Managers safety training briefing guide - Number 6

Issue date: 2 March 2015

Training topic: **Health & Safety Myths & Misconceptions**

Background/introduction

A number of health and safety myths & misconceptions have unfortunately grown and been circulated within social care settings over the years. A risk averse culture has become the "norm" in some care environments and although these "policies"/instructions may have been well intentioned, there are some that are in danger of putting the lives of service users at risk, and staff members at serious risk of harm or injury.

This briefing guide aims to dispel some of the commonly held myths & misconceptions that the workforce development team have become aware of over the years, of course there may be others. As we hear about them we will be updating this briefing note.

Myths and misconceptions;

1. **Care staff are not allowed to do risk assessments;**
   The law states that each employer must have a "competent person" to assist with the risk assessment process. The law also states that if there are five or more employees, then the significant findings of the risk assessment must be recorded.

   However, this does not mean that unless people are trained they cannot do risk assessments. In reality, the best person to carry out a risk assessment is the person who regularly does the task, works in the environment or with the service user who is being assessed. This is normally the care staff and as a minimum, it would be expected that they are at least involved in the risk assessment process.

   Each establishment or team should however have a trained and competent risk assessor who can check over and sign off any risk assessments that have been completed by care staff. To be deemed competent in Walsall, the assessor should have attended and passed the CIEH Level 2 award in Principles of Risk Assessment.

   For information/clarification on manual handling of people risk assessments, please read the FAQ guide.

2. **We have a "no lifting" policy;**
   No organisation would or should have a blanket "no lifting" policy as this would mean no one would ever be employed there!

Imagine trying to work in an organisation where there really is a no lifting policy; we lift pens to complete care plans, we lift chairs to move them before we are seated, we lift cups to take a drink, we lift a handset to make a phonecall, and the list goes on.

Walsall has a **minimal handling** approach. This means we assess all hazardous handling tasks (including people handling) and put in place a safe handling plan/system of work that will minimise the risk of injury to our employees.

3. **Care staff are not allowed to assist a fallen person from the ground and must dial 999 and call for an ambulance;**
   This particular issue is explained in MSTBG #5 – Falls.

4. **Staff are not allowed to perform the "Heimlich" manoeuvre/abdominal thrusts on service users who are choking;**
   Choking can be life threatening and a common experience for some of our service users. It is important that care staff use the skills and knowledge they have in first aid to save lives where they can. They should not stand by and let someone become unconciouss/potentially die because they have been told they are "not allowed" to use their skills and knowledge.

   There may be occasions where carrying out abdominal thrusts to treat a person who is choking is not advised or would need to be modified. Examples would include; pregnant women, babies and small children, those with certain medical conditions (e.g. stoma, frail and very elderly), but there should not be a blanket policy of never using this technique to free a blockage and prevent someone from becoming unconscious, which could ultimately lead to their death.

5. **Any service user that bangs their head must be taken directly to A&E;**
   Head injuries can be potentially fatal to a person in a very small number of cases and should always be taken seriously. However, this does not mean that we must be risk averse/default to a 999/112 call or visit to A&E for every head bump or minor head injury that a service user has.

   Each team/establishment will have a trained first aid person. The first aider will carry out an initial assessment of the casualty to determine what further assistance (if any) is required. Sometimes the symptoms of a more serious brain injury do not occur for several hours, or possibly days, after the initial injury has taken place. This means it's important that you remain alert and continually monitor the service user for signs and symptoms that could suggest a more serious injury has occurred.

   If someone in your care has any of the signs or symptoms listed below, then go to your nearest accident and emergency (A&E) department as soon as possible:

   - unconsciousness or lack of consciousness, such as problems keeping their eyes open
   - mental confusion, such as forgetting who or where they are

- any drowsiness that goes on for longer than one hour when they would normally be wide awake
- any problems understanding or speaking
- any loss of balance or problems walking
- any weakness in one or both arms or legs
- any problems with eyesight
- a very painful headache that will not go away
- any vomiting
- any fits or seizures
- clear fluid coming out of the ear or nose
- bleeding from one or both ears
- sudden deafness in one or both ears

6. **Care staff are not allowed to do any manual handling of people until they have been on a formal training course;**

Training comes in many guises. There is formal classroom based training. There is e-learning/computer training. There is "on the job" training also. Working alongside and being supervised by an experienced and competent member of staff in a real work situation is sometimes the most effective type of training an employee can have.

Pushing a wheelchair is one of the most common manual handling tasks that we do as carers. A large number of carers will have had lots of experience in pushing prams/buggies/pushchairs if they have had children for example. Others will have been informal carers for parents/loved ones who may have been in a wheelchair either permanently or temporarily. Do these people really need to attend a classroom based training course to be "trained" how to push a wheelchair? Probably not, but they will need to be shown how to use it (e.g. how the different parts [brakes, footplates] work, etc) and who better to do that than someone who has been doing the tasks safely for years?

Care staff can quite safely assist service users with all manual handling tasks if they are being supervised by a competent and experienced member of staff, until such time as they are booked onto the appropriate manual handling modules suite.

7. **There must always be two staff allocated when using a hoist and sling to move a service user;**

The law states that a manual handling assessment must be carried out where hazardous handling tasks cannot be avoided. From the findings of the assessment, a safe system of work (handling plan) should then be produced. It is this assessment process and the safe system of work (handling plan) that will determine the number of carers required to carry out each individual handling task. By having a blanket policy that states "when using a hoist, there must always be two staff", the employer is then missing out the assessment and handling plan stages (above) that the law requires.

Walsall has a minimal handling approach. As such, where it is determined safe to do so following the assessment, then there may be just one carer required when using a hoist. Also as a society we are becoming more obese. This is being reflected in care settings also and there may be times when to handle a person safely, there may need to be three, four or even five carers.

The Health and Safety Executive (HSE have produced a guidance note that addresses this particular issue. The leaflet can be downloaded here.

8. **Any care staff who hook their arms under a service users armpits are doing something illegal;**
   There are a number of "techniques" that can be used for moving and handling people, using some are higher risk for the carer and the service user/customer. This technique is one of those. It is not something that we would use to move people in normal circumstances if there are safer alternatives. However, such techniques are not "banned" or "illegal", but are classed as "high risk" or "controversial". There may be certain situations (e.g. in an emergency where a person's life is in imminent danger) where this kind of technique may be the best option available at that particular time.

9. **All care staff must have a current food hygiene certificate;**
   This particular issue is addressed in MSTBG # 2 – Food Safety

10. **All care staff must have first aid qualification;**
    This particular issue is addressed in MSTBG # 1 – First Aid

11. **All care staff must have annual refresher training for manual handling;**
    Section 2 of the Health and Safety at Work Act and regulations 10 and 13 of the Management Regulations require employers to provide their employees with health and safety information and training. The legislation that covers manual handling is the Manual Handling Operations Regulations. This states that every employer shall provide training and give updates as required. The law does not require "annual refresher" training for employees.

    In Walsall we have a modular approach to manual handling training. Every carer will attend modules one and two. Some carers will need to attend modules three and four also. The ways the modules work mean that there is continued assessment in the workplace of a carer's manual handling ability to do tasks safely. Every three years all care staff must attend module five which is our formal "refresher" session.

    MSTBG # 3 – Assisted Manual Handling gives more detail on the training modules.

Additional information

If you require any further information regarding health and safety training, please contact Terry Hassall (Workforce Health and Safety Training Officer), or one of the consultants within Adult Social Care Workforce Development Team.