

Daily update (22 February 2024, 11.45am)

Topics in this Core Brief:

- Entonox Gas Generic Risk Assessment Review
- eESS message for managers
- Introducing new a new falls resource for acute inpatient services

Remember, for all your latest news stories, visit our new Staffnet Hub: <u>GGC-Staffnet Hub - Home (sharepoint.com)</u>

Entonox Gas Generic Risk Assessment Review

The Safety Health and Wellbeing (SHaW) team have reviewed the current risk assessments used in our maternity units for the use of Entonox (50% Nitous Oxide and 50% Oxygen from piped and cylinder systems, also commonly known as Gas and Air).



These new generic risk assessments have been developed with a range of colleagues including a selection of our midwives,

Make Safety Personal

staff from other departments and Staffside Health and Safety Representatives. The new Entonox generic risk assessments have also been approved by the Health and Safety Forum, Medical Gases Committee and Acute Clinical Governance Forum.

Any departments who use Entonox can access the generic risk assessments from the dedicated SHaW intranet site and are held on our <u>Control Of Substances</u> <u>Hazardous to Health (COSHH) (sharepoint.com)</u> page.

Reminders to review these risk assessments will be prompted via the SHaW Task Calendar.

Action: Please download and review the details then update with the following;

- Department name and location
- · Any local hazards or risks not included in the templates
- Additional local controls that are deployed in departments
- Consider the rating of the risk based on those additional controls

• Remember to date, sign and share with your teams.

If you need support with this please reach out to your local Health and Safety professionals who are listed within the <u>Safety-Health-and-Wellbeing--SHaW--</u><u>Site-Services-Team-Alignment on a page version. 13.12.2023.pptx</u> page.

February 2024 – eESS Communication for Managers

Following the latest HR/Payroll Group Meeting, Payroll have

requested that a communication is circulated to Managers, in ^{Employee Support Sy} order to try and reduce the number of overpayments/ underpayments to staff resulting from incorrect/late/no transactions being processed/received.

<u>This guide</u> has been created to provide guidance on types of transactions which if not carried out correctly, commonly result in pay-related issues.

Introducing new a new falls resource for acute inpatient services

New resources have been created to help support you to deliver good post-fall care.

Using available data and actions from previous falls with harm, post-fall management is an area commonly identified as a learning theme. One key element identified was post-fall moving and handling. We know from evidence that best practice actions taken immediately post inpatient fall can lead to better outcomes and experiences for our patients. A quality improvement project was commenced within Clyde Sector to explore how we support our staff with the knowledge and skills to deliver good post fall care consistently. As a result we aimed to devise a poster resource to guide staff in the key elements of care in particular top-to-toe assessment and correct moving and handling. As part of this resource there are links to post fall simulation videos.

Following consultation within Clyde, and then board wide, the resource is now ready to be launched. In the coming weeks a hard copy of the poster will be issued to all acute wards. The poster can be viewed below. Additional copies will be available to order through medical illustration.



	<u>.</u>		Post Fall Gu	laance	Create Cla
Shout for Help Time to Assess Offer Reassurance Post Fall Assessment	Post Fall Algorithm		Think Safety Check for Hazards	Top to Toe Assessment Body Chart	
Find pa	tient on the floor 🔶 Shout	for help / Pull Emerger	ncy Buzzer	A Top to Toe Assessment must be carried out at	the time of the fall, PRIOR to moving the patient.
Signs of Life	News/ACVPU/OCS		No Signs of Life	In the patient in pain? Administer prescribed analges to moving the patient. Ask medical staff to review/noo analgesia if a significant injury has been sustained.	
to not move				Some common injuries from fails & what to look our fe	Anti-coagulant drugs?
he patient			For Cardiac Arrest Dial 2222	Mouth - Check no teeth have been dislodged/ bitten tongue.	Head Injury - Check for cuts/ haematomas
			*	Eears / Nose - Check for bleeding.	Was there LOC? Reduced GCS Commance Neuro obs
op to Toe Assessment	See Body Chart & Consider	Analgesia		Spinal Fracture / Injury -	
Possible Hip / Pelvic njury / Fracture	Possible Spinal Injury / Fracture	Possible Head	Minor or No Apparent	Keep the patient still if they: Struck spine/neck New/worsening symptoms	Shoulders / Arms / Wrist Fracture / Dislocation Any pain or reduced range of
ise a flat lift - (hoverjack) o safely move the patient if the floor.	Stabilise neck with a hard colar. Use a flat lift/ spinal board to safely move the patient of the floor. A stable move the patient of the floor.		methods to safely move the	Pins & needles Tingling/numbness/ weakness Back/trunk/neck pain Any loss of sensation – bladder/bowel Ungern medical review required	May deformation and the second
	Post Fall (hacklist		Copulation and the second	Leg shortening (new) +/or pa in reported in the groin or
Update all risk assessments/care plan Ask medical staff/ANP/HANS to review				Ankle / Tib / Fib Fractures -	palpation of lateral aspect of the thigh
Record accurately in nursing notes include time, Medical staff to comp M&H method used Within 24 hours		plete post fall review tool	Any deformities / bruising or swelling Pain Reduced range of movement	External rotation Reduced range of movement	
Complete a DATIX Inform SCN/Lead nurs		rse		Unable to straight leg raise Low back pain	
		a falls risk at the safety brief	Apply immediate first aid to minor injuries / skin flaps / lacerations /	Severity Four Any fracture except freques and taxes.	
 Consider a post fall del 	brief	 What can we do to p 	prevent another fall	* All falls must have a post fall medical	Major Harm Dislocation of Hips, Shoulders, knees and spine Head injuries Le. SDH, SAH
Your nearest Flat Lift / Hoverjack Neuro Obs - NICE Guidelines 232: - Hall hourly for 2 hours - Hourly for 4 hours		Please scan to watch Post Falls Simulation Videos	review within 24 hours * Severity 4/S injuries, should be reviewed immediately	Less of Vision Severity Five Extreme Ham	
	advised by n	ntEno longer required as wolcal staff stion must be reported		If the patient has sustained a significant injury (fracture / head injury) they must be referred to	If the patient has had more than one fall, consid referral to the Hospital Falls Co ordinator via Tr

This complements the existing post-fall checklist sticker which was recently revamped and relaunched and is being utilised in a number of areas in Clyde and across the board. If you are interested in improving your post fall management these can be ordered through medical illustration – MI 319456.

For any further information then please contact your hospital falls coordinator:

- North Sector: <u>susan.fraser@ggc.scot.nhs.uk</u> or <u>alison.patterson2@ggc.scot.nhs.uk</u>
- Clyde Sector: <u>shona.mackinnon@ggc.scot.nhs.uk</u>
- South Sector: <u>elaine.mclaren@ggc.scot.nhs.uk</u> or <u>lindsey.rolling@ggc.scot.nhs.uk</u>
- Or Laura Halcrow Acute Senior Falls Prevention Lead Laura.Halcrow@ggc.scot.nhs.uk.

Staff are reminded to make sure their personal contact details are up to date on eESS.

It is important to share Core Brief with colleagues who do not have access to a computer. A full archive of printable PDFs are available on <u>website</u>