group policies and procedures

# induction programme OUTLINE

|  |  |
| --- | --- |
| Category | Human Resources |
| Author | Castleman Healthcare Ltd |
| Responsible Director | James Leyland |
| Date of issue | July 2016 |
| Next review date | September 2025 |
| Document ref & version | Induction Programme Outline V1 |

**Related policies and guidance**

**Document revision and approval history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Author | Approved by | Comments |
| V1 | Jul 2016 |  |  |  |
|  | Apr 2018 |  |  | Reviewed by JL. |
|  | Dec 2018 |  |  | Updated for GDPR information. |
|  | Aug 2019 |  |  | Reviewed JL |
|  | Sep 2021 |  |  | Reviewed JL |
|  | Sep 2023 |  |  | Reviewed JL |

# Induction programme

**Personal Details**

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

**Important Contacts**

|  |  |
| --- | --- |
| Name and extension of  Manager  Manager | Ext. Tel. |
| Name and extension of site  First Aider/s | Ext. Tel. |
| Name and extension of site  Fire 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 AND 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 roles  Explain 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 AND 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 organisation  Membership no. |  |
| I have ticked my HEPATITIS B status as follows: | □ Immune □ Not immune □ Unknown |
| Signature |  |
| Print Name |  |

# Line Manager

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