

Agency Staff Local Induction Pack for Gloucestershire Hospitals

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
<i>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.</i>
Orientation to the ward/department and any other areas within the department relevant to assignment booking.
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 Parking Shop which is located on the ground floor of the multi storey carpark and are allocated in accordance with the Trust Car Parking Policy for staff and visitors which is available on the intranet. Parking arrangements discussed and understood.
Creche and Child Care arrangements: Nursery on site – for all enquiries for availability directly on telephone Little Oaks Nursery on 0300422 5095.
Catering Arrangements: Onsite facilities include Fosters Restaurant located on ground floor near to Gallery Entrance and Costa Coffee Shop located by main entrance in the concourse. Vending machines also accessible 24/7 and large hospital shop located next to Site Management Office selling variety of sandwiches and snacks.
Function and structure of the ward/department.
Process for raising any issues and concerns provided and discussed – Ability to report incidents/concerns via Datix. Site Manager available 24/7 and Temporary Staffing Clinical and Operational Lead available

Recruitment opportunities for full, part, fixed term or temporary vacancies please see www.jobs.nhs.uk

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during Temporary Staffing opening hours.

Introduction to key individuals within the ward/department.- Will be done on arrival, local Induction Checklist to be completed to orientate to clinical area.

Confirm hours of work and shift patterns where applicable. – Will be confirmed on receipt of booking confirmation through Agency.

“On Call” and bleep arrangements. Bleep number = 80/ bleep number/ext calling from. To bleep from outside of hospital call 0300422 2222 and ask for the operator to bleep relevant person.

Recognition of the deteriorating patient

Gloucestershire Hospitals uses the National Early Warning Scoring 2 system (NEWS 2), designed to standardise the assessment of acute illness severity across the NHS, to help staff identify patients who are physiologically deteriorating. A small number of our patients experience avoidable deterioration and even cardiac arrests, where staff have not recognised, and responded appropriately to changes in physiological observations. As an organisation we are working to address this issue as part of an initiative called ‘Sign Up to Safety’. We need everyone who works at the Gloucester Hospitals on board with this important work.

NEWS 2 is integrated into the patient observation chart, and there is a response algorithm and support structure in place (identified on the reverse) to support staff in managing at risk and deteriorating patients. When working at our hospitals we expect that all staff familiarise themselves with this tool and use it correctly at all times in accordance with Trust Policy.

Completing the NEWS 2 Chart:

When undertaking patient observations, for completeness you must document **ALL** vital sign parameters (Respiratory Rate, Oxygen Saturations, Blood Pressure, Heart Rate, Conscious level (including new or worsening confusion), Temperature and Supplemental Oxygen if used). It is Important that ‘Target Oxygen Saturations’ for the patient must be identified on the front of the NEWS 2 observation (and inpatient prescription) charts, as this will determine the oxygen saturations scale to be used. For reasons of patient safety the scale not being used must be clearly crossed out.

All vital sign parameters must be recorded **accurately** as shown on the chart. Each parameter will generate a score, with higher scores depicting greater derangement from normal adult values (both high and low). Parameter scores are also colour coded as illustrated below, with use of increasing warm tones reflecting greater abnormality and increasing risk, a red score of 3 being the most serious requiring prompt action.

WHITE = 0	YELLOW = 1	ORANGE = 2	RED = 3
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Accurately score each parameter, then add the scores together and document the total score in the NEWS 2 Total box at the bottom of the chart. The higher the total score the sicker the patient is. You should then review the algorithm (see next page) to determine actions that need to be taken.

Please note that for NEWS 2 scores of 5 and above, or any red parameter it is mandatory for the patient to be reviewed. You **MUST** follow the algorithm on the reverse of the chart and **MUST** document actions taken. Any deviation from the algorithm shown **MUST** be based on informed clinical assessment and **MUST** be documented / explained on the reverse of the chart or continuation sheet.

DO:

- Document **ALL** vital sign parameters including supplemental oxygen if required.
- Record each observation so it's in just **ONE** row / column.
- Add up parameter scores correctly and write the NEWS 2 total in the box at the bottom of the chart.
- Follow ‘NEWS 2 Algorithm’.
- Document your actions in response to a high NEWS score on the reverse of the chart/continuation sheet.

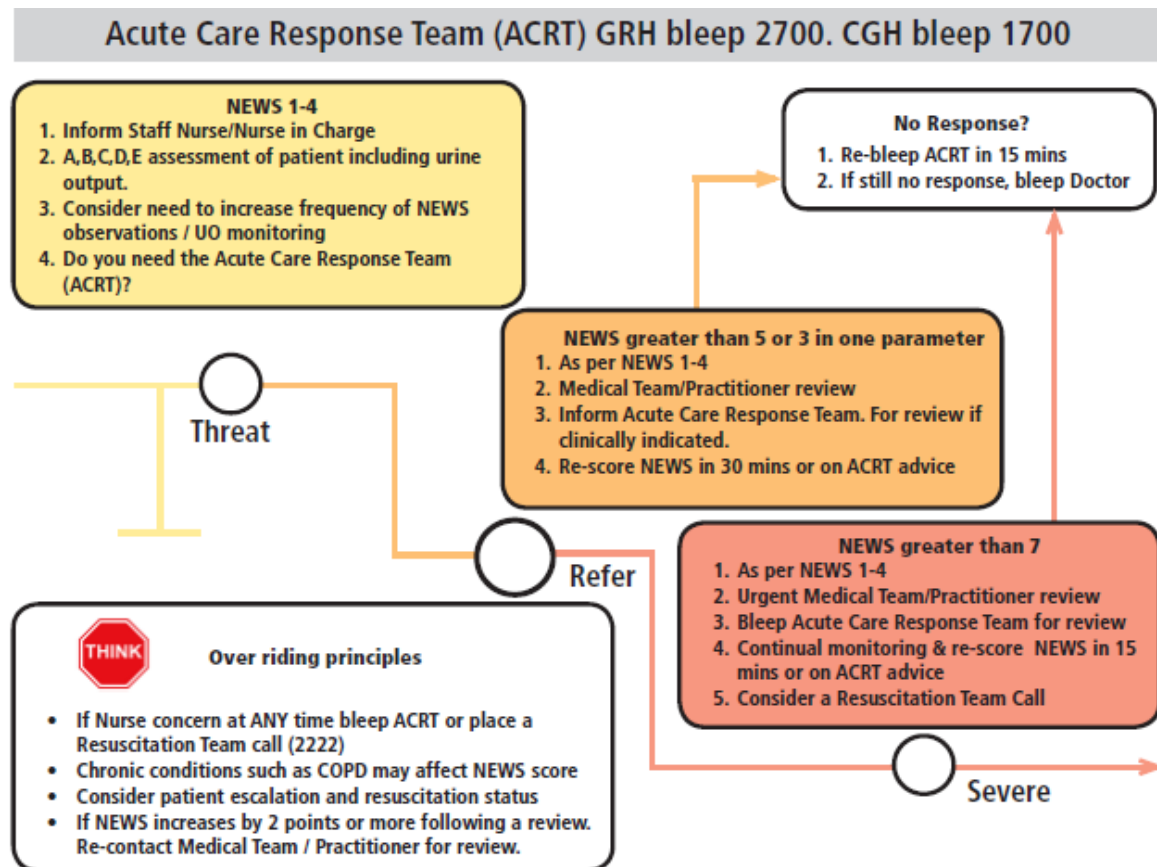
DO NOT:

- Pick and choose which observations to include (i.e. no partial sets of observations).
- Write across multiple rows/columns
- Add up incorrectly. This is important information about your patient!
- Fail to act
- Forget to document. If you do not write it down it did not happen.

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EWS 2 Algorithm:



Any questions? Please discuss with ward staff or contact the Acute Care Response Team (ACRT)

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.
- 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 the Site Manager.

Safeguarding Vulnerable Adults

- The 'No Secrets' guidance in March 2000 stated that agencies need to work together to ensure the protection of vulnerable adults. Gloucester Hospitals have produced Policy and Procedures to protect vulnerable adults from abuse

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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 ward/dept manager or the relevant doctor for the patient. You can also contact our social services department or Safeguarding Team. Full details of the process for doing this can be found on our intranet or by contacting the Matron for that area or out of hours the Site Management Team.
- You can also contact the Senior Nurse or Departmental Manager of your area or Paediatric Registrar or Paediatric Consultant of the week.

Resuscitation procedures:

- All resuscitations should be managed according to current **Resuscitation Council (UK) Guidelines**.

The Resuscitation 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 "Resuscitation Team" followed by the Location and Site you are calling from e.g. "Resuscitation Team, CCU level 1, Gloucester Royal" 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. Please ensure that you state the site you are calling from as our trust is based across 2 sites.
- In the event of a **paediatric emergency** the caller must specify "Paediatric Resuscitation Team" this will ensure the most appropriate team are summoned.
 - For some areas, away from the acute hospital building e.g. Beacon House you must ensure that you give the full name of the area eg: Beacon House to aid the team reaching the area as quickly as possible. Please also identify which site you are calling from eg: CGH or GRH to avoid confusion.

Fire safety procedures and assembly points:

The blocking of corridors/thoroughfares could either be a fuel source for a fire or impede evacuation in the event of a fire. It is a legal obligation to ensure all escape routes are available at all times.

Action on discovery of a fire:

Raise the Alarm - dial 2222 , If the automatic fire alarm has not activated, operate the nearest fire alarm break glass.

If Safe to do so, close all doors and windows to contain the fire

Evacuate people from the immediate vicinity adopting Horizontal Evacuation techniques. (moving across the floor level into adjoining safe compartments)

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On hearing an INTERMITTENT alarm:

Stay where you are and wait for further instruction but prepare to evacuate or accept patients from adjoining wards - departments

On hearing a CONTINUOUS alarm:

To confirm the fire call **2222**

When the fire has been confirmed evacuate via the nearest safe exit using horizontal techniques, stairwells if appropriate and assemble at the nearest refuge or assembly point in the hospital grounds. Ensure you are familiar with these locations.

DO NOT USE THE LIFTS.

- Fire exits – note location
- Fire Fighting Equipment – do not use unless trained to do so
- Evacuation procedures – each area has these on display, ensure you read them at the start of your shift and understand the procedure. If in doubt, ask.

Moving & handling procedures:

- **Every member of staff, including Bank and Agency Workers 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 Workers 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 Workers must** ensure a Report in writing is made (via IR1 Report Form) for any handling.
- **Every member of staff, including Bank and Agency Workers 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 Workers 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 Workers must inform the manager/supervisor of the area they are working in about any physical condition which may have an effect on their ability to perform their work tasks e.g. pregnancy, back problems, musculoskeletal problems etc.

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

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- 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

Medicines safety procedures:

For Guidance access **Trust Policy For Ordering, Prescribing And Administering Medicines**. Storage

- Who can prescribe
- Good prescribing practice
- Who can administer
- What they can administer
- Administration process
- Checking process
- Documentation
- Storage: please note all medicines cupboards and fridges must remain locked in conjunction with a locked treatment room door (where one has a treatment room door). All medicines must be locked away and not left on the sides in the treatment room

For medicines information and Risk assessments access intranet page or phone 5509.

To contact the Pharmacist out of hours please contact the Site Manager for permission to do so who will authorise you to contact the pharmacist on call via Switchboard.

Incident reporting procedures:

The HSE regulations required for a “responsible person” to report by the quickest practicable means Report Form (**Datix**) 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.

For more information please access: http://glnt313/sites/gnhhsft_policy_library/WPP/B0393.aspx

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

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- **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.

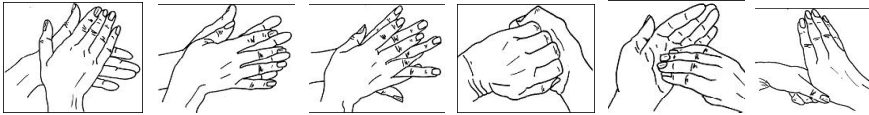
Hands must be washed and thoroughly dried after the removal of gloves.

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.

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 - Datix.
- Inform Working Well. Out of hours go to the Emergency Department. **Personal Protective Equipment - Gloves**

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should be worn when direct contact with body fluids is anticipated. Used gloves should be discarded into a clinical 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 the Domestic Services Manager who is contactable through switchboard.

Health and safety procedures:

Security – Gloucester Hospitals has a duty 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 dial 2222 and put out a V&A call. Say Violence And Aggression Team to ward and hospital site where you are calling from.

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



Gloucestershire Hospitals
NHS Foundation Trust