



Date for your Diary – 28<sup>th</sup> November Occupational Health Conference 2002

## “Sharing Solutions”

(See back cover for conference outline)

### Assessing the Risks – and Sharing the Solutions!

We are sure that GP employers perceive themselves as caring, considerate employers and that they aim to make the Practice a safe and healthy place to work.

Equally, we are sure that employees feel that they contribute and co-operate fully in assisting this aim.

Yet the law requires the employer to undertake a suitable and sufficient risk assessment of all hazards and risks encountered at work – a seemingly monumental task which could have you ticking boxes for an alarming amount of time even before you set about controlling the risks – time which you can't spare in the first place!

#### **Sharing Solutions - Employment of Staff with Disabilities**

If you would like to talk to a Practice Manager who has had first hand experience of the Access to Work scheme, please phone Claire Hansell at Roborough Surgery Plymouth (01752 701659).



Handling of 'Samples' by Reception Staff

In reality a common sense approach is all that is necessary –

WHAT is the risk?  
What is the likelihood of it being realised?  
How can it be prevented or controlled?

Dr David Longdon 'thinks through' some of the risks he feels are common to Primary Care and shares his solutions.

If you can identify other risks and would like to share your solutions please contact us!



### **Situation: Handling of 'Samples' by Reception Staff**

#### ***Risk Factor:***

Infection

#### ***Problems in Prevention:***

It is unrealistic for reception staff to be continually pulling gloves on and off.

It is unlikely that hand washing facilities are immediately available.

#### ***Solution:***

- Reception staff should not handle Samples (unless in exceptional circumstances [see below] when gloves should be worn).
- Ask patients to label own samples, except in exceptional circumstances eg blindness, illiteracy.
- Ensure all sample forms are completed before giving to patient.

#### ***Implementing the System:***

- Training for staff.
- Logistics – accessibility of specimen pots/bags/forms. Storage space for samples etc.

### **Situation: Patient Vomits in Waiting Room**

(Most Commonly Vomit but also Blood/Urine/Faeces on Rare Occasions)

***Risks:*** Mainly unknown

***Solutions:*** Training/Information

- Spillage kits and procedure – rules on who should use
- Vomit bowls available at reception

### **Situation: Patient Collapses in Wash Room/Reception Area**

#### ***Risk Factors in Moving Patient:***

Handling injuries to staff.

Risks of treatment in situ:

- Needlestick injuries
- Bringing equipment to the scene eg heavy oxygen cylinders
- Use of defibrillators
- Infection from 'mouth to mouth' resuscitation (especially if no clinical staff present)

#### ***Solution:***

- Training – think through risks and try to minimise where possible. Have a trial run!
- Leave heavy patients in situ and wait for ambulance crew.
- Have Laerdal masks immediately available.

#### ***Implementing the system:***

- Portable oxygen cylinders

### **Sharing Solutions**

Ann Kerr, Practice Manager at Penryn Surgery is pleased to recommend the Ergonomics Training Session for Practice staff run by physiotherapist Jane Pascoe. Please contact the Helpline (details on back page) if you would like more information.

### **DSE Competent Persons Training Course (Display Screen Equipment)**

If you haven't already had the chance to attend this excellent course there are spaces available on the next two courses. This 1½ -day course has proved very popular. Feedback from past courses has included the following comments:

*'Thoroughly enjoyed the course'*

*'Very well presented course and extremely interesting'*

*'Made me aware of lots of things I need to do – and stimulated me to do them'*

The next courses are:

**Cornwall: Stillmore House Surgery, Bodmin, Monday 23<sup>rd</sup> Sept & Friday 4<sup>th</sup> Oct.**

**Devon: venue to be confirmed, Friday 18<sup>th</sup> October & Friday 1<sup>st</sup> Nov.**



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## NEEDLESTICK PREVENTION

Consider: WHEN are needles used?

- Venepuncture
- Local anaesthetics
- Joint injections
- Zoladex injections and other drug injections
- Butterflies
- Syringe drivers
- Venflons



WHERE?

- Surgery – treatment/consulting rooms
- Homes
- Other

Risk factors:

- Using needles in unusual/unfamiliar places (fatigue/distraction/tripping when carrying)
- Re-sheathing
- Pushing needle into overfull sharps box (they fill up very quickly if used for vacutainers)

Solutions: *Sharps boxes*

- Dispose of when half to two thirds full
- Have one close to whoever is using needle
- DO NOT re sheath needles

*Train staff* – especially non-clinical staff - on what and what not to do if they come across needles in unusual settings

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### ***New and Expectant Mothers at Work*** **Health & Safety Advice for Managers & Employees**

You may be reading this because you are pregnant, if so congratulations! Or you may be a manager wondering what your responsibilities are to new and expectant mothers. We are happy to help should you wish to discuss.



Pregnancy is of course a natural state, and should not be equated with ill health. Most women remain completely healthy and are able to work productively up until the start of their maternity leave and later whilst breast-feeding. However, some hazards in the workplace may affect the health and safety of new mothers and pregnant women and therefore health and safety implications must be addressed.

Just a few definitions that appear in the relevant legislation which need to be clarified:

1. A *'new or expectant mother'* is an employee who has given birth within the previous six months, or who is breast-feeding.
2. *'Given birth'* is defined as having *'delivered a living child or, after 24 weeks a stillborn child.'*

The employer has a statutory duty, under the Management of Health and Safety at Work Regulations 1999 to assess risks to all employees including pregnant workers and nursing mothers and to do what is practicable to control those risks. There is that familiar word risk assessment again! but don't worry, there are a small number of significant hazards in Primary Care and you may already have many precautions in place already.

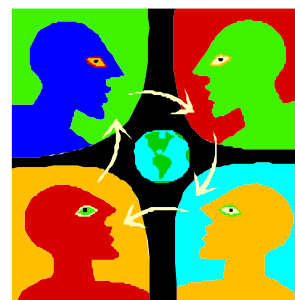
The main aspects of pregnancy to consider when undertaking the risk assessments relate to ergonomics and work organisation. What is important is good communication between the manager and the employee so that any difficulties encountered can be reported and resolved at an early stage.

Where there is concern about the work-related health or safety, do contact us via the Helpline.

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### The 3<sup>rd</sup> Occupational Health Conference for Primary Care

Thursday 28<sup>th</sup> November 2002 at  
St Mellion Golf & Country Club, Saltash, Cornwall








The conference will focus on sharing solutions to many of the issues and challenges that currently face Primary Care.

Speakers include:

- **Dr Ben Charnaud** – Consultant Psychiatrist (by popular demand!)
- **Smith & Smyth** – Practice Managers Andrea Smyth and Pam Smith
- **Dr Mark Wood** – GP in Barnstaple and Chair of North Devon LMC
- **Tony Gardner** – Chief Executive Cornwall Partnership NHS Trust
- **Dr Chris Manning** – PriMHE

## Contact Details

	<b>0117 923 2381</b> any Wednesday from 9:00am – 5:00pm
	You can fax us at any time on: <b>0117 923 2382</b> or <b>01530 224 762</b>
	You can email us any time at: <b>sue@abbottburke.co.uk</b> <b>lesley@abbottburke.co.uk</b> or <b>georgina@abbottburke.co.uk</b>
	Sue Burke & Lesley Abbott postal address: <b>33 Logan Road, Bishopston, Bristol BS7 8DS</b>
	<b>Georgina Wingfield can be contacted via Occupational Health, Crusader House, Newham Road, Truro, TR1 2DP Telephone No: 01872 274374 - Fax No: 01872 274378</b>

