## Appendix 5: AGENCY NURSE, CLINICAL STAFF INDUCTION CHECKLIST

|  |  |
| --- | --- |
| Name (Please Print) |  |
| Role & Agency |  |
| Ward/Clinical Area |  | Date of shift |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please use correct induction list relating to the temporary member of staff’s role.** | **Agency Nurses** | **Temp****HCA** | **Temp Clinical Staff** | **Temp****Therapy Staff** | **Completed**Please ✓ as appropriate |
| **1.** Have you had Level 2 or above Safeguarding Training or relevant Safeguarding update within the last year? NB: **If NO the worker is unable to continue working and must be sent off duty and TSO and Agency informed** | ✓ | ✓ | ✓ | ✓ | YES / NO |
|  2. Orientation to the Ward/clinical area | ✓ | ✓ | ✓ | ✓ |  |
|  3. Fire Procedure, (exits and evacuations) | ✓ | ✓ | ✓ | ✓ |  |
|  4. Cardiac arrest and urgent help procedure - Dial 2222. | ✓ | ✓ | ✓ | ✓ |  |
|  5. Location of both Resus Trolley and Sepsis boxes | ✓ | ✓ | ✓ | ✓ |  |
|  6. Procedure for use of the Sepsis Screening  Tool and application of Sepsis 6 Protocol. | ✓ |  | ✓ |  |  |
| 6a Hypo/Hyperglycaemia pathway. | ✓ |  | ✓ |  |  |
|  7. Procedure to contact an on call doctor | ✓ |  |  |  |  |
|  8. Nurse Call System & Vocera  | ✓ | ✓ | ✓ | ✓ |  |
|  9. MRSA screening swabs | ✓ | ✓ |  |  |  |
| 10. NEWS & AVPU Observations | ✓ |  |  |  |  |
| 11. VIP scoring | ✓ |  | ✓ |  |  |
| 12. Medical Equipment | ✓ | ✓ |  | ✓ |  |
| 12a Glucometer. | ✓ | ✓ |  | ✓ |  |
| 13. Moving and Handling Equipment | ✓ | ✓ | ✓ | ✓ |  |
| 14. Pharmacy Procedure to include IVI Policy | ✓ |  |  |  |  |
| 15. Admission Documentation | ✓ |  |  |  |  |
| 16. Discharge Procedure | ✓ |  |  |  |  |
| 17. FM Helpdesk number 3005 | ✓ | ✓ | ✓ | ✓ |  |
| 18. Pneumatic Tube system  | ✓ | ✓ |  |  |  |
| 19. NERVE Centre familiarisation  | ✓ | ✓ |  |  |  |
| 20. Positive & Negative Isolation  | ✓ | ✓ | ✓ |  |  |
| 21. Security Procedures, (smartcards,  ID Badge, agency name badge) Swipe Card | ✓ | ✓ | ✓ | ✓ |  |
| 22. Bare below the elbows policy / Uniform Policy | ✓ | ✓ | ✓ | ✓ |  |
| 23. Incident reporting | ✓ | ✓ | ✓ | ✓ |  |
| 24. Complaint procedure (Patients) | ✓ | ✓ | ✓ | ✓ |  |
| 25. Sickness reporting if booked for more than one shift  | ✓ | ✓ | ✓ | ✓ |  |
| 26. PAS and IT Systems Access | ✓ |  | ✓ | ✓ |  |
| 27. Sharps injuries and disposal of sharps | ✓ | ✓ | ✓ | ✓ |  |
| 28. Red Tray System  |  ✓ | ✓ |  ✓  |  ✓ |  |
| 29. Correct procedure for cleaning a commode  |  ✓ | ✓ |  ✓  |  ✓ |  |
| 30. Covid 19 and IPC controls/procedures |  ✓ |  ✓ |  ✓ |  ✓ |  |

Agency Workers Signature Date……/……/……

Induction completed by: (Please print name)…………………………………………………..

Signature and Date ……………………………………………………….……………………… Date……/……/……

**Once Completed please send a copy to PETTS Administration Department, Level 1, Education**

**Centre or to** **sfh-tr.petts@nhs.net**

## Operating Departments Short Induction Programme for Bank / Agency and Personnel on in site visits

## (to be completed on or before the first day of visit).

Name…………………………………………………..…..…………

Designation………………………………..……………………….....

Supervisor in operating department………………………………..

**Duration of Placement…………………. (if applicable)**

**(This induction package must be completed on the first morning)**

**Rationale for Placement**

**One copy of this document to be retained by the individual and one in the Co-ordinators Office (folder) if Bank. If Agency one to the Professional Education Training Team.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date** | **Sign information given** | **Sign information received** | **N/A** |
| Have you had Level 2 or above Safeguarding Training or relevant Safeguarding update within the last year? NB: **If NO the worker is unable to continue working and must be sent off duty and TSO and Agency informed** |  |  |  |  |
| Security procedures – ID Badge, Agency name badge letter or e-mail confirming placement  **\*** |  |  |  |  |
| Limited Orientation to the department  |  |  |  |  |
| Introduction to supervisor |  |  |  |  |
| Contacting the department in case of non-attendance ( if booked for more than 1 shift |  |  |  |  |
| Dress code /bare below the elbows policy |  |  |  |  |
| Infection control procedures to include completion of VIP charts, Covid 19 and where to find MRSA results in documentation  |  |  |  |  |
| Security of personal possessions |  |  |  |  |
| Departmental Fire procedures (exits and evacuations) |  |  |  |  |
| Cardiac arrest procedure  |  |  |  |  |
| Location of resuscitation equipment, sepsis boxes and sepsis tool (Recovery staff) |  |  |  |  |
| Location of difficult intubation equipment  |  |  |  |  |
| Major haemorrhage protocol  |  |  |  |  |
| NEWS  & AVPU (Recovery only) |  |  |  |  |
| Department specific issues* Communication in the anesthetic room
* Privacy and dignity
* Mobile Phones
* Confidentiality and data protection
* Restricted entry
* High risk patients
* PPE \*(masks, x-ray protection, lasers etc)
 |  |  |  |  |
| Sharps safety brief discussion |  |  |  |  |
| Reporting procedures for incidents / accidents |  |  |  |  |
| Moving and handling equipment |  |  |  |  |
| Key management in the department – House keys location, theatre keys, pharmacy keys  |  |  |  |  |

Completed by…………………………………….…….…………………….….(Print Name)

All the above identified information has been discussed and understood by me

Signature of individual.…………………………………..…Date……………………………

## AGENCY NURSE/HCA/CLINCIAL STAFF MONITORING AND AUDI PROCEDURE

**Step One**: All Agency staff data is sent to the Professional Education and Training Team on a monthly basis from individual agencies.

**Step Two:** Copies of the Temporary Staff Induction Check Lists are returned to the Professional Education and Training Team for recording. The paper-based checklists will be stored within the Professional Education and Training Team.

**Step Three:** A monthly audit will be carried out to check the returned Temporary Staff Induction Check Lists against names received from the Agencies.

**Step Four:** The Professional Education and Training Team will send a letter to Ward /Department Leaders every month regarding which staff are not complying with the Induction Policy relating to temporary staff. The letter will identify temporary staff who have not received an induction.

**Step Five:** The Professional Education will send outstanding audit results to the Heads of Nursing and Divisional Matrons on a bi-monthly basis for monitoring so compliance gaps can be addressed.