PRACTICE OBSERVED

Practice Organisation

How safe is your surgery?

ANNE PAINE

The Health and Safety at Work Act 1974 is a law of our working lives, and there is a good deal for the doctor in the practice manager's or nurse's role to learn. But there are other aspects of practice management which the doctor can learn from. There is the role of the health and safety officer who has a legal responsibility under the Health and Safety at Work Act 1974 to see that safety has been properly provided for. There is the role of the team leader, who can have a significant effect on the development of a practice. And there is the role of the partner, who is the chief executive officer of the practice.

A recent study of 1000 general practitioners showed that 75% of them had never received any training in accident prevention, and that 50% of them had never received any training in accident management. This is an alarming situation, and it is clear that there is a need for more education in this area. The Health and Safety at Work Act 1974 places a duty on employers to provide a safe place of work for their employees. This duty applies to all places of work, including the doctor's surgery.

The Health and Safety at Work Act 1974 requires employers to provide a place of work that is safe and without risks to health. This means that they must take all reasonable precautions to prevent accidents occurring. The Act also requires employers to provide training and instruction for their employees in the use of work equipment and in the performance of work activities.

In addition to the duties under the Health and Safety at Work Act 1974, there are other duties which are owed to employees. These duties include the provision of a safe place of work, the provision of work equipment, and the provision of training and instruction.

Precautions

There are several precautions which can be taken to reduce the risk of accidents occurring. These include:

1. Providing a safe place of work
2. Ensuring that work equipment is safe
3. Providing training and instruction
4. Providing a first aid kit
5. Providing a fire extinguisher

A recent study of 1000 general practitioners showed that 75% of them had never received any training in first aid, and that 50% of them had never received any training in the use of fire extinguishers. This is an alarming situation, and it is clear that there is a need for more education in this area.

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Practice Research

Respiratory consultations in asthmatic children with non-asthmatic children in general practice

MARK LEVT, MOHINI FARMA, DAVID CORTEZ, STEPHEN DUFFY

Abstract

In a retrospective study we found that before a diagnosis of asthma, over half of the children with severe wheeze who were non-asthmatic had consulted their family doctor. These children were compared with a group of children who were non-asthmatic but under the age of 5 who had no wheeze. The results showed that there was no significant difference in the number of consultations between the two groups. The results also showed that there was no significant difference in the number of consultations between the two groups. These results suggest that children who present with respiratory symptoms should be managed in the same way as those who present with asthma.

Introduction

A recent study of respiratory consultations in children with and without asthma before a diagnosis had showed that children had significantly more respiratory consultations with non-asthmatic children in general practice.

Methods

A retrospective study of all children who had consulted their family doctor with a respiratory complaint between 1975 and 1980 was carried out. The records of all children who had consulted their family doctor with a respiratory complaint were reviewed. The children were divided into two groups: those who had been diagnosed with asthma and those who had not. The results were then compared with the results of a similar study carried out in 1975.

Results

The results showed that children who had been diagnosed with asthma had significantly more respiratory consultations than children who had not been diagnosed with asthma. The results also showed that children who had been diagnosed with asthma had significantly more respiratory consultations than children who had not been diagnosed with asthma. The results also showed that children who had been diagnosed with asthma had significantly more respiratory consultations than children who had not been diagnosed with asthma. The results also showed that children who had been diagnosed with asthma had significantly more respiratory consultations than children who had not been diagnosed with asthma. The results also showed that children who had been diagnosed with asthma had significantly more respiratory consultations than children who had not been diagnosed with asthma. 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