the 2 litre bed bag.
7. Empty the bed bag into the toilet, and flush the toilet.
8. Dispose of the bed bag in a plastic bag and then place into the household waste.
9. Remove your gloves, wash and dry your hands, or if your hands are clean use an approved alcohol hand rub clean your hands.  
10. Ensure the client is comfortable.

(Guidelines on Indwelling Urinary Catheter Management for Adults, (2018) Public Health Nursing Services Cork Kerry Community Healthcare Care).

Procedure for assisting the client in replacing stoma care bag/pouch

It is expected that clients are self-caring with stoma care. You may be required on an occasion to assist the client should a bag rupture/burst. Risks associated with incorrect procedure may include: bleeding, damage to skin and necrosis of stoma therefore stoma care is not routinely a duty of the HCSA. Assistance can only be provided with the use of a pre prepared disc.

Essential Equipment:

- Clean surface area
- Tissues, wipes
- New stoma bag
- Disposal bags for used stoma bag
- Bowl of warm water
- Liquid soap (if desired)
- Disposable apron and gloves

Pre-procedure:

- Explain and discuss procedure with the client to gain their consent.
- Ensure client is in a suitable and comfortable position, where they will be able to assist as much as possible.
- Wash hands, put on gloves and apron.
- Use a small protective pad of tissues or wipes to protect the client's clothing from drips if the effluent is fluid.

Procedure:

- Remove the stoma bag - Peel the adhesive off the skin with one hand while exerting gentle pressure on skin with the other.
- Fold appliance in two to ensure no spillage, and place in disposable bag.
- Remove excess faeces or mucus from the stoma with a damp tissue.
- Observe the skin and stoma for soreness, bleeding and other changes.
- Wash skin and stoma gently until clean. Dry thoroughly.
- Apply clean stoma bag.

Post Procedure:

- Dispose of used materials appropriately.
- Remove gloves and dispose, wash hands.
- Assist the client to dress or change clothing and leave client comfortable.
- Report reason for undertaking task to your line manager.
- If any change in stoma or skin is observed inform line manager, family carer and nurse.

Procedure for assisting an adult client to eat and drink

Assisting a client to eat and drink should only be undertaken on instruction from your line manager and as per care plan.

Assisting clients to eat and drink with no swallowing difficulties

Essential Equipment:

- A clean table or tray.
- Equipment required to assist the client to eat, such as adequate drinking water, adapted cups, cutlery and napkin.
- A chair for the care-giver to sit with the client.

Pre-procedure:

- Wash hands.
- Ensure the client is comfortable, that is, they have an empty bladder, clean hands, clean mouth and if applicable, that dentures are clean. Ensure that there are no unpleasant sights or smells that would put the client off eating.
- Ensure the client is sitting upright in a supported midline position, preferably at a table.
- Protect the client's clothing with a napkin.
- Ensure food offered is in line with client's care plan and is in line with client's food preferences. (If client's care plan has identified swallowing difficulties you must adhere to the practice prescribed in the section below on assisting clients with swallowing difficulties)

Procedure:

- Assist the client to take appropriate portions of food at the correct temperature. Encourage the client to eat and drink independently. Tailor the size of each mouthful to the individual client. If necessary, cut the food into small mouthfuls.
- Allow the client to chew and swallow food before the next mouthful. Avoid hovering with the next spoonful.
- Avoid asking questions when the client is eating, but check between mouthfuls that the food is suitable and that the client is able to continue with the meal.
- Use the napkin to remove particles of food or drink from the client's face.
- Ask the client when they wish to have a drink. Assist the client to take a sip. Support the glass or cup gently so that the flow of liquid is controlled or use a straw if this is helpful. Take care with hot drinks to avoid offering when they are too hot to drink.
- If the food appears too dry, ask the client if they would like some additional gravy or sauce added to the dish as per care plan.
- Encourage the client to take as much food as they feel able to eat, but do not continue if they indicate that they have eaten enough.

- Observe client for any changes for example coughing during and after eating and/or drinking.
- Do not continue to feed the client if you have any concerns.
- ***Promptly report any changes in the client's condition, e.g. coughing to your line manager, family carer and nurse.***

Post Procedure:

- After the meal assist the client to meet hygiene needs, wash hands and face and clean teeth.
- Clear away utensils and unused food, leaving the area clean.
- Wash hands.

Assisting clients with swallow difficulties

Not Permitted unless:

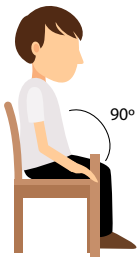
Training has taken place with Speech and Language Therapist and Nurse

and

Specific care plan available in the client's home.

- Your line manager will inform you if you are to feed a client with eating and drinking difficulties.
- For specific client cases including complex scenarios, your line manager will arrange a suitable time and date for you to attend an education session.
- The education session will take place with a Speech and Language therapist.
- If you notice any changes while the client is eating and drinking inform your line manager, family carer, nurse and speech and language therapist immediately.
- Do not continue to feed the client if you have any concerns.

Safety Measures



1. Posture:

- Ensure that the client is fully upright when eating and drinking.
- They must stay upright for at least 30 minutes after eating and drinking.

2. Distractions:

- Try to remove distractions such as the radio and television .
- Discourage the client from talking while chewing and swallowing.

3. Take time:

- Ensure a slow rate of eating and drinking.
- Give small amounts.
- Do not hurry.
- Always stop if the client is drowsy.

SAFE HANDLING OF MEDICATION

Support with medicines is one aspect of a range of tasks that Health Care Support Assistants provide to enable people to live at home and retain as much independence as possible.

To reduce the risk of harm associated with medicine administration, HCSA's are **NOT PERMITTED to**:

- Administer Injectable drugs such as **insulin**; including blood sugar readings or management of dosage of Insulin.
- Administer drugs that require titration such as warfarin.
- Apply medicated patches.
- Instil eye drops.
- Administer drugs via the rectum, for example suppositories, enemas, diazepam (for epileptic seizures).
- Mix soluble medicines e.g. Movocol.
- Administer oxygen, inhalers and nebulizers.
- Apply prescribed topical creams or ointments e.g. steroid cream.

What is the difference between assisting, reminding and administering?

Assisting

The person may have **reduced physical capability** mechanical issues i.e. difficulty opening blister pack due to poor dexterity, hand weakness, may be bed bound.

Assisting covers a number of tasks depending on the individual person's need. The person always retains responsibility/capability for their medicines. This fits into the "assisted" level of support.

The HCSA role is to provide assistance, not to take any decision-making responsibility.

These tasks include:

- Bringing medicines to a person to allow that person to take the medication.
- Opening blister pack at the request of the person who is to take the medication.
- Ensuring the individual has a drink to take with their medication.

Reminding

The person may by forgetful or confused and require reminding that it is time to take or use a medicine. The person retains the responsibility for their medicines therefore, reminding is in the "assisted" level of support.

Reminding may involve HCSA:

- Telling/reminding the person the time.
- Reminding the person to take/use medicines.
- Asking if medicines have already been taken/used.

Administering

Administration involves administering a medicine to a person who is not managing his/her medicines. The person administering is following the written direction of the prescriber to ensure that the person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way. Administering is distinct from assisting or reminding because an element of control is taken away from the person by deciding (under the direction of the prescriber) what the person is going to take and when it will be taken.

HCSAs are not permitted to administer medication (dispense) however can assist and remind.

Assist and Remind

An example of a reminder is, "It is 9am, are you going to take any tablets this morning?" In order to remind someone, the HCSA must know the times of day when a reminder is required – this should be stated in the client's care plan.

The person must have been assessed in the initial nursing needs assessment as being able to follow a reminder and still be capable of knowing which medicines to take at each time. The HCSA is not responsible for checking which tablets are being taken.

Monitored dosage systems/Blister packs

Monitored dosage systems – sometimes referred to as blister packs – are a form of medicines compliance aid. Some people receiving assisted support may have a monitored dosage system. A pharmacist or dispensing GP will have assessed a person for suitability for a monitored dosage system as part of the medicines needs assessment. HCSA's must **never fill** a monitored dosage system box.

Blister packs/Monitored dosage systems may be useful in the following situations:

- A person has difficulty accessing medication from original packaging.
- A person has difficulty following a medication regime due to factors such as:
  - The number of medicines to be taken and/or the frequency that medicines have to be taken
  - Sight impairment
  - Confusion
  - Some situations of forgetfulness
  - Learning difficulties.

The key difference between assisted/reminding and managed support is that assisted support is about capacity to take/use medicines, whereas managed support is about not having the capacity (cognitive function) to make decisions about medicines.

It is acknowledged that people with dementia may initially need assisted support such as reminding but gradually decline towards needing managed support, therefore the level of support provided should be regularly reviewed.

PROTOCOL ON THE OCCASION WHEN CLIENT DOES NOT ANSWER THE DOOR

Health Care Support Assistant (HCSA) staff call regularly to clients, many of whom are mobile, and well enough to answer the door. As such, not all HCSA staff are required to carry keys.

On the occasion when the client does not or cannot open the door, **we must not presume the client is out or away**, though this may often be the case.

We must endeavour to ensure, in so far as possible, that the client is safe and **rule out the possibility of a fall or the client has become too unwell to answer the door.**

The aim of the Home Support Department is to ensure that clients are safe and secure in their homes. By following protocols we aim to ensure the client has not fallen, or become too ill to answer the door. All HCSA staff must follow this protocol to ensure client is safe, and to establish their whereabouts.

We cannot presume the client is not at home. Every reasonable effort must be made to ensure they have not fallen or become unwell.

WHEN YOU ARRIVE AT A CLIENT'S HOME AND THE CLIENT DOES NOT ANSWER THE DOOR please adhere to the following protocols:

- Try to contact the client on their phone
- Shout in through the letter box
- If possible look in windows and around the back of the house
- Contact next of kin numbers
- If possible ask neighbours if they have seen the client, some neighbours may have a spare key
- Report as soon as possible to your line manager/PHN
- Do not assume client is out

The above steps on most occasions locate the client, who may have been admitted to hospital or just gone out.

If you are unsuccessful and not able to locate the client and circumstances appear unusual or out of character it may be necessary to contact the Gardaí.

Contact 999 or 112 for extreme emergencies only.

OUT OF HOURS

When working out of office hours and weekends the same protocols apply.

Please remember: Client's phone details should be kept in your diary. Your diary kept secure and information confidential.

Training: All staff should read and adhere to this protocol.

SECTION 6

Non Clinical Role of Health Care Support Assistant

NON CLINICAL ROLE OF HEALTH CARE SUPPORT ASSISTANT

Meal Provision

In the absence of family support and/or meals on wheels, Health Care Support Assistants may prepare a light meal, reheat or pick up a prepared meal for client (only) as per home support care plan.

Food Hygiene

- Check the before dates on perishable foods.
- Keep hot food very hot and cold food very cold.
- Cook and reheat meat dishes, soups, gravies and stews to very high temperatures.
- Wash hands frequently: before preparing food, after handling raw meats, unwashed vegetables, coughing, sneezing or smoking, use of the toilet, cleaning jobs, or handling rubbish.
- Clean as you go. Clean and disinfect surfaces that come into contact with food, including spillages. Use disposable cloths/paper towels where possible. Wash hands after cleaning.
- Keep raw meat separate from cooked or ready to eat foods in fridge, worktops etc. Never store raw food above ready to eat food, keep food covered while in the fridge.
- Never wash raw chicken/turkey under kitchen tap as splashes can transfer germs around the sink area which may cause illness. Wash sink area with warm soapy water after preparing fowl.

Setting Fires

- Cleaning out and setting fires, ensuring that enough fuel is at hand for client's use.

Best Practice

- Client/family to ensure safe access to fuel and that fuel is stored close to house.
- Ensure a safe working environment:
  - Working Smoke/Carbon monoxide alarms fitted.
  - HCSA to adopt safe practice with regard to size of load (half buckets of fuel) and adherence to moving and handling guidelines.
  - Always place an effective spark guard in front of an open fire.
  - Keep all areas around the fireplace clear of newspapers, clothing and other combustible items.

Fire Safety in the Home

The three Golden Rules to follow to make sure that you and your family are safe from fire are:

PREVENTION:

The best way to be "fire safe" is to make sure that fires never happen.

DETECTION:

A fire alarm that works will give you time to get everyone out of the house.

EVACUATION:

Help very young, old or sick people to leave the house. Get out and stay out.

Essential Cleaning

Light household duties are only provided where there is a health and safety and/or hygiene risk and only as assigned by your line manager. Essential cleaning *specific to client* to include kitchen and bathroom floors mopped, toilet and shower/bath cleaned, kitchen counters wiped and changing of bed linen (as required). Ensure all floors are dry and that client/family are alerted that floors have been recently cleaned.

What is needed for cleaning?

Cleaning products and equipment to be provided by client/client's family

- A general purpose detergent – washing up liquid is suitable for cleaning most surfaces.
- A floor cleaner.
- Clean cloths and mops:
    - Wash and dry mops/cloths after use preferably in the washing machine and never leave mops or cloths soaking in water overnight.
    - Use separate cloths/gloves for kitchens and toilets/bathrooms cleaning.
    - Use disposable cloths/paper towels for spills.
- Reusable household gloves should be worn for routine household duties and should be for your use only and provided by client or family.
    - Always wash your household gloves and your hands after use.

Top Tips for Cleaning

- **Work from clean to dirty** – Start cleaning in the cleanest area and finish in the dirtier areas. This helps to prevent cross infection as it stops contamination of clean areas from dirty areas.
- **Work from high to low**
- **Leave all surfaces clean and dry** – This prevents mould and bacterial growth, and helps prevent accidents.
- **Change cleaning solutions and cloths often** – One of the main causes of contamination is the use of one cloth and basin for all cleaning. Change your cleaning solution/cloth once it looks dirty so that you are removing dust and dirt and are not just moving it from one area to another.
- **Wash your hands often.**

Client Equipment

Reusable items used during client care in the home are to be cleaned with detergent and warm water and thoroughly dried.

- Items should be cleaned immediately if soiled. If an item is soiled with blood or body fluids, it must first be cleaned and then disinfected with a low level disinfectant.
- Items that have close contact with the client should be prioritised for cleaning and would include items such as profiling mattresses, bedframes, hoists, commodes, aids etc.

Laundry

Specific to Client only - Ironing is **Not Permitted**

Handling laundry in a client's home

- Wear gloves and apron when handling laundry that is soiled with blood and body fluids. Avoid contact with your clothes or skin.
- Bring the laundry basket to the bedside to reduce handling – laundry should not be shaken or placed on the floor or on any clean surface.
- Bodily fluids such as blood, faeces or vomit should not be removed by spraying/rinsing under running water.
- Always wash your hands after handling used/soiled laundry.

How should laundry be washed?

- Do not overload the washing machine.
- Soiled laundry should be washed separately.
- If laundry is soiled with bodily fluids, remove solid faeces and place laundry directly into the washing machine. Rinse using a cold pre-rinse cycle and then wash with detergent using the hottest wash tolerated for that clothing.
- Dry laundry as soon as possible after washing. Do not leave laundry soaking in water or in the washing machine overnight.
- Tumble drying or hanging the clothing or linen on a clothes line are suitable methods of drying.
- **Laundry should never be taken to your own home for washing or drying.**

Shopping

Shopping should only be in **exceptional circumstances**, pre-approved by your line manager and in accordance with local policy.

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APPENDICES

APPENDIX 1

Health Care Support Assistant Post Fall Advice

If you come upon a client who has fallen:

1. Stay calm - do not panic.
2. Do **NOT** attempt to move client. As you may damage the client (further) or yourself.
3. Assess situation.
4. Call an ambulance if necessary.
5. Check to see if client is alert and responsive by talking to them.

Encourage client to **stay calm** & evaluate any injuries

1. See if any cuts/swelling/sprains/breaks or otherwise.
   Ask client to move their arms then their legs.
2. If any serious injury is seen then call emergency services.

If safe to move:

Bring a stable piece of furniture near. Encourage client to move slowly throughout.

Instruct client to:

1. Roll onto side.
   Knees tucked up.

2. Push onto elbows.
3. Push onto arms and knees to "crawling" position.

4. Crawl to stable piece of furniture.
   Ensure stability of furniture by placing your weight to ensure it doesn't move.

5. Place hands on the surface of chair/furniture.
6. Slide/raise foot flat on floor, one at a time.

7. Lean forwards, push up and come onto both legs
   Steady client but be cautious to not injury/hurt them when handling.

8. Turn & sit down.

Once client is in the seated position, ensure they are warm and have fluids. Contact clients next of kin to inform them of fall. Advise client/next of kin to inform G.P. Inform line manager and nursing.

If client **cannot** move/get up:

1. Call for help, emergency services phone: 999 or 112
2. Inform next of kin/line manager
3. Advise client help is on the way.

Keep client warm (i.e. coats/blankets) until help arrives.

APPENDIX 2

Employee Assistance Programme Service Providers

Area	EAP Service Provider	Address	Telephone	Email
North Cork	Maeve Moroney	Cork University Hospital, Wilton, Cork	021 492 2019	maeve.moroney@hse.ie
North Lee	Maeve Moroney	Cork University Hospital, Wilton, Cork	021 492 2019	maeve.moroney@hse.ie
South Lee	Maeve Moroney	Cork University Hospital, Wilton, Cork	021 492 2019	maeve.moroney@hse.ie
West Cork	Maeve Moroney	Cork University Hospital, Wilton, Cork	021 492 2019	maeve.moroney@hse.ie
Kerry	Mary O'Donnell	University Hospital, Tralee, Co. Kerry	066 718 4089 087 634 7082	maryp.odonnell@hse.ie

APPENDIX 3

Policies, Procedures, Protocols and Guidelines

Human Resources

- A Guide to Performance Achievement in the HSE
- Code of Standards and Behaviour
- Disciplinary Procedure for Employees of the HSE
- Diversity, Equality and Inclusion Strategy
- Good Faith Reporting
- HSE Employee Handbook
- HSE Employee Resource Pack
- Leave for Elected Representatives of Local Authorities
- Long Term Absence Benefit Schemes Guidelines
- Managing Attendance Policy
- National Transfer Policy
- Pandemic Absence Sick leave Reporting & Procedure
- Redeployment of staff in the event of national pandemic or other major emergency
- Rehabilitation of employees back to work after illness or injury
- Secondment Policy and Procedures
- Shorter Working Year Scheme
- Sick Leave
- Terms and Conditions of Employment

Corporate

- Date Protection and Freedom of Information
- Dignity at Work Policy for the Health Service
- National Financial Regulations - Travel and Subsistence NFR-05
- Policy Statement on Fraud and Corruption - Information and Guidelines for Staff
- Social Media Staff Use Guidelines
- The Policy for the Management of Consumer Feedback to include Comments, Compliments and Complaints in the HSE

Health and Safety

- Corporate Safety Statement
- HSE Policy on Statutory Occupation Safety and Health Training
- HSE Policy on the Management of Sharps and Prevention of Sharp Injuries
- Integrated Employee Wellbeing and Welfare Strategy
- Integrated Risk Management Policy
- Manual Handling and People Handling Policy
- National Tobacco Free Campus Policy
- Policy for Prevention and Management of Stress in the Workplace
- Policy for Prevention and Managing Critical Incident Stress
- Policy on Lone Worker
- Policy on Prevention and Management of Latex Allergy
- Policy on the Prevention and Management of Work-Related Aggression and Violence
- Prevention of Blood Borne Diseases in the Health Care Setting
- Protecting HSE Staff from Second Hand Smoke in Domestic Setting
- Safety, Health and Welfare at Work Act 2005

Client Safety

- Children First 2017 - National Guidance for the Protection and Welfare of Children
- Child Protection and Welfare Policy
- Open Disclosure Policy
- Procedures on Protected Disclosures of Information in the Workplace
- Safeguarding Vulnerable Persons at Risk of Abuse
- Safety Incident Management Policy
- Trust in Care Policy

Please note that the above list is not exhaustive and is subject to change.

Relevant Policies and Procedures arranged A-Z

Child Protection and Welfare Policy - 2019

Code of Standards and Behaviour - 2009

Dignity at Work Policy for the Health Service - 2009

Disciplinary Procedure for Employees of the HSE - 2007

Employee Resource Pack

Garda Clearance of New Employees - 2007

Garda Vetting and Assessment of Existing Employees in the Health Service - 2012

Integrated Employee Wellbeing and Welfare Strategy - 2009

Latex Allergy Prevention and Management - 2017

Long Term Absence Benefit Schemes Guidelines - 2012

Managing Attendance Policy - 2014

Manual Handling and People Handling Policy - 2018

National Tobacco Free Campus Policy - April 2012

Pandemic Absence Sick Leave Procedure & Reporting - 2010

Policy for Prevention and Management of Stress in the Workplace 2018

Policy on Lone Worker - 2017

Policy on Statutory Occupation Safety & Health Training - 2016

Policy on the Management of Sharps and Prevention of Sharps Injury - 2020

Policy on the Prevention and Management of Work-Related Aggression and Violence 2018

Policy Statement on Fraud and Corruption - Information and Guidelines for Staff - 2015

Protected Disclosures of Information in the Workplace - 2009

Protecting Staff from Secondhand Smoke in Domestic Settings - 2014

Rehabilitation of Employees back to Work after Illness or Injury - 2020

Safe Driving for Work Policy 2018

Safeguarding Vulnerable Persons at Risk of Abuse - 2014

Severe Weather Planning Guidance document

Social Media Staff Use Guidelines - 2020

Support Contact Persons

Terms and Conditions of Employment - 2017

Trust in Care Policy - 2005

Please note that the above list is not exhaustive and is subject to change.

MY TRAINING RECORD WITH THE HOME SUPPORT SERVICE

I will be provided with the opportunity to receive HSE training to support me in my role. I will be required to complete mandatory training and any other additional training which is related to my specific role in the Home Support Service.

I will be informed of my training sessions, dates and times as they become available. I have a responsibility to confirm that I will attend the training and to complete the HSE training module.

I will undertake to learn from the training and to implement the new learning into my every day work in the Home Support Service.

	HSE Training	Date Training Completed
1.		
2.		
3.		
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19.		
20.		

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