



Accredited

OCR LEVEL 3 CAMBRIDGE TECHNICAL CERTIFICATE/DIPLOMA IN

HEALTH AND SOCIAL CARE

**HEALTH, SAFETY AND SECURITY
IN HEALTH AND SOCIAL CARE**

A/600/8952

LEVEL 3 UNIT 3

GUIDED LEARNING HOURS: 60

UNIT CREDIT VALUE: 10

Version 2: Updated to reflect current
legislation and Acts.

HEALTH, SAFETY AND SECURITY IN HEALTH AND SOCIAL CARE

A/600/8952

LEVEL 3 UNIT 3

AIM OF THE UNIT

The safety of everyone within a health and social care setting is extremely important, especially when some people who use services may be unable to take responsibility for their own safety. Some individuals may require the support of professionals to enable them to take responsibility for some aspects of their own health, safety and security.

The aim of this unit is to enable learners to gain an understanding of the importance of health safety and security within a health and social care environment. Learners will be introduced to risk assessment and will learn how to identify some hazards and evaluate controls put in place to reduce the risk of harm or injury to themselves and others. Legislation and guidelines related to health, safety and security will be identified along with how this legislation is applied to ensure the health safety and security of everyone within the health and social care sector.

PURPOSE OF THE UNIT

Everyone working in or using the services of the health or social care sector has a stake in the health, safety and security of individuals. Whether you are 'caring' or being 'cared for', health, safety and security is certain to be a priority for you. Consideration of and engagement with the principles of health, safety and security is one of the foundations upon which the sector is built. On completing the unit, learners will have gained some understanding of ways to minimise or alleviate risk of harm to individuals within health and social care environments, by use of appropriate controls, whilst complying with relevant legal requirements.

The practical aspect of the unit requires learners to conduct a risk assessment through identifying hazards within a health or social care setting. As learners are required to undertake risk assessment related to health and safety, it would be particularly beneficial if learners had the opportunity to start this unit just before they begin their work placements. During the work placements, learners should be encouraged to observe working practices related to health and safety and look for the examples of the implementation of health and safety policy and procedures and then to share their observations/experiences during class discussions.

Learners will explore the concept of how health and social care settings develop a policy framework to benefit all stakeholders and how this must be grounded firmly in statutory requirements. Learners will consider how such a framework has the potential, if underdeveloped or poorly implemented, to conflict with individuals' rights to independence or choice.

Learners will explore the most common cause of incidents and emergencies within health and social care settings and will need to consider the most appropriate responses to these situations.

To allow learners to gain a sound understanding of all aspects of health safety and security within the context of health and social care the unit could be delivered alongside recognised qualifications in first aid, moving and handling, health and safety and food hygiene.

ASSESSMENT AND GRADING CRITERIA

Learning Outcome (LO)	Pass	Merit	Distinction
The learner will:	The assessment criteria are the pass requirements for this unit. The learner can:	To achieve a merit the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
1 Understand potential hazards in health and social care	P1 explain potential hazards and the harm that may arise from each in a health or social care setting		
2 Know how legislation, policies and procedures promote health, safety and security in health and social care settings	P2 outline how legislation, policies and procedures relating to health, safety and security influence health and social care settings	M1 describe the roles and responsibilities relating to the health, safety and security of individuals in a health and social care setting	
3 Be able to implement a risk assessment	P3 carry out a risk assessment in a health or social care setting	M2 make recommendations for controls that will minimise/remove the hazards identified in the risk assessment	D1 evaluate the effectiveness of the recommended controls in reducing the incidents of harm or injury
4 Understand priorities and responses in dealing with incidents and emergencies	P4 explain possible priorities and responses when dealing with two particular incidents or emergencies in a health or social care setting	M3 explain why it is important to maintain respect and dignity when responding to incidents and emergencies	D2 justify the need to review policies and procedures following critical incidents

TEACHING CONTENT

1 Understand potential hazards in health and social care

- *Hazards*: relating to the physical environment, equipment, infections, substances, working conditions, working practices, security systems
- *Harm and abuse*: (e.g. possibility of injury, acquired infection, psychological distress, inappropriate care planning, exposure to danger, stress, loss of/damage to possessions, premises)
- *Setting*: types, (e.g. residential care, hospital, day care, pre-school, infant school, childminder, clinic, surgery, any location where an individual receives care services (including in own home or the community)); public environment, e.g. retail area, swimming pool, public park, sports ground, beach, transport)
- *Individuals*: those receiving care; workers in a setting: care staff (based in setting, visiting setting), support staff (e.g. caterers, cleaners, administrative), visitors (e.g. relatives, friends, volunteers)
- *Users of health and social care services*: as relevant to setting, (e.g. patients, older people, people with learning disabilities, young people, young children, babies, those with physical disability or sensory impairment, people with mental health problems).

2 Know how legislation, policies and procedures promote health, safety and security in health and social care settings

- *Legislation and guidelines*: relevant sections for home country, (e.g. Health and Safety at Work Act, Food Safety Act, Food Safety (General Food Hygiene) Regulations, Manual Handling Operations Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Data Protection Act, Management of Health and Safety at Work Regulations, Care Homes Regulations, Control of Substances Hazardous to Health Regulations (COSHH), Civil Contingencies Act, Care Minimum Standards)
Learners must be taught the legislation or its equivalent, should it be revised during the lifetime of the qualifications in which this unit is taught.
- *Safeguarding*: vulnerable adults, children and young people; enhanced disclosures, Independent Safeguarding Authority, Protection of Vulnerable Adults (POVA)
- *Influences*: staff, (e.g. staff-service user ratios, training) premises, (e.g. location, facilities, access; practices (policies and associated procedures)
- *Policies and procedures*: (e.g. safeguarding, health and safety, reporting accidents, disposal of body wastes, storage and dispensing of medicines, fire evacuation, lone working, security of premises, possessions and individuals, cleaning, food safety)
- *Roles*: employers, employees, care staff, users of services, local authority, National Health Service Trust; other individuals, (e.g. visitors, relatives, volunteers)
- *Responsibilities*: according to legal and organisational requirements; (e.g. following organisational safety and security procedures, making risk assessments, minimising risks, dealing with incidents and emergencies, working with others to ensure health, safety and security, reporting of and maintaining records of incidents and emergencies, understanding limits of own responsibilities, keeping self safe).

3 Be able to implement a risk assessment

- *Risk assessment:* hazard identification, potential severity of harm resulting from each hazard, likelihood/probability of each hazard causing harm, critical controls, (e.g. HACCP in food safety)
- *Calculating the degree of risk:* likelihood of something happening scale 1-5) (1 is not very likely; low risk, 3 moderate risk, 5 means very possible or even probable)
- *Controlling the risk:* deciding what needs to be done to reduce or remove the risk
- *Monitoring how the risk is being controlled:* taking precautions to reduce risk; clear instructions from health and safety officer
- *Reappraising the risk:* risk reduction; regular evaluations by the health and safety officer.

4 Understand priorities and responses in dealing with incidents and emergencies

- *Incidents and emergencies:* types, (e.g. incidents of suspected/actual abuse, accidents, exposure to infection/chemicals, spillages, intruders, aggressive and dangerous encounters, fire, major disaster (e.g. flood, loss of water supply), other critical incidents)
- *Responses:* maintaining respect and dignity; minimising risk, accessing support for the incident or emergency, working in partnership (e.g. with emergency services); others, (e.g. dealing with suspected abuse, dealing with disclosure of abuse, role of first aid, evacuation procedure, reporting of accidents, follow-up review of critical incidents and emergencies)
- *Priorities:* when dealing with incidents and emergencies, (e.g. ensuring safety of people, property, environment, review of policies and procedures following critical incidents, implementing improvements for the future).

DELIVERY GUIDANCE

LO1 Understand potential hazards in health and social care

Learners could be introduced to risk assessment by being informed that we risk assess all the time as we go about our daily lives. Ask learners to think about the potential hazards when they were preparing breakfast or on their way into college and what the risks were, e.g. using a kettle safely by not overfilling the kettle with water and making sure their hands were dry before plugging the kettle in to the electric socket or perhaps walking along the street safely, being aware of the traffic and avoiding obstacles.

Photographs of situations or room plans of health, social care or early years settings could be used. Learners need to consider a range of hazards and could determine the degree of risk using the 1-5 scale. (1 being not very likely up to 5 meaning very possible). See example risk assessment in LO3.

LO2 Know how legislation, policies and procedures promote health, safety and security in health and social care settings

Legislation is best introduced to learners in a practical context for example COSHH regulations introduced by tutors and then learners could look at labels on cleaning products/chemicals and pick out the COSHH relevant information. RIDDOR could be introduced by the tutor and then learners could use this information when considering the legal responsibilities within scenarios of accident /illness, e.g. an outbreak of food poisoning in a home for older adults or an outbreak of measles within a nursery or an accident within a work place resulting in individuals having to stay in hospital for treatment. Responsibilities for reporting of these incidents/illnesses should also be covered by tutors when teaching legislation.

Pairs of learners could be given legislation to research and present back to the whole group, this could be extended to give learners the opportunity to consider where this legislation fits into practice, e.g. Manual handling legislation being adhered to within a care home for older adults. Learners should be made aware of the responsibilities both of individuals working within a setting and organisational responsibility related to legislation, e.g. HASAWA and safe working practices, a practitioner must follow procedures and the organisation is responsible for implementing, reporting and/or reviewing.

Learners could look at policies and procedures from a range of settings and match them up to the relevant legislation underpinning that area. e.g. procedure for preparing snacks for children – food safety, storing medicines appropriately – COSHH.

An entirely optional but complimentary and practical activity could see learners completing food safety training – the food safety course would cover the consequences of poor practices along with legal requirements and safe practices when purchasing, storing, cooking and handling food.

LO3 Be able to implement a risk assessment

Learners will also need to understand ways to reduce risk, through changing the environment or through the implementation of safety measures/products. The internet would be a good source of information about products or adaptations that can be put in place to reduce the risk of harm/injury to individuals. www.hse.gov.uk is a website that learners may find useful as there is information about legislation and other relevant information on health and safety. The RoSPA website www.rospace.com is an excellent source of information about safety and accident prevention both within the home and within industry and information on occupational safety training and advice on accident prevention within the work place is available.

Exemplar risk assessment tables (similar to the extract shown below) could be introduced to give learners an understanding of the step by step process of risk assessment. Learners need to gain an understanding of the risks of harm and injury and how these can have lifelong consequences for individuals. Home accidents data and case studies highlighted within the media could be a starting point for delivering this aspect of the unit.

Risk Assessment**DATE OF ASSESSMENT: 15/09/11****REF: Progress House Nursery****ASSESSOR: J. Adams**

Task	Hazards identified	Persons affected	L *	C*	Risk rating	Control measures	Residual risk	Further action/ monitoring priority
Entry via main door using steps	Falling down steps.	Small children	3	5	15 H med	Adults to accompany children at all times, keep steps maintained and install hand rails on both sides.	3x 4 M	Install warning signs High priority
	Falling from side of steps.	Small children						
	Risk of injury to pushchair users coming up and down steps.	Adult visitors	4	4	12 Med	Install access ramp at the proper gradient c/w hand rails.	1x3 L	Maintain ramp by gritting in winter and keep clear of leaves etc. High priority
	Unauthorised entry by visitors with risk of children wandering off. Especially with toilets by the front door.	Children	3	5	15 H med	Front door to be provided with key pad lock and automatic closer (door hinges to be guarded with finger guards) exit be by turn key to allow rapid exit in emergency. Door chime to indicate when door opened.	2x5 L med	Maintain door fittings and alarm battery. Change code when staff leave. Consider having front office manned at all times with vision panels to side. H priority

*L = likelihood 0-5 (1 = not very likely)

*C = severity of consequence 0 - 5 (1 = if it did happen, harm is minimal)

L x C = **Risk rating:** 0-7 low 8-16 Medium 17- 20 High 21 – 25 V. High (unacceptable level of risk)**LO4 Understand priorities and responses in dealing with incidents and emergencies**

Another entirely optional but complementary and practical activity could see Learners benefiting from taking a first aid course to support their knowledge and understanding. A first aid course would give learners knowledge of how to deal appropriately with a range of injuries/illnesses and situations whilst gaining an understanding of how to preserve their own health and safety and that of others around at them. Outside speakers such as emergency service workers or health and safety experts would be a valuable source of knowledge particularly if learners were unable to complete a first aid course at this time. This may be a good opportunity for learners to engage with the health and safety officers within their place of learning and look at the policies/procedures in place to protect their safety. The fire escape plan could be looked at as an example of the legal requirement to plan for a fire emergency, records of fire escape practices and maintenance of fire escape equipment could also be included. This outcome could be linked to legislation and the responsibilities of individuals associated with some incidents, e.g. recording, reporting to relevant authorities.

Scenarios and role plays of incidents and emergencies could be used to allow learners to consider appropriate responses, for example an individual falls and sustains a suspected broken leg, or chemical are spilled within a health and social care setting, or an extremely heavy snow fall is forecast. Learners need to learn how to respond appropriately to a range of situations in a way which maintains respect and dignity of individuals involved. For example trying to maintain the privacy of affected individual/s, removing unnecessary people from the scene, being respectful of individual wishes.

Learners need to have an understanding of priorities when dealing with incidents and emergencies and again scenarios could be given to learners so they can list the actions to take in order of priority. These priorities should include the need to report the incident if required, the review of policies and procedures if appropriate to identify necessary improvements to ensure the continued safety of people and property.

SUGGESTED ASSESSMENT SCENARIOS AND TASK PLUS GUIDANCE ON ASSESSING THE SUGGESTED TASKS

P1 – The assessment for this outcome could be based around photographs or scenarios if learners have not been able to undertake work placement in a health and social care setting up to this time. If placement has been undertaken then accounts from learners' reflective diaries could be used as to gain evidence of learners identifying potential hazards within the workplace. A minimum of six potential hazards should be explained within a written assignment or an individual learner presentation could be used to give learners the opportunity to link identified hazards to their work placement experience.

P2 – The evidence to meet the assessment criteria would fit well into a descriptive table or poster which gives outline information about the legislation, policies etc and how each relates to health safety and security within health and social care environments.

M1 – Could be achieved within a written task allowing learners the scope to explain in detail the roles and responsibilities relating to the health, safety and security of individuals in a health and social care setting. Learners must include a range of different roles and the responsibilities.

P3, M2 and D1 – It is important that learners undertake an actual risk assessment of a relevant area. If work placement is being undertaken at this point this would be an excellent opportunity for learners to undertake this task and apply their understanding to practice. If not, a visit to a suitable public area or relevant establishment could be arranged to allow learners to undertake this assessment, e.g. retail area, swimming pool, public park, sports ground, beach.

A risk assessment table that learners complete would be a good starting point for the pass criteria and help to support learners to provide the correct information. The recommendations could be added to the risk assessment table within the correct section, although a written account would need to be undertaken to allow learners to show knowledge and understanding. D1 requires learners to evaluate the controls suggested within the risk assessment and this evaluation will also need to be included written this task.

P4, M3, D2 Learners could demonstrate understanding of priorities and responses when dealing with incidents or emergencies through video recording of simulation of situations, or video clips of appropriate emergencies e.g. fire, flood, first aid emergency.

To meet the requirements of criteria M3 the learners could produce a written account of the importance of maintaining respect and dignity when responding to incidents and emergencies. D2 requires the justification of the review of policies and procedures following critical incidents and this could be completed within a written assignment or a learner presentation.

MAPPING WITHIN THE QUALIFICATION TO THE OTHER UNITS

Unit 25: Support work in social care

LINKS TO NOS

Partial coverage:

HSC32 Promote, monitor and maintain health, safety and security in the work environment

- a – Monitor and maintain the safety and security of the working environment
- b – Promote health and safety in the working environment
- c – Minimise risks arising from emergencies

HSC3117 Conduct a health and safety risk assessment of a workplace



CONTACT US

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