

Mandatory Training Service – Training Plan

Course Content Outline from the Health and Safety Group

Course content overview covers the following subjects:

1. Health and Safety at Work
2. Control of Substances Hazardous to Health
3. Caldicott Principles
4. Fire Safety Awareness
5. Infection Control
6. Moving and Handling
7. Choking (Adults)
8. Defibrillator
9. CPR (Adults)
10. Safeguarding Vulnerable Adults
11. Safeguarding Children
12. Conflict Management
13. Lone Working
14. Food Hygiene

The Mandatory Training Course provided by The Health and Safety Group is a full day high impact face to face classroom training course. The course has been designed to deliver worthwhile refresher content within a reasonable time frame that nurses and care staff can allocate to such training.

The course content is aimed at nurses and care staff to assist in them meeting their mandatory training requirements. The Mandatory Training Course provided by the Health and Safety Group is a refresher course only and whilst key elements of each subject are covered, no module represents a full length training course in the subject.

Where level 1 and level 2 are referred to in 'Protection of Vulnerable Adults' and level 1, 2 (or 3) for 'Safeguarding Children' modules respectively, key knowledge subjects are covered as outlined in this document on a refresher basis whereby the content of these modules is condensed to deliver summarised but meaningful training.

The following is a summary of the training content, the aims of the sessions and the goals and outcomes.

1. The Health and Safety at Work

- a. Content:
 - i. The Health and Safety at Work Act 1974
 - ii. RIDDOR
 - iii. The Management of the Health and Safety at Work Regulations 1999
 - iv. Legal and statistics
 - v. Types of hazards and selection of risk controls
 - vi. Management Systems
- b. Aim:
 - i. Examine Health and Safety issues relevant to health care workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 - 1. The roles and regulations and know the penalties of not following those regulations
 - 2. State key statistics relating to health and safety
 - 3. Be aware of the hazards they face and how risk is defined and how control methods are selected
 - 4. Know they have to report accidents and incidents and why
 - 5. Be able to work safer and know when to report unsafe conditions and consult with management on safety issues
 - 6. Understand the management system, where policies originate from and the importance of local policies

2. Control of Substances Hazardous to Health (COSHH)

- a. Content:
 - i. Methods of entry
 - ii. Types of reactions (acute/chronic)
 - iii. Types of hazards & symbols
 - iv. Selection of the correct control and reporting
 - v. Advice on handling substances including wearing PPE
- b. Aims:
 - i. To examine COSHH and the issues that arise that are most relevant to health care workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 - 1. Aware of how chemicals can enter the body
 - 2. Types of reactions either short term or long term they may experience
 - 3. They will know what suitable controls and the reasons why have been selected when dealing with COSHH, including PPE
 - 4. Be able to work safer and know when to report unsafe conditions relating to COSHH

3. Caldicott Report

- a. Content:
 - i. Data control reasoning
 - ii. Main recommendations of report
 - iii. Appropriate use of data guidelines
 - iv. Legislation exceptions
 - v. Advice on local policies

- b. Aims:
 - i. To examine the Caldicott principles and confidentiality and any issues that are specifically relevant to care workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 1. The Caldicott principles and confidentiality
 2. Their roles and the roles of others relating to the Caldicott principles
 3. Be more respectful of the collection of information and be able to work within the guidelines of the Caldicott principles and know what exceptions are when information is requested

4. Fire Safety Awareness

- a. Content:
 - i. Legislation (Fire Safety Order)
 - ii. Cost of fire
 - iii. Types of alarms
 - iv. Action on discovering a fire
 - v. Sources of ignition
 - vi. Fire Triangle
 - vii. Spread of fire
 - viii. Fire fighting equipment
 - ix. Methods of extinguishing fires
 - x. Types and position of extinguishers
 - xi. First Aid fire fighting
 - xii. Emergency plan including fire doors and fire exits
- b. Aims:
 - i. To examine the fire safety procedures and any particular issues that are most relevant to health care workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 1. Their roles and others in fire procedures
 2. Understand the reason for types and positioning of fire extinguishers
 3. What to consider when first aid fire fighting
 4. Steps to take on discovering or hearing the fire alarm
 5. Be able to state they are safer health care workers

5. Infection control

- a. Content:
 - i. Statistics of HAI (Healthcare Acquired Infections)
 - ii. Types of HAI
 - iii. Regulations
 - iv. Breaking the Chain of infection
 1. Cause
 2. Friendly environment
 3. Portal of Exit
 4. Modes of transmission
 5. Portal of Entry
 6. Susceptible host
- b. Aims:

- i. To examine the infection control chain and any particular issues that are most relevant to health care workers
 - c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 1. Infection control
 2. Their roles and others in infection control
 3. The importance of breaking the chain of infection
 4. That due to their renewed/increased awareness of infection control their nursing and caring practice will take into account all of the principles of infection control

6. Moving and Handling

- a. Content:
 - i. Manual Handling Regulations and responsibilities
 - ii. Avoid, Assess, Reduce and Review
 - iii. Local policy guidelines
 - iv. LOLER Regulations
 - v. Statistics and costs
 - vi. Biomechanics including practical demonstration
 - vii. Anatomy of the spine
 - viii. LITE Assessment
 - ix. Practical demonstration of
 1. Assisting client to stand and rotate on a transfer turntable
 2. Handling Belt demonstration
 3. Sliding sheet use and applications
 - x. Controversial techniques
 - xi. Good techniques
 - xii. Lifts and Hoists
 - xiii. Good management of Manual Handling
- b. Aim:
 - i. To examine manual handling and the issues that are most relevant to healthcare workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 1. Recognising good Manual Handling techniques and controversial techniques
 2. Their and others roles and responsibilities in manual handling
 3. What controls are in place to reduce lifting to the lowest level that is practicable and when to report unsafe conditions
 4. That due to their renewed/increased awareness of the issues surrounding manual handling they can make a safer contribution when involved with manual handling, thus reducing the risk overall

7. Choking (Adult)

- a. Content:
 - i. Symptoms of choking
 - ii. Procedure and actions for dealing with mild choking
 - iii. Procedure and actions for dealing with severe choking
 - iv. Demonstration of dealing with severe choking (back blows and abdominal thrusts)
 - v. Opportunity to participate in practicing dealing with severe choking
- b. Aim:

- i. To examine adult choking and the issues that are most relevant to healthcare workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 1. Recognising mild and severe choking and what steps to take
 2. That due to their renewed/increased awareness of the symptoms and actions to take regarding adult choking they can make a safer contribution when involved with adult choking

8. Defibrillation

- a. Content:
 - i. Chain of survival
 - ii. Survival rates
 - iii. Relationship between early defibrillation and survival rates
- b. Aim:
 - i. To examine defibrillators and the issues that are most relevant to healthcare workers
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 1. Recognising the chain of survival and what steps to take
 2. That due to their renewed/increased awareness of the chain of survival they know what actions to take regarding using a defibrillator

9. CPR Basic Life Support (Adults)

- a. Content:
 - i. Methods of minimising or preventing contact with patients mouth
 - ii. Steps to undertake in order of dealing with unconscious patient
 1. Danger – Assessment of dangers a participant may meet
 2. Response – Gaining a response from a victim
 3. Airway - Maintaining airway
 4. Breathing – Includes checking for breathing includes recovery position
 5. Circulation – Checking for circulation and the provision of chest compressions where appropriate
 6. Breathing - Providing rescue breaths where appropriate
 7. Choking – Assisting a conscious or an unconscious choking victim
 - iii. Practical and walked through step by step demonstration
 - iv. Opportunity to practice
 - v. Discussion on rate, depth and ratio
- b. Aims:
 - i. The session schedule follows the criteria laid down by the UK Resuscitation council
 - ii. The learning outcomes include the physical demonstration of Basic Life Support (BLS) and a demonstration of the UK Resuscitation council knowledge criteria
- c. Goals and Outcomes:
 - i. The participants will be able to state they have an increased/renewed awareness of BLS (Basic Life Support):

1. The participants will be able to state they are aware of their role and the role of others in relation to BLS
2. The participants will be able to state that due to their increased/renewed awareness of BLS they can make a competent and confident contribution where BLS is required.

10. Safeguarding Vulnerable Adults (POVA)

a. Content:

- i. Definition of abuse and neglect
- ii. Regulations
- iii. Who's at risk
- iv. Who's likely to abuse
- v. Types and signs of abuse
- vi. Physical
- vii. Sexual
- viii. Financial
- ix. Emotional
 1. Verbal
 2. Non verbal
- x. Reporting of abuse

- Potential for occurrence of abuse or neglect
- Identification of abuse and neglect
- 'Safeguarding Adults' policy and procedures
- Requirement to report any concerns of abuse or neglect
- Internal reporting structure for such concerns
- Prevention of abuse and neglect
- National Framework - 'Safeguarding Adults'
- What is abuse and what is a vulnerable adult.
- Symptoms of abuse
- What to do if you witness abuse or are told about it.
- Dealing with disclosures for those who need to complete the alert form as part of their professional role
- Determining risk, vulnerability, and seriousness
- The implications Capacity, consent and confidentiality

b. Aims:

- i. To examine the roles and responsibilities and applicable boundaries that apply to health care workers in relation to safeguarding adults from danger, harm and abuse

c. Goals and Outcomes:

- i. Participants will be able to have a renewed/increased awareness of:
 1. Recognising the signs relating to abuse of vulnerable adults and what steps to take
 2. What role they and others play in the process
 3. That due to their renewed/increased awareness of signs of abuse they will know what actions to take

11. Safeguarding Children

a. Content and knowledge

- i. Statistics
 - ii. Definitions of Abuse
 - iii. Regulations
 - iv. Physical Signs
 - v. Behavioural signs
 - vi. Sexual Abuse Signs
 - vii. Definition of neglect
 - viii. Emotional abuse
 - ix. Reporting abuse
- Child maltreatment in its different forms (physical, emotional and sexual abuse, and neglect) including prevalence and impact
 - What to do if there are concerns about child maltreatment, including local policies and procedures around who to contact and where to obtain further advice and support
 - How to share information (including the consequences of failing to do so)
 - What to do if delegates feel that their concerns are not being taken seriously or they experience or any other barriers to referring a child/family
 - The risks associated with the internet and online social networking
 - 'Looked after child' definition
 - The normal development of children and young people and the ways in which abuse and neglect may impact on this
 - The public health significance of child maltreatment including epidemiology and impact
 - Factors that may be associated with child maltreatment, such as child disability and preterm birth, and living with parental mental health problems, drug and alcohol abuse, and domestic violence
 - The increased needs of Looked After Children and increased risk of further maltreatment
 - The legal, professional, and ethical responsibilities around information sharing, including the use of directories and assessment frameworks
 - Best practice in documentation, record keeping, and understand data protection issues
 - The purpose / guidance around conducting serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/ internal management reviews, and child death review processes
 - The importance of the child or young person's best interests as reflected in legislation and key statutory and non-statutory guidance (including the UN Convention on the Rights of the Child and the Human Rights Act)

(For midwives and paediatrics only – please see supplementary information 'Appendix A' at the end of this document)

- b. Aims:
 - i. To examine the roles and responsibilities and applicable boundaries that apply to health care workers in relation to safeguarding vulnerable children from danger, harm and abuse
 - ii.
- c. Goals and Outcomes:
 - i. Participants will be able to have a renewed/increased awareness of:
 - 1. The participants will be able recognize the signs and symptoms of the different types of child abuse
 - 2. The participants will be able to state they are aware of their role and the roles of others in relation to Child Protection
 - 3. The participants will be able to state that due to their increased/renewed awareness of child protection issues they can fulfil their role in relation child protection

12. Conflict Management

- a. Content:
 - i. Regulations
 - ii. Statistics
 - iii. Other people affected
 - iv. Why people complain
 - v. How to receive complaints
 - vi. Communication skills
 - vii. Communication blocks
 - 1. Physical
 - 2. Emotional
 - 3. Others (drugs, alcohol, etc.)
 - viii. Recognising aggressive body language
 - ix. Strategies and controls for reducing the risk or aggression and violence
- b. Aims:
 - i. To examine the handling of violence, complaints and aggression and how they apply to health care workers
- c. Goals and Outcomes:
 - i. The participants will be able to state they have an increased/renewed awareness concerning how to handle violence and aggression:
 - 1. The participants will be able to state they are aware of the strategies they can choose to adopt in relation to avoiding and if required handling violence and aggression
 - 2. The participants will be able to state that due to their increased/renewed awareness of handling violence and aggression they are and feel safer performing their work

13. Lone Working

- a. Content:
 - i. PLAN advice from the Suzanne Lamplugh Trust
 - ii. Strategies and controls for reducing lone working from management
 - iii. Reporting of incidents by staff and action by management
 - iv. General advice to personal safety
- b. Aims:
 - i. The learning outcomes are the examination of the personal safety of the lone worker any specific issues that are relevant to health care workers
- c. Goals and Outcomes:

- i. The participants will be able to state they have an increased/renewed awareness of the personal safety issues concerning lone worker status:
 1. The participants will be able to state they are aware of the strategies they can choose to adopt in relation to personal safety and the lone worker
 2. The participants will be able to state they are aware of the strategies that can be introduced by their organisation in relation to increasing the personal safety of alone workers
 3. The participants will be able to state that due to their increased/renewed awareness of personal safety issues arising from being a lone worker they are and feel safer performing their work

14. Food Hygiene

- a. Content:
 - i. Food poisoning
 - ii. Those at risk
 - iii. Main causes
 - iv. Managers responsibilities
 - v. Assessing food safety
 - vi. Food assessments and controls
 - vii. Law enforcement
 - viii. Responsibilities of health workers
 - ix. Precautions for food hygiene
 - x. Hand-washing importance and techniques including practical demonstration
 - xi. Protective clothing guidelines
- b. Aims:
 - i. The learning outcomes are the examination of the food hygiene hazards, risks and controls and any specific issues that are relevant to health care workers
- c. Goals and Outcomes
 - i. The participants will be able to state they have an increased/renewed awareness of food hygiene:
 1. The participants will be able to state they are aware of their responsibilities in relation to food hygiene
 2. The participants will be able to state they are aware of the hazards and the controls in place relating to food safety
 3. The participants will be able to state that due to their increased/renewed awareness of food hygiene they can contribute to the control and reduction of food poisoning and good hand-washing techniques whilst performing their work

Appendix A

Content based upon a summary of the following

- Aware of the implications of legislation, inter-agency policy and national guidance
- Understand the importance of children's rights in the safeguarding/child protection context, and related legislation
- Understand information sharing, confidentiality, and consent related to children and young people
- Aware of the role and remit of the LSCB/the Safeguarding Board for Northern Ireland and the safeguarding panel of the health and social care trust/child protection committee
- Understand inter-agency frameworks and child protection assessment processes, including the use of relevant assessment frameworks
- Understand the processes and legislation for Looked after Children including after-care services
- Have core knowledge (as appropriate to one's role) of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process
- Understand what constitutes as appropriate to role forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children and young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- Have an understanding of Fabricated or Induced Illness (FII)
- Know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16-18 year old, and the transition between children's and adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns
- Know about models of effective clinical supervision
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Aware of resources and services that may be available within Health and other agencies, including the voluntary sector, to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments
- Have an understanding of the management of the death of a child or young person in the safeguarding context (including where appropriate structures and processes such as rapid response teams and Child Death Overview panels)
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
- Understand relevant national and international policies and the implications for practice
- Understand how to manage allegations of child abuse by professionals
- Able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- Able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- Able to present safeguarding/child protection concerns verbally and in writing for professional and

- Legal purposes as required (and as appropriate to role, including case conferences, court proceedings, core groups, strategy meetings, family group conferences, and for children, young people and families)
- Able to communicate effectively with children and young people, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability
- Able to give effective feedback to colleagues
- Able to identify (as appropriate to specialty) associated medical conditions, mental health problems and other co-morbidities in children or young people which may increase the risk of maltreatment, and able to take appropriate action
- Able to challenge other professionals when required and provide supporting evidence
- Able to provide clinical support and supervision to junior colleagues and peers
- Able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- Able to identify and outline the management of children and young people in need
- Able to act proactively to reduce the risk of child/young person maltreatment occurring
- Able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice
- Able to participate and chair multi-disciplinary meetings as required
- Able to apply lessons from serious case reviews/case management reviews/significant case reviews
- Able to contribute to risk assessments
- Able to write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources
- Able to contribute to a management plan for FII
- Able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- Able to assess as appropriate to the role the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse
- Able to complete the audit cycle and/or research related to safeguarding/child protection as part of appropriate clinical governance and quality assurance processes
- Able to obtain support and help in situations where there are problems requiring further expertise and experience
- Understand the importance and benefits of working in an environment that supports professionals
- Understands the potential personal impact of safeguarding/child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience
- Recognises the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns
- Recognises ethical considerations in assessing and managing children and young people