

AGENCY CLINICAL AREA INDUCTION CHECKLIST

This form is for all agency workers to complete for every shift. For each shift, please ensure you have signed into the ward and ward representative or the nurse in charge will check your two documents of ID (Agency Photographic ID badge and Passport or driving license) and induct you to your ward. AGENCY CLINICAL AREA INDUCTION CHECK LIST will be supplied to you by your agency and will need to be fully completed and submitted with your timesheet to ensure your submitted documents are complete and fully compliant for payment. Noncompliance will result in non-payment.

Agency Worker name in full

Name of Agency

Booking Number Ward

***Two photographic identity check is required – Please place a tick in the appropriate boxes below.**

Agency Badge Photographic Identity Check Passport Driving License

Date of Shift/...../..... Hours Booked: fromam/pm untilam/pm

I have previously been inducted to this ward and have completed the induction. I am fully aware of the responsibilities and all of the below criteria and expectations whilst engaged at MCHT via my agency.

Signed by agency worker.....

Where to seek help (PLEASE TICK to confirm you are aware of the following)	✓		
Ward Layout / access to toilet / staff room / breaks etc			
Basic requirements of the job/duties and responsibilities and key skills required for shift discussed.			
Introduction to colleagues, team members and shift coordinator.			
Using bleep system /advised of on call medical team Emergency numbers.			
Duties and responsibilities during the shift [specific to ward/area].			
Location of key departments and wards.			
Local arrangements for Resuscitation e.g., equipment location, drugs, emergency call bell. Cardiac arrest number 2222			
Awareness of principles of importance of confidentiality.			
Entries in the health records must be dated, legible and signed with name printed.			
Local arrangements for Fire emergency e.g., exit, evacuation procedure, alarm and assembly points.			
Fire emergency dial 555.			
Ward documentation and understanding of escalation process- Including NEWS2, falls assessment, skin assessment, water low scores and frequency of observations.			
If administering medicines – awareness of administration process and administration of codeine (if applicable).			
If wardens are missing or you do not administer, please report to person in charge.			
Incident reporting system [and IR1 forms] if involved in an adverse event.			
Any equipment training required including computer systems – please ask if training required.			
Advised only to use equipment / medical devices that they have been trained to use and are competent to use.			
Local arrangements for Infection control e.g., sharps disposal, management of needle stick injury.			
Understanding of hand hygiene, the use of PPE and awareness of procedures required for patients in isolation.			
Has had ANTT Training at MCHFT within 2 years (must not undertake ANTT until MCHFT trained)			
SAFEGUARDING CHILDREN			
Safeguarding children is everyone’s responsibility. Please refer to the Trust ‘Safeguarding Children & the Unborn (0-18 Years) Safeguarding Practice Policy,’ which is available on the intranet (Policies and procedures>Safeguarding). Laminated flowcharts ‘what to do if you are worried that an unborn baby, child or young person is being abused or neglected’ are also available in all areas of the Trust and on the intranet (Departments>Safeguarding Children>Document library>Child Safeguarding Documents>Safeguarding children flowchart).			
I have been inducted to this ward and have completed the agency clinical induction checklist. I am fully aware of the responsibilities and all of the above criteria and expectations whilst engaged at MCHT via my agency	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">Agency Nurse Signature</td> <td style="width: 50%; vertical-align: top;">Countersigned by MCHT Ward Nurse Print name in full and designation Signature</td> </tr> </table>	Agency Nurse Signature	Countersigned by MCHT Ward Nurse Print name in full and designation Signature
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