

Temporary ED Medical Staff Induction - CHFT

1. Welcome Information

Welcome to the trust and we hope that you settle quickly and easily in to the team. The following information is key to ensuring your health, safety and wellbeing and the person completing your induction will take you through the local induction checklist. You can also find a lot of information on the Trust Intranet.

2. Heatlth and Safety

Security issues: Be vigilant and report any incidents, accidents, near miss and broken/faulty equipment problems to the manager/nurse in charge.

Fire safety: Make sure you know where the fire exits, fire call points and fire extinguishers are located in the department.

Fire Alarm: intermittent sound: Remain on standby. Continuous sound: Be ready to evacuate the department horizontally through the fire doors. Ring 2222 and tell them the location.

Spillages: Clean these up as per Trust policy

Waste: Make sure you know how to segregate and dispose of correctly

Medical devices: Do not use if you have not been trained. Ask a permanent member of staff.

3. Useful Contacts

Cardiac arrest: 2222

Security: via switch board

Bleep: HRI - 81- Bleep no- Extn CRH- via switch board

Porters: HRI - 151 CRH- via switch board

X-rays: HRI -2504 CRH-4528

CT: HRI -2923 CRH-4525

4. Induction Checklist

Please	tick each	as information is provided	
	☐ Security badge and access codes		
	Car parking, catering and Rest room facilities		
	Department tour and lay out- Majors, Resus, Minors and treatment rooms		
	Specific duties and responsibilities of post		
	Confirmed hours of work		
	EPR induction-		
	*	Documenting notes	
	*	Ordering tests	
	*	Prescribing medications	
	Resuscitation procedures- Equipment, guidelines and pathways		
	Referral policies and procedures		
	Fires safety procedures-		
	*	Assembly areas	
	*	Fire exits	
	*	Alarms	
	*	Extinguishers	
	*	Evacuation procedures	
	Moving and handling procedures		
	Medicir	nes management procedures-	
	*	Pharmacy and local protocols	
	*	Antibiotic guidelines	
	*	TTOs	
	Inciden	t reporting procedure-	
	*	Access to Datix	
	*	Local policies and procedures	
	Infectio	on control procedures-	
	*	Hand hygiene	
	*	Management of infectious diseases	
	Informa	ation governance- Confidentiality, Patient identifiable data etc	
	Health and safety procedures-		
	*	Security	
	*	Waste segregation and disposal	
	*	PPE	
	*	Radiation protection protocols	
	*	Trust policies on the intranet	

5. Declaration

By completing this document, you confirm that the local induction has been completed and the information required in the local induction checklist has been provided.
If you have completed this local induction checklist previously please record that date here and sign below:
It may be useful for you to take copy of this information to keep on file for future use.
Signature of temporary medical staff member:
Please PRINT NAME and date below
NAME
Date:
Signature of Manager:
Please also PRINT NAME below:
NAME Date: