

LOCAL INDUCTION CHECKLIST FOR PRIVATE PROVIDERS

Name:	Signature of CM/TL	Signature of Delegate	Date
Introduction:			
1 Explanation of the function and structure of SCAS and how to access EOC etc			
2 Internal & external relationships			
3 Standard of behaviour, dress and organisational values			
Local induction;			
1 Parking, catering, facilities			
2 Access codes, passes/badges			
3 Fire alarms, exits, emergency phone nos.			
4 Contact details			
5 Personal belongings			
Confirmation of procedures relating to:			
1 Confidentiality			
2 Records Management & record keeping			
Medicines safety procedures (If applic.)			
1 Introduction to local protocols (storage & documentation)			
Incident reporting procedures:			
1 Location of incident forms (IR1)			
2 Completing the forms			
3 Reporting arrangements			
Infection control procedures:			
1 Introduction to local protocols			
2 Hand hygiene & infection status of clinical setting			
Health and Safety procedures:			
1 Building security			
2 Personal safety			
3 Waste disposal			
Identification of the key documents relating to patient care			
Identification of ambulance equipment			
Specific duties and responsibilities of the post			
Key policies and procedures:			
Driving Policy			
Confidentiality and records management policies eg information governance policy, DPA, FOI.			
HR policies incl. equality & diversity etc			
Incident reporting policy			
Health and Safety policy			
Clinical services policies incl Safeguarding, vulnerable adults & child protection			
Corporate services policies			
Location and use of general Trust policies, operational procedures etc			
Supervision			
Check corporate induction has been completed			
Issue of SCAS PIN			
Contact details for mentor/team leader			
Clinical skills gap analysis			

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Integration with Service Provider	Signature of CM/TL	Signature of Delegate	Date
<p>The following information provided to SkillStream at least one week prior to Go Live date for organisation or prior to any shifts being allocated if after Go Live. This will be confirmed via email</p> <p>First Name Middle Name Surname Employee ID Mobile Number & Email Address Skill Grade SCAS Pin Driving Licence Number (photo ID), Start and expiry dates HCPC Registration (Paramedics only), Start and expiry dates Certificate Type – IHCD, St Johns & Red Cross (Technicians & ECA) IHCD Start & Expiry Date (Technicians & ECA) IHCD Blue Light Driving Certificate Number IHCD Blue Light qualification valid from date DBS Certificate No., issue and expiry dates Flu Vaccination date Satisfactory Reference Check (at least 3 years employment history).</p>			