## **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

ggc.practicedevelopmentinduction@ggc.scot.nhs.uk Scan your completed checklist to mailto:practicedevelopmentnominations@ggc.scot.nhs.ukto receive your certificate.

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

Resource		Торіс	Your		
Hyperlinks			Completion Signature		
Video	Welcome Message from Community.	Jen Rodgers, Deputy Nurse Director, Corporate and			
	n - HCSW Workbook				
	aff. To be completed water of the control of the co	vithin 3 months in post to evidence meeting the NHS le of Conduct.	Scotland HCSV		
Bank staff hav	e 6 months to complete a	and send completed workbook to			
staffbank.nurse	manager@ggc.scot.nhs.u	<u>uk</u>			
Presentation	HCSW Fundamental Ca	re Presentation			
Presentation	Delivering High Quality Person Centred Health and Care				
Video	NHSGGC – Care Rounding guidance for HCSW				
<u>Video</u>	NHSGGC Prevention of Pressure ulcers				
<u>Presentation</u>	Tissue Viability Presentation				
Video	'Don't assume, Do ask' campaign				
Website	'Getting to know me' webpage and form on Alzheimer's Scotland				
<u>Presentation</u>	Introduction to delirium care				
<u>Leaflet</u>	Think Delirium Information Leaflet				
Video	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				
Video	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 found o	on <u>learnPro® NHS</u> and must be completed:			
		Statutory / Mandatory tab			
GGC:001	Fire	e Safety			
GGC:002	Hea	alth & Safety, An Introduction			
GGC:003	Re	ducing risk of Violence & Aggression			
GGC:004	Equ	uality, Diversity & Human Rights			

GGC:006	Public Protection (A	dult and Child)					
GGC:007	Standard Infection (	Control Precautions					
GGC:008	Security & Threat						
GGC:009	Safe Information Handling						
Preparing for work in health and social care   Turas   Learn (nhs.scot)							
TURAS Learn	Who's who in health	n and social care					
TURAS Learn	Personal Care						
TURAS Learn	Bed Making						
TURAS Learn	Continence and Ca	theter Care					
Specialist Subject tab							
GGC:270	An overview of Malı	nutrition					
GGC:272	Food First in Hospit	al					
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 F	alls					
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						
CPD tab							
GGC:057	Health Care Suppor	rt Worker Code of Conduct					
GGC:080	Prevention of Press	sure Ulcers					
Blood Transfusion Ask your SCN/N the N/A boxes below. If your post is not part of your role therefore tick	solely with the NH	SGGC Staff Bank the blood trans					
LBT	Phlebotomy Pathy	way	N/A	$\overline{1}$			
LBT	Safe Blood Sampling for Transfusion Video						
			N/A				
LBT	Pland Callaction Pathway		N/A	_			
LBT	Blood Collection Pathway  BCCAP Assessment, delivered at ward level		IN//	_			
	DOOAL ASSESSMEN	it, delivered at ward level	N/A	_			
Completion Checklist Sign Off							
Print Name:		Your Signature:					
Ward:		Hospital:	Staff Ba	nk: Yes/No			
SCN/M or Team Lead Signature:		N/A					
Completion Date:			<u> </u>				