

group policies and procedures

# induction programme

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| --- | --- |
| Category |  HR |
| Author | Castleman Healthcare Ltd |
| Responsible Director |  Sue Richards |
| Date of issue | JULY 2016 |
| Next review date | April 19 |
| Document ref & version |   |

**Related policies and guidance**

1.

**Document revision and approval history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Author | Approved by | Comments |
| V1 |   |   |  |  |
|  | April 18 |  |  | Reviewed by JL. |
|  | Dec 18 |  |  | Updated for GDPR information.  |

#  Induction programme

**Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Start date |  |

**Important Contacts**

|  |  |
| --- | --- |
| Name and extension of ManagerManager | Ext. Tel. |
| Name and extension of siteFirst Aider/s | Ext. Tel. |
| Name and extension of siteFire Marshall | Ext. Tel. |

The following record is to be completed within the first day of a new employee with Castleman Healthcare Ltd

A copy of the completed record must be kept on file by the Director of HR & People

# Castleman Healthcare Ltd & role

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsibility** | **Date Completed** | **Signature** |
| Confidentiality – including:• Patient information• Company information* GDPR overview and process for Subject Access Requests
* Data security & Business continuity
 | **Line Manager** |  |  |
| Introduce employee to staff and briefly explain their rolesExplain who employee’s line manager is and who to report to if line manager unavailable | **Line Manager** |  |  |
| Discuss job description and responsibilities. | **Line Manager** |  |  |
| Take copy of employee’s qualifications  |  |  |  |
| Outline the company’s culture and values, history, services and products, organisational structure etc. – explain where employee fits in | **Line Manager** |  |  |
| Customer care – explain:• Importance of customer care• Principles of good customer care | **Line Manager** |  |  |
| Explain dress code and appearance, ensure uniform meets Clinic requirements | **Line Manager** |  |  |
| Review employment information such as hours of work, timesheets etc | **Line Manager** |  |  |

# The workplace

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsibility** | **Date Completed** | **Signature** |
| Show the employee the location of their workstation | **Line Manager** |  |  |
| Take the employee on an orientation of the building to include:• Staff room / changing rooms / toilets• Catering - tea / coffee making facilities• Telephone facilities / mobile phone policy• Bleep system• Notice-boards• Entry / security systems• Location of extinguishers• First aid facilities• Personal protective equipment | **Line Manager** |  |  |
| What do to in the event of a fire / cardiac arrest• Fire alarm (location of alarms &extinguishers)• Procedure• Fire exits and fire assembly points | **Line Manager** |  |  |
| Give information about local area – public transport, nearest bank / supermarket, car parking etc. | **Line Manager** |  |  |
| Outline Health & Safety policy and procedures:• Smoking, Drugs and alcohol at work• Incident / accident reporting procedure• Risk assessments• Moving & Handling• PPE issued (if necessary) | **Line Manager** |  |  |
| Explain how to use telephone system | **Line Manager** |  |  |
| Explain security at work – alarm systems, keys, security guards, lockers, safes etc. | **Line Manager** |  |  |

# Clinical

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsibility** | **Date Completed** | **Signature** |
| Know how to dispose of Clinical and Non-clinical Waste and understand the Colour Coding of appropriate disposal bags. |  |  |  |
| Orientation of equipment |  |  |  |
| Understand the ‘Sharps Injury Procedure’ |  |  |  |
| Detail how to escort able bodied / disabled patients around the facility  |  |  |  |

# Logging on (if appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsibility** | **Date Completed** | **Signature** |
| Help employee to log on first time | **Line Manager** |  |  |
| Ensure employee is given, and reads, the Internet & email usage policy | **Line Manager** |  |  |

# Administration

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsibility** | **Date Completed** | **Signature** |
| Hours of duty:• Reporting on and off duty• Breaks | **Line Manager** |  |  |
| Patient administration processes:• Imaging request forms & referrals• Filing | **Line Manager** |  |  |

# Moving & Handling

Do you have any condition or injury that could prevent you from lifting? If yes, please tick, sign and detail below:

□ No □ Yes

**If yes, please provide details:**

.................................................................................................................................................................................

………………………………………………………………………………………………..............................................................................

I agree not to use any Manual Handling equipment that I am unfamiliar with, without first consulting a member of Staff that understands that piece of equipment. I have read and understand the information given to me above

# Employee

|  |  |
| --- | --- |
| Full name |  |
| Name of Agency I work for |  |
| Employment start date |  |
| I belong to the following professional organisationMembership no. |  |
| I have ticked my HEPATITIS B status as follows: | □ Immune □ Not immune □ Unknown |
| Signature |  |
| Print Name |  |

# Line Manager

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |