

SECTION 8 APPENDIX 10: HEALTH AND SAFETY POLICY ON PLACEMENT

All Trusts will have local health and safety policies covering a wide range of measures designed to minimise the risk of harm to employees. Not all of these will apply to the work of trainees, but there are some important areas which supervisors need to cover with each new trainee. These relate to personal safety at work, and it is important that supervisors know that trainees are appropriately briefed and understand the implementation of these policies in practice.

Personal safety at work

Along with other workers in the NHS, Clinical Psychologists need to be aware of the risks of assault from clients. Risk cannot always be prevented, but it can be minimised if sensible precautions are taken.

It is reasonable for trainees to expect that the training programme, the employing Trust, host Trusts, and their supervisors will have:

- a) thought about any potential risks arising from working in different settings and situations, and which are relevant to the placement the trainee is undertaking
- b) will have taken steps to ensure that any potential risk are kept to a minimum, by putting in place sensible, reasonable, and responsible procedures, guidelines and precautions

Trainees also have the right to expect that if they have any doubts about their safety in a given situation that these doubts will be listened to and respected, and steps taken to address their concerns.

Trainees should not be expected to enter into a situation where there is a risk of significant harm; nor where sensible, reasonable, and responsible steps have not been taken to minimise risk. However, placement Trusts and Supervisors have the right to expect that trainees will conduct themselves in an appropriate and professional manner in potentially risky situations.

Although consciousness about safety needs to be built into the organisation, individual clinical psychologists, including trainees, need to take responsibility and appraise situations in terms of potential risk, and follow local health and safety procedures.

Some basic ways of reducing risk include:

- Seeing clients in designated clinical space where other members of staff are aware that the trainee is working with clients. Ideally clinical rooms should have a viewing window.
- Clients should not be seen in an isolated setting, or after normal clinic times when other staff are not available to respond to a problem.
- If one-to-one work is being conducted with a client who is recognised as presenting a risk, other staff need to be informed and available, with a clear plan in place should the alarm be raised.

Domiciliary visits carry particular risks – these are discussed in detail below.

Finally, it can be easy to forget that trainees need to be mindful of safety issues when seeing research participants, especially when these are individuals about whom little is known.

Panic alarms

Many settings are equipped with panic alarms, either built in to clinical rooms, or carried by staff. Trainees should be carefully briefed on the use of these systems – they should know how to use them, and what response they can expect. They should also be briefed on how to respond if a panic alarm is set off by another member of staff.

Reporting Incidents

If a trainee is involved in an incident in the course of their duties they should report it immediately, or as soon as is feasible. If the incident has occurred on placement then both the supervisor (or other senior member of staff) needs to be informed, as well as the trainee's Course Tutor. Trusts will have agreed reporting procedures, and these should be followed. If the incident has occurred in another setting the Course Tutor needs to be informed, as well as anyone else deemed appropriate.

If a trainee is involved in an incident they have the right to expect a sensitive response on reporting the incident, and longer term support if this is required.

Fire

Trainees are given a basic talk about responses to fire alarms and the need for basic fire awareness. However, it is important that trainees know explicitly what procedures to follow in the settings in which they work. This means knowing what the fire alarm sounds like, and procedures for evacuation (which include awareness of fire-exits, and procedures for evacuating clients).

Other health and safety policies

Most Trusts will have a range of specific policies designed to alert staff to the management of risks in their work environment. It is a good idea for these to be collated as part of an induction pack, and for trainees to be alerted to any policies which clearly apply to their practice.

Carrying Out Domiciliary Visits (DVs)

In some specialities seeing clients in their own home is an important part of the service, and as such should be part of the experiences of trainees. However, there can be risks

when undertaking DVs, especially if the visits are conducted alone. It is important that trainees are aware of these, and that basic measures are taken to reduce risk and the likelihood of any difficulties. Equally it is important not to be alarmist. Nonetheless, trainees should not undertake a DV by themselves unless the patient is already known to them or to their supervisor, and any potential risks have been evaluated.

On receiving the referral

There should be clear information about the client's mental state and past history, and if in any doubt more information should be sought.

Initially joint visits are recommended, and can also be a good learning experience. If the referral arises in the context of team work this can give trainees an opportunity to gain experience of working with other team members.

If there is information indicating that there may be significant risks involved, either the trainee should not be given the case or the supervisor (or another team member) and trainee should make the initial assessment visit together.

Carrying out the visit

Where possible visits (and especially the initial visit) should be timed to allow the visit (and the return to base) to take place in daylight.

It is good practice to identify a specified individual who is on duty during the time of the visit. They should know when this is taking place, and (critically) when the trainee is expected back. It is also good practice to phone this person to confirm arrival, and to telephone again when leaving.

There should be an agreed procedure in place that alerts the 'system' if there is a significant delay in returning. This usually means a) the trainee contacts a specified person (to reassure the service that all is well), or b) the specified individual holds a contact number for the trainee which can be used to check that there is no cause for alarm. There should also be a clear procedure which can be followed in the event that, having followed these steps, the trainee is not contactable. For obvious reasons it is not good practice to schedule a visit is at the end of the day, when these steps will be hard to put in place.

The trainee should carry a mobile phone, and this phone should be left on so that the trainee is contactable.

If the service has a personal alarm this should be carried, and the trainee should know how to use it.

On arrival the trainee should be aware of exits, and seat themselves where they have unblocked access to an exit. If the trainee feels threatened or uneasy they should leave as soon as they can. Sometimes this will have been an error of judgment and will damage the chances of working with the client. However, being safe rather than sorry is a good motto.

It is essential for the trainee to record any particular difficulties or concerns about the visit, and to discuss these at supervision if there are doubts about continuing with DVs.