Volunteer's Mandatory Training Workbook 2024-2027

Contents

Patient first

Respect

Ownership

Unity

Deliver

Equality, diversity and inclusion are at the heart of Sheffield Teaching Hospitals' strategy & PROUD values

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

Strategic Aims

Deliver the best clinical outcomes

Provide patient centred services

Employ caring and cared for staff

Spend public money wisely

Create a sustainable organisation

Deliver excellent research, education & innovation

"Thank you very much for volunteering at Sheffield Teaching Hospitals, your contribution is highly valued by us, our staff and, most importantly, our patients and visitors."

Emma Scott
Voluntary Services Manager

Sheffield Teaching Hospitals (STH) recognises that mandatory training is essential in the protection of everyone connected with the Trust's activities. It is a requirement for volunteers just as it is for staff and covers important topics such as Infection Control, Health and Safety, Information Governance and Fire Safety.

Guidance for the completion of this workbook

This workbook is a self-study exercise book which covers all mandatory topics. On completion of the workbook you will have gained an appropriate level of basic knowledge to fulfil the Trust's local policies and procedures. The topics are based on the national Core Skills Framework which is followed by all NHS organisations.

NB: The links in the '*Useful Resources*' section of this workbook are accessible via the STH Intranet while on site within the hospital. Volunteers are welcome to use the computers in the Volunteers Office to view this information. The Volunteers Services Team are also happy to support you should you wish to assess further content online via PALMS (the STH Learning Management System).

What should I do after I have read through the workbook?

After reading though the contents of the workbook you will be required to complete a short multiple choice questionnaire (MCQ). Completed and signed MCQs should be returned to the STH Volunteer Services office (full address and contact details are included at the end of the questionnaire).

Equality, Diversity & Inclusivity

- **Equality:** is about making sure people are treated **fairly**
  (Meeting individuals' needs appropriately, challenging factors that limit individuals' opportunities)

- **Diversity:** is about recognising, respecting & **valuing differences**

- **Inclusivity:** is about **everyone being treated fairly and equally**

The Human Rights Act (introduced into the UK in **1998**) ensures that we are all treated with dignity, respect and without discrimination. Think **FREDA: F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy

All people are different, with different characteristics – this is **Diversity…**

Some '**characteristics**' are '**protected**' in law:

- **Age**
- **Disability**
- **Gender Reassignment**
- **Marriage or Civil Partnership**
- **Pregnancy and Maternity**
- **Race**
- **Religion or Belief**
- **Sex (Male /Female)**
- **Sexual Orientation**

Equality Act (2010) – 'The **Nine Protected Characteristics'**

Public Sector Equality Duty – Public Organisations must demonstrate that they actively …

- **Eliminate Discrimination**
- **Advance Equality of Opportunity**
- **Foster Good Relations**

As an NHS organisation it is our duty to think about how our policies or decisions affect people who are protected under the Equality Act. Each year we need to publish information to show that we are complying with this duty.

Equality, diversity, and human rights are important to **everyone** working in health and social care, for patients and for service users. ***We all have a role to make sure that services are accessible and that everyone has a positive and inclusive experience.***

Challenge prejudice and discrimination:

- Avoid blame.
- Be mindful of inclusion, recognise and value the diversity of those you work with.
- Treat everyone with dignity, courtesy, and respect
- Remember ***Equal opportunities does not mean treating everyone the same***, it means treating people as individuals with individual needs.
- Think about what you can do to promote values and behaviours advancing equality, diversity, and human rights in the work that you do.

Freedom to speak up Guardian: sth.speakup@nhs.net

Fire Safety

Fire Safety Hazards

Fire starts (combustion occurs) when three elements are present: **Fuel, Heat & Oxygen.** Check your workplace for fire hazards (flammable/combustible materials)

Help to reduce risks by;
- Good housekeeping; locking doors, cupboards & bins
- Storing flammable liquids in appropriate storerooms
- Reporting faulty electrical equipment
- **Reporting blocked escape routes (inform Porters for removal)**
- Keeping the workplace free from clutter and ensuring waste is stored correctly
- Don't overload sockets
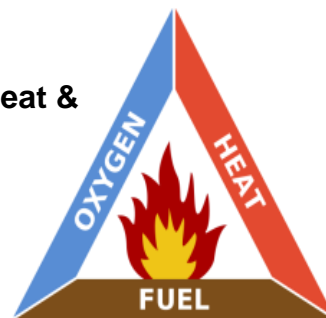
Fire Action Procedures

If you suspect a fire (smell burning or see smoke);
1) **Sound the Fire alarm**
2) **Dial the emergency number 2222** (pass on relevant details to the switchboard)
3) **Commence evacuation** (closing all doors and windows as you do)

- Don't use lifts (unless told to do so)
- Report confirmed 'false alarms' to the switchboard – **2222**

Fire Evacuation (Progressive Horizontal Evacuation)

Types of Alarm Sounders

Fire Alarm Test
Short continuous sound (Ask about the fire alarm testing day in your area)

Fire in a nearby area
This will be an **intermittent** (starting and stopping) sound and you will **not** need to evacuate (be aware that this may change)

Fire in the immediate area
This will be a **continuous** sound

Familiarise yourself with the local fire alarm sound

- Fire compartments within the hospital are built with fire resisting construction. Each main fire compartment provides **60 minutes** of protection against a fire.
- **Keep fire doors shut**
- In the event of a fire clinical teams will organise the movement of patients
- Progressive Horizontal Evacuation entails **moving people from the immediate area of danger through the nearest fire resistant doors into the next fire compartment**. Once behind the nearest fire door staff should then continue to evacuate people beyond the next set of doors until in an intermittent fire alarm area, an area with no fire alarm sounding or an area identified for continuity of care.

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Fire Extinguishers

Never tackle a fire if; you have not been trained **or** if you are not confident that you know what you are doing.

- Never tackle a fire on your own
- Never allow a fire to block your exit
- When a fire is still burning after using one extinguisher, it is too big to tackle safely so – leave shutting doors behind you

*Practical fire extinguisher training can be booked via PALMS.

Types of Fire Extinguishers

Water extinguishers = solid materials (wood, cardboard, paper and cloth)

Foam extinguishers = solid materials & flammable liquids

Carbon Dioxide extinguishers = Electrical equipment

DO NOT use water extinguishers on electrical or burning liquid fires

NB: Staff should not purchase their own extension leads, they should be procured through central supplies and only as a last resort and only if approved by Estates/Fire Officer.

Health & Safety

The Health and Safety at Work Act 1974 places the responsibility for workplace health and safety on *both the employer and the employee*.

- **Hazard** – Something that has the **potential to cause harm** (electricity, slips, trips and falls, chemicals and substances, stress, physical and verbal abuse, traffic routes, display screen equipment (DSE), workstations and the working environment)
- **Risk** – The **likelihood of harm** occurring

We manage risk by carrying out Risk assessments and by putting in place control measures to reduce them (such as providing **training** and **issuing appropriate personal protective equipment [PPE]** as well as **reporting** and disposal/repair of faulty equipment).

What you can do to help

- Keep your work area tidy & free of clutter to help to minimise the risk of slips, trips, and falls.
- **Raise safety concerns** with managers and/or safety leads
- **Report Incidents and/or near misses to your supervisor** (the electronic incident reporting system is called DATIX – this system is accessible on the intranet – see the '*Useful Resources and Contacts*' section for more details)
- Policy on intranet (local policy held locally)

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Infection Prevention & Control

Preventing Infection In STH

- We must provide a suitable environment for safe healthcare.
- Staff must also be able to work safely including being protected against infection.
- Healthcare Associated Infections (**HCAI**) can occur as a direct result of any contact in a setting where healthcare is provided.
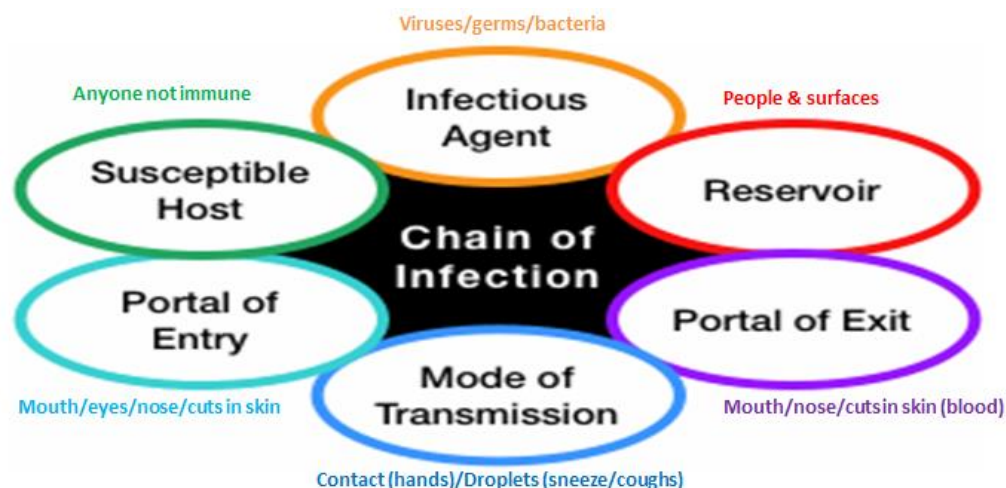- HCAI can affect patients and sometimes staff e.g., MRSA, Norovirus.

Take Precautions - Stay Safe

- Requirements for mask wearing will vary according to prevalence of respiratory viruses including Covid-19 and Influenza - Please **look out for All Users email updates** on mask requirements.
- **Wash your hands regularly** if soap and water are not available use an alcohol-based hand gel.
- **Wipe down** your workstation/area, phones, printers, and other **common touch points before and after use.**

The Chain of Infection

Viruses, bacteria and germs spread from person to person through a common series of event the **chain of infection:**

Hand Hygiene

The most important thing we can all do to break the chain of infection is to **practice good hand hygiene:**

1 Palm to palm.

2 Right palm over left dorsum and left palm over right dorsum.

3 Palm to palm fingers interlaced.

4 Backs of fingers to opposing palms with fingers interlocked.

5 Rotational rubbing of right thumb clasped in left palm and vice versa.

6 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

Using Lifts – help us keep you safe

- Please **face away from each other**
- Please **use the alcohol gel** to clean your hands when entering and leaving lifts
- Consider using the stairs instead – please **stay left on the stairs and corridors**

Infection Prevention procedures (ward based volunteers)

- **Body fluid spillages**:
  - In non-clinical areas may be dealt with by Domestic Services staff using the appropriate PPE
  - In clinical areas must be decontaminated promptly by the nursing team

- **Needle stick injury:**
  - Encourage the wound to bleed and then wash immediately with soap and water
  - Immediately seek medical treatment and report the incident to your supervisor

Waste Management

Black bag: Domestic waste (household rubbish)

Orange bag: Infectious waste (from barrier nursed wards)

Tiger stripe: Offensive waste (from non-barrier nursed wards)

Sharps bin: Sharps waste (needles, syringes, blades)

What you can do to help

- **Do not come to work if you have tested positive for Covid19** (contact the Voluntary Services team: 0114 2715735)
- **Wash and dry your hands regularly and thoroughly** (using the steps shown above)
- **Use the correct PPE** (Personal Protective Equipment) – see page 14 for guidance.
- **Keep your workplace and equipment clean**
- **Do not come to work with diarrhoea +/- vomiting** (wait **48hrs** after last episode)
- **Contact Occupational Health with health concerns at work**

Information Governance/Data Security

Information Governance (IG) is simply the way in which the NHS handles information, especially the **personal** and **sensitive** information relating to patients and staff. It is **everyone's responsibility** (**all** staff and volunteers) to ensure data is protected and information is treated securely.

In health and care setting we come across lots of information about people

- Some information identifies a person (**personal**) e.g. name, address, NHS number
- Some is about things that other people should not know (**sensitive**) e.g. medical condition or planned treatment

All information about people must be treated as confidential. This means that it can only be used; shared or kept with the person's permission and also that it is used, shared or kept only if it is necessary to do so

It doesn't matter what form the information comes in (written, video, pictures or recordings) – it is confidential.

What do law and Trust policy say?

In the NHS we have to stick to the rules when it comes to information. The law tells us the basic rules and Trust policies tell us how to behave day to day at STH.

Law

Common law duty of confidentiality – confidential information should not be used or shared without the consent of the individual.

The Data Protection Legislation (Data Protection Act 2018 and General Data Protection Regulation (GDPR)) - provides the legal basis for the use of information about people. It gives people rights about their information, including the right to be informed about what their information is being used for and who it may be shared with. It also requires organisations to put strong controls in place to protect the security and confidentiality of personal data.

The Caldicott Principles – these tell us how we use patient's information. They say that use of information must be justified, necessary and kept to a minimum, with only those who need to know having access. The principles also highlight the responsibilities of the person using and sharing information for keeping it secure. The Trusts' **Caldicott Guardian** is responsible for protecting **patient confidentiality.**

Freedom of information Act - puts a duty on public organisations (e.g. NHS) to provide information to individuals who make a written request for it. This does not include personal or sensitive information about individuals.

Trust policies

There are lots of policies at STH. These are all part of the Information Governance Management Framework – this shows all the structures we have at STH. Some important policies you should be aware of are:

- **Information Governance Policy**
- **Email policy**
- **Internet acceptable use policy**
- **Information Security policy**
- **Password policy**
- **Records management policy**

Who can you share information with?

You can only share information with people who have a need to know and who are using information for a legitimate purpose.

Can you share information without a person's consent?

You can share information without the persons consent where there is a legal reason to do so e.g. if the law requires it. You can also disclose information where there is an issue of public interest, for example where the public would be at risk if the information is not shared.

Decisions on whether or not to breach confidentiality should be made by the Caldicott Guardian and the Data Protection Officer

What you can do to help

Do
- Report if you find that confidentiality is broken **or** if you suspect it might be
- If you find information about people lying around, take it to a safe place and report it to your manager
- Have secure passwords (Upper and lowercase with numbers and special character/s)
- Attend Trust training where required
- Follow Trust guidelines on the use of Trust computers, the internet and social media
- Keep doors shut and work areas tidy
- If you have to write things down make sure they are readable, accurate, in black ink, dated, timed and signed

Do not
- Talk about patients or other staff in public places (e.g. on the bus)
- Share any information about work, patients or staff in social media
- Read information that you come across if it may be confidential
- Share passwords or let others use your log-in
- Access unsecure web-sites on work computers

Moving & Handling

Moving and handling is both **supporting** and/or **transporting a load** (e.g., *lifting, pushing, pulling, carrying*)

Key legislation:

- Health & Safety at Work Act 1974
- Manual Handling Operations Regulations 1992
- The Provision and Use of Work Equipment Regulations 1998

Moving and Handling Loads

In health and social care, moving and handling injuries account for 40% of work-related sickness absence. An employer's responsibility is to avoid moving and handling activities if there is a risk of injury, to assess activities if they cannot be avoided, to reduce the risk of injury to employees as far as reasonably practicable and to review risk assessments regularly.

Employees have a responsibility to identify and report hazardous handling tasks, or defects in equipment, and to ensure their activities don't put themselves or others at risk. Maintaining musculoskeletal health is essential to enable safe moving and handling at work and at home.

How to make it easier

- **Adopt a stable base** Place your feet on either side of the load with one foot slightly in front of the other, pointing the way you want to go. This could help avoid twisting
- **Communication** (be clear with others what you are doing and what you expect from them)
- **Ensure a firm grip on the load**
- **Hold the load close** (this makes it easier for you)
- **Team work** (have common goals and work together for example lift at the same time)
- **Capacity** (only do what you are capable of. The only person who knows this is you)
- **Risk assessment** (Is the load heavy/unstable? Will the task involve stretching/bending?)
- **Use equipment provided** (as you have been trained to do)

Risk factors include;

- **Life stage:** at certain times we are more prone to back pain (adolescence, pregnancy, menopause).
- **Lifestyle:** being overweight and unfit increases the risk of back pain
- **Psychological:** Depression, stress / anxiety increases the risk of back pain (by more than physical loading).
- **Physical loading:** regularly lifting over 25kg, multiple times a day slightly increases risk.
- **Self-reported awkward postures:** If you regularly feel awkward moving, this increases the risk / reports of back pain.
- **Novel exposure:** sudden loads or sudden high force.

Reporting a moving and handling untoward occurrence/ incident or near miss should be done by informing the manager of the area and completing a **DATIX** report.

Principles for practice

All moving and handling tasks can be risk assessed using **TOILEE:**

- **T**ask – what does the task involve? (Lifting, pushing, pulling)
- **O**rganisational factors – how can you organise the activity to reduce risk? (how much control over the activity do you have?)
- **I**ndividual capability - always work within the limits of your own capabilities
- **L**oad – How heavy/bulky/even/stable is the load?
- **E**nvironment – What are the space constraints? Is the floor slippery or uneven?
- **E**quipment – What equipment could be used?

Further moving and handing information:

Further information can be found in the Trust Moving and handling policy, via PALMS eLearning or via the Trust Moving and Handling team (see the '***Useful Resources and Contacts***' section for more details and contact information).

What you can do to help

- **Work within STH policies and procedures.**

- **Keep moving**, **keep fit and active** and **look after your psychological health** as moving and handling is a normal part of everyday life.

- **Work within your own capabilities**, if the moving and handling task feels hard or too much, don't do it, get help.

- **Risk assessment is something we all do, all the time**. Informal risk assessments should be undertaken before any task is undertaken.

- **Report any incidents and/or near misses using DATIX** (accessible on the intranet- see the '***Useful Resources and Contacts***' section for more details).

Resuscitation Awareness

Chain of Survival
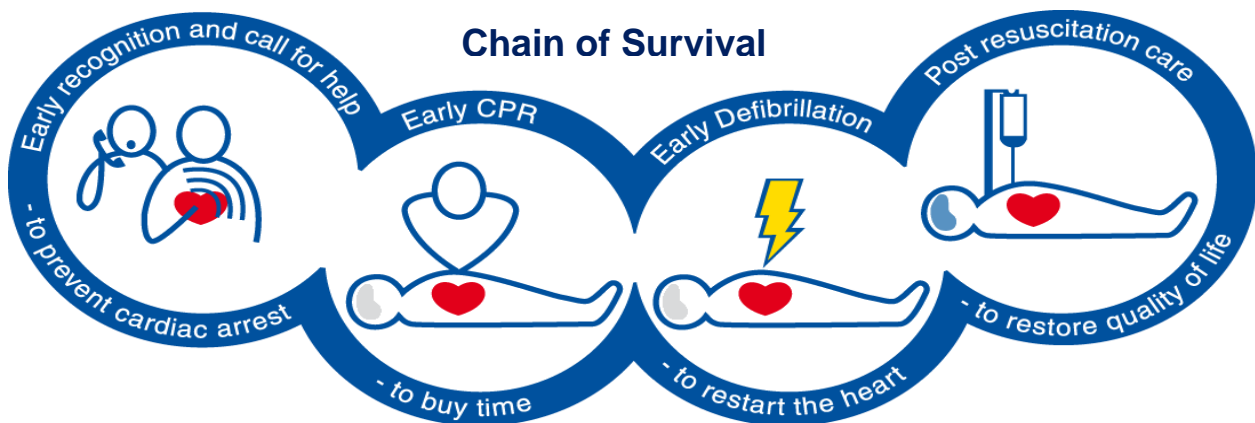
Call for Help: In Hospital - Ring **2222** (internal line)
Switchboard - Ring **01142434343** (external line)
In Community - Ring **999**

Ensure you know the local escalation procedure for your area and where the resuscitation equipment is stored.

Someone has collapsed

- A 2222 call should be put out as usual within hospital sites
- A 999 call should be used when offsite
- **Ward staff** responders should commence chest compressions

Interactive CPR training is available online:

https://palms.sth.nhs.uk/course/view.php?id=4758

Safeguarding Children & Adults

Safeguarding means protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. It's fundamental to high-quality health and social care". (CQC, 2022)

"All staff have a responsibility to safeguard children and adults at risk of abuse or neglect". (NHS England)

NB: a child is anyone who has not yet reached their 18th birthday.

Abuse

- Abuse is about the misuse of the power and control that one person has over another.
- **Intent** does not matter.
- The issue is whether **harm** was caused, and the **impact** of the harm (or risk of harm) on the individual.

Examples of forms of Abuse

- **Physical** – assault e.g. slapping, kicking, burns & scalds.
- **Psychological** – name calling, belittling, threatening, ignoring, rejecting and controlling.
- **Sexual** – non-consensual sexual contact, exploitation, grooming, sexting. online
- **Neglect** – physical or emotional, not providing food or giving medication, not taking the person to medical appointments, or making sure they are safe.
- **Financial** – theft, fraud, misuse of powers of attorney etc.
- **Discriminatory** – being targeted due to age, disability, race or religion
- **Organisational** – unhealthy cultures and poor staff behaviours, restricting choices, strict regimes, poor standards of care
- **Self-neglect** – an unwillingness or inability to look after oneself and protect from harm e.g. unkempt appearance, malnourished, living in squalid conditions, not accessing services

PREVENT and Radicalisation

Prevent is part of the Government's counter-terrorism strategy and aims to stop people becoming terrorists or supporting terrorism. Prevent focuses on providing *support* t*o vulnerable individuals who are at risk of being radicalised*.

Safeguarding is everyone's business!

If you suspect that abuse may have happened or be happening

DON'T IGNORE IT

SPEAK OUT

REPORT IT

STHFT Safeguarding Team Tel: 0114 22 66644

Patient Safety – Essentials for all staff

At STH Patient Safety involves:

- Listening to patients and raising concerns
- A systems approach to safety, where instead of focusing on the performance of individual members of staff, we try to improve the way we work
- Avoiding inappropriate blame when things don't go well
- Creating a culture that prioritises safety and is open to learning about risk and safety

What you can do to help

- Raising Concerns/ Reporting Incidents (using **DATIX** on the Trust Intranet)
- We need you to tell us when you think something is not as safe as it could be and can be done better
- All staff can and should report incidents
- Speak to a Freedom to speak up (FTSU) guardian to raise concerns confidentially

Patient Safety Lead: Rebecca Nadin

FTSU Lead Guardian: Shaheen Latif-Bignell

a full list of STH Guardians and Champions, can be accessed on the STH intranet at:
http://nww.sth.nhs.uk/NHS/HumanResources/FreedomtoSpeakUp.htm

Mental Health Awareness

1 in 4 people will experience mental illness during their lifetime. Among people under 65 years, nearly half of all ill health is mental illness.

Mental Health Conditions:

- *Anxiety* – worry, panic attacks, poor sleep
- *Depression* – hopeless, worthless, suicidal thoughts
- *Personality Disorder* – self-harm, intrusive thoughts, emotional dysregulation
- *Psychosis* – hearing voices, paranoid beliefs, delusional beliefs
- *Bipolar* – manic episode or severe depressive episode
- *Dementia* – forgetfulness, memory issues, agitation
- *Addiction* – harmful drug or alcohol use

Mental Health Act 1983 (amended 2007)

- The Mental Health Act says when you can be taken to hospital, kept there, and treated against your wishes. This can only happen if you have a mental disorder that puts you, or others, at risk.
- You should only be detained under the Mental Health Act if there are no other ways to keep you, or others, safe.
- Being detained under the Mental Health Act is sometimes called being 'sectioned', because the law has different sections.

Mental Health & Physical Health

Parity of esteem - valuing physical health and mental health equally. This is important, as physical, and mental health problems are often linked. People with poor physical health are at higher risk of experiencing mental health problems. People with poor mental health are more likely to have poor physical health

Diagnostic Overshadowing - Health professionals often attribute all of an individual's difficulties to their mental health problems and do not consider that there could be an underlying physical health cause.

Factors that may impact on someone's mental health

- *Changes in the environment* - social stressors, losing a job, housing issues, relationship issues.
- *Substance misuse* - using alcohol or street drugs to a harmful level
- *Being physically unwell* - confusion, delirium, or life-long conditions
- *Genetic association* - Mental health problems sometimes run in families
- *Trauma or Abuse* – physical, emotional, sexual

Useful Resources & Contacts

Equality, Diversity and Inclusion (EDI)

STH Intranet page: http://nww.sth.nhs.uk/NHS/EqualityAndHumanRights/Default.htm
Equality, Diversity, and Inclusion Team email: EqualityAndDiversity@nhs.net

Fire Safety

STH Intranet page: http://nww.sth.nhs.uk/NHS/EstatesManagement/FireSafety/
Fire Safety Manager: Kevin Hayes - **01142714735**

Health & Safety

STH Intranet page: http://nww.sth.nhs.uk/NHS/PatientAndHealthcareGovernance/
Occupational Safety and Risk Lead: Caroline Drew (**caroline.drew@nhs.net**)
DATIX (intranet incident reporting system): Datix: STH Incident Form (DIF1)

Infection Prevention and Control (IPC)

STH Intranet page: http://nww.sth.nhs.uk/NHS/InfectionControl/
IPC Team Contacts (NGH) **01142714569** (RHH) **01142713120**
Community Queries: Bev Wade/Sue Hillis **01143078140/3078119I**
Infection Control Team: sth.infectioncontrol@nhs.net

Data Protection and Information Governance (IG)

STH Intranet page: http://nww.sth.nhs.uk/NHS/InformationGovernance/
IG Department E-mail: **sth.InfoGov@nhs.net** Tel: **01142265151**

Moving and Handling

STH Intranet page:
http://sharepoint.sth.nhs.uk/Dept/LearningAndDevelopment/MovingandHandling/SitePages/home.aspx
STH Moving & Handling email: **sth.practicedevelopmentfunction@nhs.net**

Resuscitation Awareness

STH Intranet page: http://nww.sth.nhs.uk/NHS/Resuscitation/
Interactive online Resuscitation training: https://palms.sth.nhs.uk/course/view.php?id=4758
(*Resuscitation Council UK e-Lifesaver programme*)

Safeguarding Adults & Children

STH Intranet page: http://nww.sth.nhs.uk/NHS/SafeguardingPatients/
STHFT Safeguarding Office Tel: 0114 22 66644

Patient Safety

STH Intranet page: Patient and Healthcare Governance (sth.nhs.uk)
Patient Safety Manager: Rebecca Nadin (rebecca.nadin@nhs.net)

Mental Health Awareness

STH Intranet page:
http://nww.sth.nhs.uk/NHS/PatientAndHealthcareGovernance/MentalHealthAct/MentalHealthTeam.htm

PALMS (STH Learning Management System): https://palms.sth.nhs.uk

Guidance for use of a **disposable surgical mask**:

Guidance for use of a cloth **face covering**: