

Receptionist Programme

Module 2:

Administration & Checking Training Manual

Name of Employee: _____

Date of Training: _____

Trainers Name: _____

Date Training Completed: _____

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Infection Control Assessment

(Review Policy: CG-04)

	Not Met	Partially Met	Fully Met
Receptionist needs to demonstrate correct hand washing procedure. Demonstrates the step by step process, adhering to infection control code of practice. Follow the handwashing techniques – see appendix 1			
Receptionist can explain fully the safe practice in assembling / and disposing of sharps boxes. Demonstrates knowledge of the safe disposal of sharp's, following the infection control policy and procedure (to be found on Adastra).			
Receptionist shows understanding of the correct procedure to follow when attending to a spillage. Displays knowledge of the use of the PPE and a spillage kits, and safe disposal of body fluids under the infection control policy.			
Receptionist to verbally explain fully the procedure to follow in a sharps or splash injury. Identify what protocols to follow and who are the reporting bodies.			
Receptionist can locate the organizations infection control policy and procedures protocol.			
Receptionist can identify the lead contact person for infection control, within the organisation.			

Comments

Action Required	Responsible Person	Timeframe	Completed Date

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

This Form must be returned to Glover Street FAO: Training Team

Medicines Management Assessment

(Review Policy: CG-05)

	Not Met	Partially Met	Fully Met
Able to explain drug cassette flow chart			
Ensure correct key for unlocking drug cassette cupboard			
Understands why two persons need to be available			
Identify correct cassette required			
Checks and records seal number and colour in the drug record folder			
Monitors the full and correct completion of the Medicine Admin Sheet by the clinician			
Checks for the correct re sealing of drug cassette when accessed			
Checks that new seal number is correctly recorded and signed for in the drug record folder			
Checks and records drug storage temperature using checklist			
Explain the emergency drug box procedure			
Can discuss the procedure for stat dose medication administration including stock control			
Explain procedure for emergency box replenishment			

Comments

Action Required	Responsible Person	Timeframe	Completed Date

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Appendix 1



Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



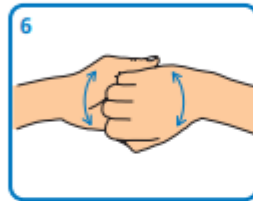
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



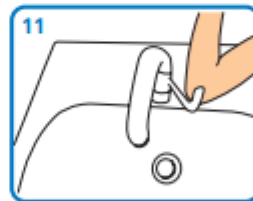
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



Module 2: Procedures sign off		
Module	Demonstrated	Discussed
Adherence to full PPE procedure		
ID Badger being worn		
All clinical rooms set up appropriately		
Preparation of PCC (setting up clinical rooms) / Closing down rooms		
PCC Clean and tidy		
Housekeeping duties (tidiness of clinical rooms/waiting room) disposal of urine samples		
PCC Daily Checks completed (equipment/room temp/bm calibration) check sheet filled in correctly		
Understands fully medicine management procedures (including administering stat dose medication administration process)		
Faulty equipment procedures/missing equipment procedures		
Leaves PCC clean/tidy at end of shift		

Review Date:	Carried out by:	Comments to be discussed:

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

This Form must be returned to Glover Street FAO: Training Team

RECEPTIONIST PROGRAMME
Module 2 TRAINING LOG

TRAINEE NAME:

Please use this log to record your training sessions with the Training Team Trainer or Clinical Lead for each Module.

Session	Date	Time	Trainer / Clinical Lead	Trainer / Clinical Lead Sign	Trainee Sign
1					

**PLEASE RETURN THIS FORM WITH YOUR SIGN OFF FOR THIS MODULE TO
GLOVER STREET FAO: THE BADGER TRAINING TEAM.**