

**Local induction checklist to be completed for all temporary workers
(Agency / Medical Bank / Locum staff)**

[please amend according to requirements of department]

N.B. For temporary workers engaged for longer than one month the Trust online quick induction must also be completed. This can be accessed via the KITE site on the Trust intranet.

General	Completed	N/A
Fire [switchboard / exits and evacuation points / extinguishers / fire bell sounds and times of testing / no smoking policy]		
Telephone and Bleep system – [Please explain]		
Security policy arrangements – how to contact rapid response team, use of name and identity badges – [Please discuss]		
Resuscitation [telephone number / alarm system / equipment]		
Health and Safety Policy Location [Safe disposal of sharps, Clinical Waste, Accident and incident reporting, Spillage e.g. blood, Moving and handling, Control of infection]		
Information Governance – Ensure departmental governance requirements are covered for each respective work area.		
Completion of Risk Assessment for Staff with potential work related exposure to COVID-19 http://rwportal2a:72/Register/StaffRiskAssessment/#!/RiskAssessment		
Specific	Completed	N/A
Basic details of the work of the specialty and what the role is and who their supervisor is. Supervisors name.....		
Where to seek clinical help, should it be required [if different] Name & Contact number.....		
The chain of command and communication\handover methods [please indicate the names and position and contact details]: 1 2 3		
Discuss to ascertain the individual’s level of skill, training and competency. Identify and discuss responsibilities, work activities and limits of the role.		

The location of key departments [Please discuss]			
<input type="checkbox"/> Bleeps / telephones	Dr..... Dr..... Senior nurse..... Emergency Number.....		
Patient information	Medical notes\ Requesting clinical tests and retrieving results [Please discuss]		
Staff facilities	Changing rooms / Toilets / Secure place for personal belongings		
Proof of Identity [e.g. ID badge or agency document with name, address and registration / payroll number] If no ID is available please verify identity with the agency concerned.			
Other significant			

Name of Inductee [Print]:

Agency (if applicable) [Print]:

I confirm that I have undergone the above induction.

Signature:

Date:

Name of the Trust staff - Inductor [Print]:

I confirm that I have informed the above named individual in all the areas above

Signature:

Date:

Copies sent to:

Please scan a copy to: rwht-trainingdatabase@nhs.net

Temporary worker to retain a copy