

Agency Staff Local Induction Pack for GWH Acute

*NB if the individual will be working within the ward/department one month or greater Trust Induction must be attended and the full induction checklist must be completed.*

**Please post/hand deliver to the Bank Office in Commonhead Offices at**

**The Great Western Hospital, Marlborough Road, Swindon, SN3 6BB**

**Prior to commencement of first shift at the hospital**

**Please complete\***

**\*Name of Temporary Worker ……..………………………………...………………………**

**\*Name of Agency / organisation ………………………………………………….…………..**

**\*Post Title** **………………………………………………….……………**

**\*Date of shift ………………..…………………………………………..…**

Trust to complete

Department ……………………………………………………………

Directorate .……………………………………………………….…...

Name of recruiting Manager ……………………………………………………………

This checklist is to ensure that all aspects of your induction are covered in a timely and effective manner. If you have any questions please discuss with ward/department staff on arrival. All of our policies and procedures can be found on the Trust Intranet site.

Please note we operate a **smoke free** site policy.

| **THE WARD / DEPARTMENT**  ***The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the department.*** | **Tick when completed** |
| --- | --- |
| Orientation to the ward/department and any other areas within the department relevant to assignment booking. | Discuss with ward staff on arrival |
| Introduction to local protocols, Safe Systems of Work, Risk Assessments and Emergency procedures discussed / provided by department. |
| Car parking: Temporary parking passes available from the Bank Office and are allocated in accordance with the Trust Policy Travel choices for staff and visitors which is available on the intranet.  Parking arrangements discussed and understood. |
| Creche and Child Care arrangements:  Creche facilities are available on site all enquiries for availability contact Buffer Bear Nursery directly on telephone 01793 604861 |
| Catering Arrangements:  Onsite facilities include main hospital restaurant located in main atrium and alternative staff café “Bookends” located on the lower ground floor main GWH site and Café Blue located in the Brunel Treatment Centre please see each location for exact opening times |
| Function and structure of the ward/department. |
| Process for raising any issues and concerns provided and discussed |
| Introduction to key individuals within the ward/department. |
| Confirm hours of work and shift patterns where applicable. |
| “On Call” and bleep arrangements. Bleep number = 88 |
| **Recognition of the deteriorating patient**  The GWH uses the National Early Warning Scoring (NEWS) system to help staff identify when patients are physiologically deteriorating. A small number of our patients experience avoidable deterioration and even cardiac arrests. Staff do not always recognise and act appropriately in response to changes in a patient’s physiological observations. As an organisation we are working to address this issue as part of an initiative called ‘Sign Up to Safety’ and need everyone who works at the GWH on board with this important work.  The NEWS system which is integral to the observation chart is there to support and guide all staff in identifying when physiological changes and problems are developing. This is an aggregated scoring system so the higher the total across all the parameters the sicker the patient is. When working at the hospital we expect that all staff familiarise themselves with this tool and use it correctly at all times in line with Trust Policy.  **Completing the chart**  When you complete a set of observations you must complete **ALL** parameters carefully to get a correct score. Document clearly each observation and note the colour and score for each parameter.   * Any observations in the **WHITE** area score 0 * Any observation in the **GREEN** area score 1 * Any observation in the **ORANGE** area score 2 * Any observation in the **RED** zone score 3   Accurately total the score across all the observations and document this total at the bottom of the chart. Also make a note of any parameter that falls into a Red zone (Score 3) as this means that that observation is very abnormal and requires action.  Noting the total score and if any parameter falls into a red zone now look at the ‘NEWS Escalation’ section on the observation chart. You **MUST** follow the actions listed against the score you have for the patient. This includes the frequency of observations and also any required clinical response.  You must complete the ‘Instruction’ section on the observation chart with what actions you have taken and when. Any deviation from the ‘NEWS Escalation’ **MUST** be documented and explained.   |  |  | | --- | --- | | **DO,**   * Include all parameters * Record each observation so it sits in just **ONE** row * Add up correctly and write the total score at the bottom of the chart * Follow the ‘NEWS Escalation’ for the score you get * Document your actions in response to a score in the ‘Instruction’ section on the chart | **DO NOT,**   * Don’t pick and choose which observations to include * Don’t write across multiple rows * Don’t be sloppy with your adding – this is important information about your patient   Don’t fail to act |   **Together we can save 500 extra lives** | Sign to confirm that the information has been read and understood |
| **Child Protection**   * The ‘Children Act’ (1989 and 2004) and the ‘Working Together’ to safeguard Children document (2006) state we have a statutory duty to safeguard and promote the welfare of children and therefore a duty to report concerns. * The South West Child Protection procedures (SWCPP 2007) give local guidance in relation to reporting concerns on child protection. * You can find this information on the intranet under Trust Document or direct on [www.swcpp.org.uk](http://www.swcpp.org.uk). * All Trust staff have a responsibility to report either suspected or actual abuse. * If you have any concerns relating to the welfare of a child under 18 years please speak to your ward/dept manager. You can also contact the Paediatric Registrar or Paediatric Consultant of the week. * The Trust also has a named Doctor and Nurse for Child Protection that can offer advice and supervision. They can be contacted via extension 4944. | Discuss with ward staff on arrival |
| **Safeguarding Vulnerable Adults**   * The ‘No Secrets’ guidance in March 2000 stated that agencies need to work together to ensure the protection of vulnerable adults. Swindon and Wiltshire have produced Policy and Procedures to protect vulnerable adults from abuse and these can be found on the hospital intranet. * All Trust staff have a responsibility to report suspected or actual abuse. * If you suspect abuse or have any concerns relating to the above, please discuss with your word/dept manager or the relevant doctor for the patient. You can also contact our social services department on extension 5193. * You can also contact the Senior Nurse or Departmental Manager of your area or Paediatric Registrar or Paediatric Consultant of the week. | Discuss with ward staff on arrival |
| **Resuscitation procedures:**   * All resuscitations should be managed according to current **Resuscitation Council (UK) Guidelines.**   **The Medical Emergency team should be called on 2222** when encountering a casualty who: a) Has a cardiac Arrest, b) Has a Respiratory Arrest, c) Whose condition is deteriorating, cardio respiratory arrest maybe imminent and help is required rapidly   * **Once you Dial 2222** the switchboard operator will answer immediately. * State clearly “Medical Emergency Team” followed by the location you are calling from e.g. “Medical Emergency Team CCU level 1” the operator will repeat the message back to ensure the correct information has been given. The caller should confirm the details as repeated are correct then terminate the phone call. The Medical emergency team will then be called and sent to the appropriate location. * In the event of a **paediatric emergency** the caller must specify “Paediatric Emergency Team” this will ensure the most appropriate team are summoned. * For some areas, away from the acute hospital building e.g. Commonhead, Downsview house and Buffer Bear a 2222 call will result in the ambulance service being called and a limited emergency team response. * Resus trolleys/ or hand held defibs and equipment bags are found in key areas around the trust – they can be opened by opening and pushing back firmly the flap covering the bottom drawer. | Discuss with ward staff on arrival |
| **Fire safety procedures and assembly points:**    **Action on discovery of a fire:**    Raise the Alarm - 2222   * Close all doors and windows to contain the fire * Evacuatepeople from the immediate vicinity   **On hearing an INTERMITTENT alarm:**  Stay where you are and wait for further instruction  **On hearing a CONTINUOUS alarm:**  To confirm fire call **2222**  When the fire has been confirmed evacuate via the nearest exit using stairwells and assemble at the nearest assembly point in the hospital grounds. DO NOT USE THE LIFTS.     * Fire exits – note location * Equipment – do not use unless trained to do so * Evacuation procedures – each area has these on display please read now | Discuss with ward staff on arrival |
| **Moving & handling procedures:**   * **Every member of staff, including Bank and Agency staff must,** while at work, make full and proper use of risk assessments and Safe System of Work. * **Every member of staff, including Bank and Agency staff must** have a duty to take reasonable care of their own safety and that of fellow colleagues, patients and visitors. * **Every member of staff, including Bank and Agency staff must** ensure a Report in writing is made (via IR1 Report Form) for any handling. * **Every member of staff, including Bank and Agency staff must** use the appropriate equipment provided for their safety and ensure that their work wear and protective equipment is selected with the job in mind. * **Every member of staff, including Bank and Agency staff must** consider not only the weight of the load but also other factors, such as: Method of handling/movement, Stability, Environmental constraints, Own knowledge, training and instructions.   **Every member of staff, including Bank and Agency staff must** inform the manager/supervisor of the area they are working in about any physical condition which may have an affect on their ability to perform their work tasks e.g. pregnancy, back problems, musculoskeletal problems etc. | Discuss with ward staff on arrival |
| **Patient Information Safety:**   * Protect patient information as if it was your own * Always ensure information is recorded accurately and timely * You cannot access your own, your family’s, friend’s or colleagues medical records unless you are directly involved in their care * You should not discuss patient information within earshot of others * You should share the minimum amount of patient information required * You should read and follow the “Safe Haven” fax guidelines * Shred or tear up printed waste or use the confidentiality bin/sacks for personal or sensitive waste * Send ALL internal and external letters in sealed envelopes clearly addressed to the recipient   Code of Conduct for Employees in Respect of Confidentiality:   * Aware of policy (see Trust Documents section of Intranet) * Aware of access restrictions as relevant to role * Aware of consequences of not adhering to policy | Discuss with ward staff on arrival |
| **Medicines safety procedures:**  For Guidance access ***Trust Policy for the Control and Administration of Medicines (June 2008)*** **Key points:**   * Storage * Who can prescribe * Good prescribing practice * Who can administer * What they can administer * Administration process * Checking process (June 2008) * Documentation   For medicines information and Risk assessments access intranet page – pharmacy home page or ring pharmacy on **ext 5029** | Discuss with ward staff on arrival |
| **Incident reporting procedures:**  The HSE regulations required for a “responsible person” to report by the quickest practicable means Report Form **(an IR1)** where there is an accident connected with work and where:-   * + any person dies;   + any person at work suffers a “major injury” or falls   + a member of the public suffers an injury necessitating their being taken to hospital for treatment (does not include accidents in association with medical treatment);   + a member of the public suffers a “major injury” as a result of an accident in connection with work at a hospital;   + there is a “dangerous occurrence”   **Ensure you know the location of Incident forms for the area you are working in.**  (See RIDDOR Policy for more details) | Discuss with ward staff on arrival |
| **Hand Hygiene procedures:**   * Hand decontamination is the single most important measure for preventing the transmission of infection and has a dual role to protect both the **patient** and the **health care worker** from acquiring microorganisms. * **It is essential therefore that hands are decontaminated immediately:**   · before each and every episode of direct patient care/contact  · after any activity that would potentially result in hands becoming contaminated  · on entry and exit to wards/departments  . after removal of gloves   * **Prepare hands prior to decontamination by:**   Remove stoned rings; wristwatches and bracelets, long sleeves must not be worn or be securely rolled up. Nail varnish, artificial nails or nail extensions must not be worn   * **Routine hand decontamination:**   If skin is contaminated with blood or body fluids, wash off immediately with soap and water.  Hands must be washed and thoroughly dried after the removal of gloves.  Alcohol hand rub can be used to disinfect visibly clean hands.  Hands must always be washed with soap and water following contact with a patient with Clostridium Difficile  Rub socially clean hands systematically with Purell alcohol hand rub or equivalent, covering all surfaces until the solution dries (approximately 15 seconds) or wash hands systematically with soap and warm water for 10 - 15 seconds, covering all surfaces.  The following 6 step technique plus wrists should be used:    **It should be remembered that gloves are used in addition to hand decontamination,**  **not instead of.** | Discuss with ward staff on arrival |
| **Infection Control – Standard precautions**   * **Standard Precautions** provide guidance on infection control precautions that should be applied by **all** health care practitioners. Their aim is to protect patients and health care workers from acquiring healthcare associated infections. * **It should be noted that standard precautions are the minimum standard required when caring for patients.** Risk assessments may indicate that additional precautions, eg isolation, may also be required.   **Standard Precautions apply to:**  Body fluids which may contain blood-borne viruses eg HIV, hepatitis B and C:  Body fluids which may contain other pathogenic micro-organisms:  **Standard Precautions cover:**   * **Hand Decontamination – see above** * **Broken Skin -** Cuts should be covered with a waterproof dressing. * **Sharps -** After use, needles, blades should be discarded directly into a sharps container Used needles are not re-sheathed and sharps are not passed from hand to hand. Sharps containers must not be overfilled and the temporary closure used to reduce the risk of sharps injuries to staff.   If you sustain a sharps injury you should immediately:   * Encourage bleeding * Rinse thoroughly under running water with soap * Cover with a waterproof plaster * Report to your line manager and complete Trust Incident form - IR1. * Inform Occ Health. Out of hours go to the Emergency Dept for advice on hotline ext 4472 * **Personal Protective Equipment -** Gloves should be worn when direct contact with body fluids is anticipated. Used gloves should be discarded into aclinical waste bin. Plastic aprons should be worn whenever direct contact with the patient or (when contamination) when entering an isolation room.   **Infection Control – Standard precautions continued**   * **Spillages of Blood and Body Fluid -** Wear protective clothing. Surfaces contaminated by blood should be cleaned using a hot detergent solution and dried with paper roll All non-sharp waste and protective clothing should be disposed of into a yellow clinical waste bag. * **Waste and Linen Disposal** - Waste contaminated with blood or body fluids should be discarded into orange clinical waste bags. Excreta should be discarded directly into the macerator or toilet. * **Specimens -** All pathology specimens must be clearly and correctly labelled and placed, contained and sealed within the plastic bag for transportation to the laboratory. * **Death -** If bodies continue to leak blood or body fluid, Trust guidance for re packing must be followed * **Environmental Hygiene -** Any deficit in the standards of environmental hygiene should be reported immediately to Carillion **S**ervices (FM) help desk | Discuss with ward staff on arrival |
| **Health and safety procedures:**  **Security** - The Great Western Hospitals NHS Trust has a duty and more over, wants to provide a safe and secure environment for patients, employees and visitors. If you encounter or suspect a possible violent, aggressive, threatening or abusive for incidents. Please call security – **ext 4601**  **COSHH –** If your supervisor identifies that you will be exposed to a substance covered by COSHH regs suitable instruction and training should be sought at department level. This should include:   * Details of that substance and its effects * Findings of risk assessments * Safe systems of work * Emergency procedures | Discuss with ward staff on arrival |

*Please retain the Policy document and detach this page and return completed and signed*



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*NB if the individual will be working within the ward/department one month or greater Trust Induction must be attended and the full induction checklist must be completed.*

**This document must be completed on the first shift at the hospital.**

***Please complete\****

**1. Agency Worker to complete**

**\*Name of Temporary Worker**  ……..………………………………...……………………

**\*Name of Agency / organisation** ………………………………………………….…………..

**\*Post Title** ………………………………………………….………….

**\*Date of shift** ………………..…………………………………………...

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**2. Ward to complete on arrival**

**\*Name of Ward** .................................................................................

**\*Name of Ward staff conducting Induction** ................................................................................

**3. Declaration**

I declare that the information on this form is true, correct and that I have been provided with and received all the information contained within. I consent to disclosure of this information if required for the purpose of the investigation of complaints and / or confirmation that a Trust local Induction has been provided.

Agency Staff Signature…………………………………………… Date…………….

Agency Staff Print Name…………………………………………. Date…………….

Ward / Department Signature …………………………………… Date…………….

Ward / Department Print Name…………………………………. Date……………..

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**FAX** the completed and signed form to 01793 646310 or

**Post** to The Great Western Hospital, Marlborough Road, Swindon, SN3 6BB or

**Hand Deliver** to the Bank Office, The Great Western Hospital

**4.** **Bank Office (Acute) to complete**

**Completed Induction received and logged by .......................................................................................**

**Signature ……………....................................................................**

**Date received ………..………...............................................................**

**Agency Worker placement profile received.**