## Health Care Support Worker Induction Completion Checklist



## A warm welcome to NHS Greater Glasgow & Clyde

We hope you feel welcome and valued as you join us. The following resources aim to provide consistent and comprehensive essential learning to prepare and inform safe, effective person centred practice for your new role and working environment.

**Sign** to confirm you have viewed and completed each resource.

**Share** your completed checklist with your SCN, SCM or Team Lead who will sign and retain a copy in your personal file

**Scan** your completed checklist to <a href="mailto:practicedevelopmentnominations@ggc.scot.nhs.ukto">ggc.practicedevelopmentnomination@ggc.scot.nhs.ukto</a> receive your certificate.

If your post is solely with NHSGGC Staff Bank you do not require a SCN/M signature but should instead

Resource Hyperlinks		Your Completion Signature			
<u>Video</u>	Welcome Message for Community.				
Substantive st Mandatory Indu Bank staff hav		within 3 months in post to evidence meeting the NHS Sco of Conduct. te and send completed workbook to	otland HCSW Code		
<u>Presentation</u>	HCSW Fundamental	Care Presentation			
Presentation	Delivering High Quality Person Centred Health and Care				
Video	NHSGGC – Care Rounding guidance for HCSW				
Video	NHSGGC Prevention of Pressure ulcers				
<b>Presentation</b>	Tissue Viability Presentation				
<u>Video</u>	'Don't assume, Do ask' campaign				
Website	'Getting to know me' webpage and form on Alzheimer's Scotland				
<b>Presentation</b>	Introduction to delirium care				
<u>Leaflet</u>	Think Delirium Information Leaflet				
<u>Video</u>	Personal Protective Equipment – Droplet Precautions				
<u>Video</u>	NHSGGC - It's Kind to Remind				
<u>Presentation</u>	Palliative & End of Life Care in the Hospital Setting				
<u>Video</u>	Coping with Death and Bereavement as a Health and Social Care Professional				
<u>Leaflet</u>	What Can happen when Someone is Dying: Information for Relatives or Friends				
The following m	odules can all be fou	nd on learnPro® NHS and must be completed:  Statutory / Mandatory tab			
GGC:001		Fire Safety			
GGC:002		Health & Safety, An Introduction			
GGC:003		Reducing risk of Violence & Aggression			
		Equality, Diversity & Human Rights			
GGC:005		Manual Handling Theory			

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GGC:006	Public Protection (Adult and Child)							
GGC:007	Standard Infection Control Precautions							
GGC:008	Security & Threat							
GGC:009	Safe Information Ha	andling						
Preparing for work in health and social care   Turas   Learn (nhs.scot)								
TURAS Learn	Who's who in healtl	h and social care						
Personal Care								
TURAS Learn	Bed Making							
TURAS Learn	Continence and Ca	theter Care						
Specialist Subject tab								
GGC:270	An overview of Mal	nutrition						
GGC:272	Food First in Hospit	tal						
GGC:260	Active Wards							
'Infection Prevention and Control' tab, the following parts within course entitled NES Scottish IPC Education Pathway (SIPSEP)								
NES	Infection Prevention	n & Control - C. difficile						
NES	Prevention and Mar	nagement of Occupational exposure	)					
Role Specific Mandatory tab								
GGC:215 An Introduction to Falls								
GGC:216	The Falls Bundle of Care							
GGC:217	Risk Factors for Falls (Part 1)							
GGC:218	Risk Factors for Falls (Part 2)							
GGC:219	What to do when your patient falls							
GGC:221	Bedrails							
GGC:326	Digital Clinical Notes – Health Care Support Workers							
CPD tab								
GGC:057	Health Care Suppo	rt Worker Code of Conduct						
GGC:080	Prevention of Press	sure Ulcers						
Blood Transfusion Ask your SCN/M/Team lead if this will be part of your role. If this is not part of your role tick the N/A boxes below. If your post is solely with the NHSGGC Staff Bank the blood transfusion process is not part of your role therefore tick the N/A box below.								
LBT	Phlebotomy Path	way	N/A					
LBT	Safe Blood Sampling for Transfusion Video		N/A					
LBT	Blood Collection Pathway		N/A					
LBT	BCCAP Assessment, delivered at ward level							
			N/A					
	Completion Che	ecklist Sign Off						
Print Name:		Your Signature:						
Ward:		Hospital:	Staf	Banl	c: Yes/No			
SCN/M or Team Lead Signature:			N/A					

Completion Date:	

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