

**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 ggc.practicedevelopmentinduction@ggc.scot.nhs.uk To receive your certificate.

If your post is solely with NHSGGC Staff Bank you do not require a SCN/M signature but should instead send this completed checklist to adminstaffbank@ggc.scot.nhs.uk - Checklist below

Resource Hyperlinks	Topic	Your Completion Signature
Video	Welcome Message from Jen Rodgers, Deputy Nurse Director, Corporate and Community.	

Mandatory Induction **Bank staff** have within 3 months in post to evidence meeting the NHS Scotland HCSW Code of Conduct - send completed workbook to staffbank.nursemanager@ggc.scot.nhs.uk

Presentation	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	
Presentation	Tissue Viability Presentation	
Video	‘Don’t assume, Do ask’ campaign	
Website	‘Getting to know me’ webpage and form on Alzheimer’s Scotland	
Presentation	Introduction to delirium care	
Leaflet	Think Delirium Information Leaflet	
Video	Personal Protective Equipment – Droplet Precautions	
Video	NHSGGC - It’s Kind to Remind	
Presentation	Palliative & End of Life Care in the Hospital Setting	
Video	Coping with Death and Bereavement as a Health and Social Care Professional	
Leaflet	What Can happen when Someone is Dying: Information for Relatives or Friends	

The following modules can all be found on [learnPro® NHS](#) and must be completed:

Statutory / Mandatory tab

Once for Scotland	Fire Safety	
Once for Scotland	Cyber Security	
Once for Scotland	Safe Information Handling	
Once for Scotland	Manual Handling Theory	
Once for Scotland	Understanding Equality, Diversity and Human Rights	
Once for Scotland	Why Infection Control Matters	
Once for Scotland	Fraud Awareness	
Once for Scotland	Prevention and Management of Violence and Aggression	
Once for Scotland	Child protection and Adult Support and Protection	
GGC - 002	Health & Safety, An Introduction	

[Preparing for work in health and social care | Turas | Learn \(nhs.scot\)](#)

TURAS Learn	Who's who in health and social care	
TURAS Learn	Personal Care	
TURAS Learn	Bed Making	
TURAS Learn	Continence and Catheter Care	

Specialist Subject tab

GGC:270	An overview of Malnutrition	
GGC:272	Food First in Hospital	
GGC:260	Active Wards	

'Infection Prevention and Control' tab, the following parts within course entitled NES Scottish IPC Education Pathway (SIPSEP)

NES	Prevention and Management of Occupational exposure	
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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 Support Worker Code of Conduct	
GGC:080	Prevention of Pressure 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 Pathway	N/A	<input type="checkbox"/>
LBT	Safe Blood Sampling for Transfusion Video	N/A	<input type="checkbox"/>

LBT	Blood Collection Pathway	N/A	<input type="checkbox"/>	
LBT	BCCAP Assessment, delivered at ward level		<input type="checkbox"/>	
		N/A	<input type="checkbox"/>	
Completion Checklist Sign Off				
Print Name:		Your Signature:		
Ward:		Hospital:		Staff Bank: Yes/No
SCN/M or Team Lead Signature:		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Completion Date:				