
Code of Practice

MEWA Health and Harm Reduction Unit

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1.Responsibility for approval of policy	<i>CEO-MEWA</i>
2.Responsibility for implementation	<i>Abdalla Badhrus</i>
3.Responsibility for ensuring review	<i>Abdalla Badhrus</i>

1. Policy Statement

- 1.1. The Code of Practice clarifies the standards of behaviour that are expected of staff and volunteers of *MEWA Health and Harm Reduction Unit* in the performance of their duties.

2. Purpose

- 2.1. *MEWA Health and Harm Reduction Unit* recognises its obligations and strives to ensure that all staff members, locum workers and volunteers (hereby referred to as staff) have clearly communicated guidelines which inform their working practices.
- 2.2. The Code of Practice should be adhered to by all staff in all aspects of their work with *MEWA Health and Harm Reduction Unit* both within and outside the organisation.

3. Scope

- 3.1. This policy covers all staff, locum staff and volunteers within the organisation. It also includes people from other agencies conducting in reach services in *MEWA Health and Harm Reduction Unit* for the time they are on the premises.

4. Principles

4.1. Respect and Dignity

Staff must always respect the rights, dignity and interests of their service users. They should treat all services users equitably, and must not discriminate on grounds of lifestyle, gender, age, disability, race, sexual orientation, religion, culture, ethnicity, class, membership of the Traveller community, family status and / or marital status. This applies to clients, colleagues, or anyone else with whom they have dealings in the course of their work.

4.2. Active Inclusion

Consistent with the requirements outlined in the client Code of Practice, *MEWA Health and Harm Reduction Unit* aims to actively include people seeking access to our services. Where a staff member feels it would be inappropriate for them to provide a service, they should take all reasonable steps to help find a suitable alternative.

4.3. A Right to Complain

If service users wish to complain about the services we provide, we will uphold the right of all service users to do this. The process will be supported as consistent with the complaint's procedure. Staff must never attempt to prevent or dissuade a client from making a complaint about a service with which they are dissatisfied.

5. Key Practice Areas

5.1. Consent

- 5.1.1. Before providing a service, staff should secure the informed consent of the person concerned (or their legal representatives) and must take all reasonable steps to ensure that the nature of the service, and anticipated consequences, are adequately understood.
- 5.1.2. Staff must recognise that in some situations a person's capacity to give valid consent may be diminished and should take this into account before agreeing to provide a service. Staff must never use any form of coercion to obtain consent.
- 5.1.3. Staff must not make false or exaggerated claims about the effectiveness of the services they are providing, nor should they promise outcomes which can not be assured.
- 5.1.4. Staff must recognise and uphold an individual's right to withdraw consent at any time.
- 5.1.5. Written consent must always be secured for a person's involvement in research.

5.2. Confidentiality

- 5.2.1. All information about current or previous service users is confidential to the organisation. As such this can not be disclosed to anyone outside of the organisation without the consent of the individual unless exceptional circumstances have been identified (see 4.2.2).
- 5.2.2. Where staff hold a sincere belief that a service user poses a serious risk of harm to themselves or others, or where obliged by law, staff may be required to disclose personally identifiable information without the individual's consent. Before breaking confidentiality, however, staff should still seek to secure valid consent for disclosure from the person concerned and should consult with their supervisor or a senior colleague where this is not provided - except where the staff member judges that any delay this might cause would present a significant risk to life or health, or place the practitioner in contravention of the law. Staff should be familiar with the contents of the Confidentiality Policy.
- 5.2.3. Information obtained about any individual cannot remain confidential to one employee or agent of *MEWA Health and Harm Reduction Unit*. Such information must properly be reported to the staff team or manager as appropriate. In the case of a disclosure of sensitive information (example – alleged sexual abuse) the matter should be brought to management first.
- 5.2.4. **In such circumstances where staff members may obtain relevant information about service users through their work with other organisations, the information should be shared with the *MEWA Health and Harm Reduction Unit* staff team consistent with this policy, and the policy of the other organisation.** Likewise, information, information obtained about a service user whilst working with *MEWA Health and Harm Reduction Unit* should only be shared in accordance with our procedures for the exchange of such information.
- 5.2.5. Information identifying service users must never be published (for example in an article or book), without their written agreement (or that of their legal representatives).
- 5.2.6. All efforts will be taken to ensure that any records relating to service users are kept secure from unauthorised access, and that the requirements of the Data Protection Act should be always complied with. Staff should be familiar with the contents of the Data Protection Policy.
- 5.2.7. In addition to the above guidelines, *MEWA Health and Harm Reduction Unit* strives to uphold its obligations on information provision and retention under all relevant statutory provision.

6. Professional Conduct

6.1. General

- 6.1.1. All staff should be reliable and punctual, and staff appearance should be appropriate for professional relations.
- 6.1.2. Staff shall avoid all acts which are likely to bring the name of *MEWA Health and Harm Reduction Unit* into disrepute.

6.2. Professional Competencies

- 6.2.1. Staff should keep their knowledge and skills up to date. They should not attempt to work beyond their competence, if a situation arises where staff do not feel they have the competency or training to adequately undertake the task assigned or required as part of their role, they should discuss this with their line manager at the earliest possible convenience.
- 6.2.2. Staff should take care to present their qualifications and experience accurately and to avoid these being misrepresented.
- 6.2.3. Staff should refrain from practice when their ability to act professionally is impaired as a result of a psychological or physical condition, for example, an on-going or recent alcohol or drug related problem, illness, personal stress etc. Where a staff member is

under any doubt as to their ability to work effectively, they should seek the guidance of their manager.

- 6.2.4. Except for medication taken under direction of a doctor, staff should not take any mood-altering substance, including alcohol, prior to, or while carrying out, their work. Staff should never practise while their competence is impaired by the use of any mood-altering substance.
- 6.2.5. Staff need to be aware of their role as defined in their job description and the policy framework of the organisation. If there is ever a situation where the application of the organisations policies is unclear the staff member should seek advice from their line manager or, in the event that they are not available, a senior member of staff at the earliest convenience.

6.3. Relationship with Colleagues

- 6.3.1. Staff should always maintain professional communications with colleagues.
- 6.3.2. Staff should be aware of, and work to, the behavioural standards set out in the Dignity at Work Policy.
- 6.3.3. Staff must not condone, support, conceal or otherwise enable the unethical conduct of colleagues. Where they are aware of, or have good reason to suspect, misconduct on the part of a colleague this should be discussed with the staff member's own line manager.
- 6.3.4. If a staff member is approached by a colleague with a complaint regarding another staff member, they should advise the colleague to address the issue with his/her line manager.
- 6.3.5. Where a conflict arises that can not be managed within the general communications of the service this should be brought to the attention of each staff member's line management as soon as possible. It would be expected that that staff will engage in any required meetings or mediation outlined by the management in order to resolve any issues arising.

6.4. Relationship with Service Users

- 6.4.1. It is the responsibility of staff to ensure a professional relationship with service users.
- 6.4.2. It is the responsibility of staff to be aware of the social, legal and professional consequences of any act requested of them by a service user.
- 6.4.3. Staff must not abuse their client's trust in order to gain sexual, emotional, financial or any other kind of personal advantage.
- 6.4.4. Staff should not engage in sexual relations, or any other type of sexualised behaviour, with or towards service users.
- 6.4.5. As a general guideline, staff may not:
 - 6.4.5.1. lend or borrow money to or from service users
 - 6.4.5.2. make or receive gifts to or from service users. Any exceptions to this rule, where a decision is made by a staff member based on a specific circumstance, should be discussed with their line manager.
 - 6.4.5.3. sell or purchase items to or from service users
- 6.4.6. Staff should exercise considerable caution and consult their manager before entering personal or business relationships with former service users and should expect to be held professionally accountable if the relationship becomes detrimental to the service user or to the standing of the profession.
- 6.4.7. Staff should not carry out an assessment or intervention with, or provide supervision to, someone with whom they have an existing close personal relationship. In the event of a staff member having an existing close relationship with any person who is referred to an agency in which they work, this should be drawn to the attention of their manager.
- 6.4.8. Staff should not impose their personal beliefs (for example: religious, spiritual or political) on service users.
- 6.4.9. Staff who leave employment with *MEWA Health and Harm Reduction Unit* who maybe in contact with service users of the service in another capacity should ensure they do not undermine the relationship the organisation has with the service users. The

ex-staff member should communicate clearly with the service user that they are no longer working with *MEWA Health and Harm Reduction Unit* and to encourage them to seek support with *MEWA Health and Harm Reduction Unit* as appropriate.

6.5. Professional Supervision

6.5.1. All staff should have regular professional supervision, focusing on reviewing, guiding and supporting their practice.

6.5.2. Where a staff member has any serious doubts about how to handle a particular situation, including in relation to this Code of Practice, they should discuss this with their supervisor / line manager at the earliest opportunity.

7. Public Profile

7.1. All Staff are expected to commit to the aims and objectives of *MEWA Health and Harm Reduction Unit* in all external contacts.

7.2. Invitations to speak on behalf of the organisation may only be accepted with prior permission of the *MEWA Health and Harm Reduction Unit*. Additionally, no staff member can give information to the media without the permission of the *MEWA Health and Harm Reduction Unit*. No staff member may permit a member of the media onto the organisation's premises without the permission of the *MEWA Health and Harm Reduction Unit*.

8. Finance

8.1. *MEWA Health and Harm Reduction Unit* is committed to a high standard of financial transparency.

8.2. Detailed financial procedures are outlined in the Financial Policy and Procedures, staff should be aware of anything within this policy pertaining to their role and this policy should be fully adhered to by all staff

8.3. All financial donations will be sent directly to the *MEWA Health and Harm Reduction Unit*. This includes any fees, payments or gifts which any staff receives as a result of their connection with the organisation must be declared to the *MEWA Health and Harm Reduction Unit*.

8.4. Anyone with a financial interest in any organisation or individual with whom the organisation is carrying out a transaction should declare that interest.