THERAPY SERVICES





STUDENT INDUCTION HANDBOOK

May 2015

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Dear Students

Welcome to Therapy services at Nottingham University Hospital.

You are joining a very dedicated group of staff who are committed to delivering safe and effective care to patients at all times and who are all prepared to ‘go the extra mile’ for patients whether they are senior clinicians , support staff or admin staff. Everyone’s contribution to the patient pathway is valued.

We are constantly striving to improve our services and support the trust in its ambition to be the best teaching Trust in England. We endeavour to support student growth and personal development throughout the placement with us.

We embrace innovation and new ideas are often generated from front line staff. Our reputation within the trust is that we are a department that consistently delivers what we say we will and our contribution to patient care is appreciated by other colleagues.

I hope you enjoy this environment and have a great placement.



Anne Cowley Head of Therapy Services

**CHAPTER 1**: Welcome to Nottingham including useful information and links e.g. accommodation & how to get to NUH.

**Welcome to Nottingham**

**Nottingham**

The city of Nottingham is set within a county that includes Sherwood Forest, lively market towns and historic buildings. It is also host to the world’s best-loved outlaw Robin Hood. The city has many restaurants and bars and is one of the UK’s top shopping destinations. Theatre, world famous sporting and cultural events are on offer. Nottingham offers a wide range of sporting facilities to include, Nottingham race course, The National Water sports Centre, Nottingham Tennis Centre and National Ice Centre, as well as football at Forest & County or cricket at Trent Bridge. There are good transport links across the city and surrounding areas.

Listed below are websites that offer information about Nottingham, transport, leisure facilities and tourist information.

**All about Nottingham including leisure centres and ‘What’s on’**: www.nottinghamcity.gov.uk

**All about Nottingham and Nottinghamshire & places to visit:** <http://www.experiencenottinghamshire.com/nottingham>

**Transport:**

Trent Barton: <https://www.trentbarton.co.uk/>

Nottingham city transport: <https://www.nctx.co.uk/>

Your Bus: <http://www.catchyourbus.co.uk/>

**Cycle Routes:**

Sustrans: http://www.sustrans.org.uk/

**Cinema:**

Broadway: <http://www.broadway.org.uk/> (City Centre)

Cineworld: <http://www.cineworld.co.uk/cinemas/nottingham/information> (City Centre)

Savoy: <http://www.savoyonline.co.uk/SavoyNottingham.dll/Home> (near to the QMC)

Showcase <http://www.showcasecinemas.co.uk/locations/nottingham> (Out of town)

**Theatre:**

Theatre Royal & Royal Concert Hall: www.trch.co.uk

Nottingham Play House: http://www.nottinghamplayhouse.co.uk/

**Accommodation:**

Accommodation is available at the Nottingham City Hospital Campus via Derwent Living. The cost is £450 per month; this includes car parking and utility bills, apart from telephone/internet. If you would like to arrange this accommodation please contact Derwent Living on 0115 9246 828 or email [NUHStaff@derwentliving.com](mailto:NUHStaff@derwentliving.com). Keys can be available at the weekend should you wish to move in prior to commencing your placement

If you are based at the QMC campus you can use the free Medilink bus that runs between the two campuses to commute to and from your placement. The Medilink runs every 10 minutes Monday to Friday between 06:30 & 20:10 hours.

**Facilities near to the Nottingham City Hospital Campus accommodation:**

Food Shops within a short walking distance:

The Co-operative food on Costock Avenue (opening times: 07:00-22:00)

~10minutes walk

Tesco Extra on Hucknall Road (opening times: 07:00-22:30) ~ 25 minute walk

Leisure Centres: South Glade Leisure Centre, Djanogly Community Centre & Redhill Leisure Centre.

**Buses into the city from the NCH campus (Hucknall Road):**

NCT\* direct buses to the Victoria centre No.15,16 &17

Trent Barton buses to the Victoria bus station No. 3

\*Please note NCT buses do not give change

**Car Parking:**

If you intend to drive to placement it is advisable to Park and Ride: The free Medilink bus service runs every 10 minutes Monday to Friday between Queen's Drive and Wilkinson Street park and ride sites and the QMC and the City Hospital. Parking is free at both park and ride sites. More Information about the Medilink service can be found at the website below:

<http://nuhnet/estates_facilities/staff_parking_permits/Pages/bus_services.aspx>

Alternatively you can apply for a car parking permit through the security office.

**CHAPTER 2:** Welcome to NUH including initiatives, Patient and Public Involvement, Values & Behaviours and escalating concerns.

**Welcome to Nottingham University Hospitals NHS Trust**

Nottingham University Hospitals NHS Trust is one of the largest in the UK with an annual budget of more than £742 million. It was formed on 1st April 2006, when two top-rated trusts (the Queen’s Medical Centre and the Nottingham City Hospital) merged in order to develop a range of high-quality, sustainable patient services across the two campuses. NUH is one of the busiest and largest acute Trusts in England, employing 13,000 staff and providing services to over 2.5million people in Nottingham and the surrounding area. The Trust has 87 wards and around 1700 beds across two campuses plus additional Outpatient services in Nottingham City Centre. QMC is the base for emergency care, with one of the busiest emergency departments in the UK, and home to our Children’s Hospital while the City Campus focuses on planned care and long term conditions including our Cancer Centre, Heart Centre and Stroke Services.

The Trust has a major role to play in education and research and has particularly strong links with the University of Nottingham, which has its Clinical Sciences Building on the City Campus. The teaching of medical students is an integral part of the hospital and adds a powerful stimulus to the achievement of high standards of practice. The wide-ranging expertise in many aspects of clinical care has developed through teaching and research.

**City Campus**

[**City Hospital - Nottingham University Hospitals NHS Trust**](http://www.nuh.nhs.uk/getting-here/city-hospital/)

The hospital occupies a 90-acre site which first opened in 1903, celebrating its centenary in 2003, the earliest buildings date back to the early 1900s and the most recent addition is a ‘Maggie’s’ centre for people with cancer and their families. Specialist services based here include:

|  |  |
| --- | --- |
| * Breast cancer screening and treatment | * Bone marrow transplantation |
| * Medical genetics | * Maternity and neonatal care |
| * Burns and plastic surgery | * Kidney transplantation and renal services |
| * Cervical screening | * Stroke services |
| * Cardiothoracic surgery | * Cancer care and radiotherapy |
| * Urology | * Mobility services |
| * Neurological rehab at Linden Lodge |  |

**Queen’s Medical Centre Campus**

[**Nottingham University Hospitals QMC and our Emergency Department - Nottingham University Hospitals NHS Trust**](http://www.nuh.nhs.uk/getting-here/qmc-and-our-emergency-department/)

Queen's Medical Centre, was the first purpose-built teaching hospital in the UK, opening in 1978 to bring together patient care, teaching and research under one roof. Queens replaced five hospitals - the General, the Women's, the Children's, the Eye and Harlow Wood Orthopaedic Hospital. Together they have a history of healthcare in the Nottingham area of more than 200 years. Specialist services currently include:

|  |  |
| --- | --- |
| * Emergency care | * Clinical Nutrition Unit |
| * Children’s Services | * Maternity and neonatal care |
| * Mental health Wards | * Healthcare of older people including dementia care |
| * Neurosciences |
| * Surgery | * Nottingham Independent Treatment Centre |
| * Hepatobiliary |
| * Head and Neck services | * Medicine |

Additional outpatient services, including hearing services, are based at Ropewalk House in Nottingham City Centre.

**NUH - Our vision and values:**

Our vision entails 'working together to be the best for patients.' Please follow this hyperlink for details.

[Trust Vision](http://www.nuh.nhs.uk/media/1736371/6394_nuh_value_and_aims_key_diagram_1024x768_6_nh.pdf)

**NUH’s Trust’s annual plan**

Our annual plan sets out our strategic priorities and key Trust-wide objectives. It also details our planned service developments and capital investments.

This can be found at:

<https://www.nuh.nhs.uk/media/1559278/annual_plan_2014-15.pdf>

As well as our HCPC student standards outlined here**,** [**HCPC student standards**](http://www.hcpc-uk.org.uk/registrants/standards/students/index.asp?printerfriendly=1)**, we** have values and behaviours expectations described in our 'We are here for you', standards set out below.

**NUH Values & Behaviours**



**Speak out Safely: Escalating Concerns**

If you experience any difficulties during your placement please try and resolve these in the first instance with a member of the team, either your clinical educator, team leader or student coordinator.

If you require additional support please do not hesitate to contact either your university visiting tutor or personal tutor for advice so that any concerns can be dealt with promptly.

The values and behaviours endorsed by the Trust board enable us to behave in a way that we would wish and to challenge those who do not. If you have any concerns relating to clinical practices in your placement area please do not hesitate to contact the Practice Learning Facilitators who are available for support and advice: Please refer to the safeguarding or whistleblowing policy later in your pack as appropriate.

**NUH Initiatives**

There are various initiatives at NUH all aimed at improving patient care these include:

1. **The 'Mealtimes Matter'** programme has been devised at NUH to give a protected time for patients to eat their meals:

* Breakfast: 8-9am
* Lunch: 12-1pm
* Dinner: 5-6pm



These are times when all non-essential activities on the wards will stop, preventing unnecessary interruptions at mealtimes. The nurses, catering staff and volunteers will be available to help serve the food and give assistance to patients who need extra support. However, all emergency care will still be carried out on our wards during these times.

1. **'Take the Pressure off' campaign.** Taking the pressure off our patients

Pressure ulcers are also known as pressure sores or bed sores. People who are unable to move some or all of their body due to illness, paralysis or advanced age often develop pressure ulcers. They occur when the skin and underlying tissue become damaged. In very serious cases, the underlying muscle and bone can also be damaged.

To prevent pressure ulcers developing you must reduce or relieve pressure on these areas that are vulnerable to damage. This can be done by moving around and changing position as much as possible, plus eating well and drinking enough water. Sleeping on an appropriate mattress and sitting on a cushioned is also very important.

At NUH we had 35% fewer avoidable stage 3 pressure ulcers. It is now over 14 months since we reported a stage 4 pressure ulcer (as of August 2014)

1. **Caring around the Clock**

Caring around the Clock is our approach to nurse rounding. It helps us better anticipate patients’ needs and involve patients in their care. It will:

-Ensure we deliver consistently good care to our patients, all day, every day

-Help patients and their families and carers feel safe and confident in our care

-Help us to regularly anticipate needs and better organise patient care

-Improve patient safety (fewer falls and pressure ulcers, better nutrition and hydration)



4) Head off a fall. Support our Stop Falls campaign

Inpatient falls are a very important cause of harm at NUH.

3,500 falls are recorded every year and, on average, one of our patients suffers a hip fracture every week.

At NUH in 2013/14, we had 14% fewer falls and 11.5% fewer harmful falls.

Each fall has a cost in terms of lost confidence, fear of further falls and physical injuries. All of these factors add to the length of time people spend in hospital and reduce the chances of these patients retaining their independence.

Falls are not inevitable and can be prevented. In fact, if we reduced the number of falls by around 15% we could save 1,500 bed days and nearly £400,000 over the course of a year. Preventing 10 hip fractures, aside from stopping this disastrous outcome for our patients, would save us £150,000.

As part of this, NUH have launched the 'Stop Falls! Act Now' campaign to make staff aware of the importance of reducing patient falls in our hospitals.

Our campaign is asking you to ‘Head off a fall’. Your intervention and caring around the clock will prevent falls. Risk assessments are essential in looking for the warning signs of why our patients fall:

* Poor vision
* Poor footwear
* Multiple drugs
* Poor continence
* Confusion and agitation

**5)** Our 'Quality 6-pack' priorities

We have set ourselves six priorities to further improve quality & safety in 14/15:

**Priority 1**

**Attitude:** embedding our values and behaviours, particularly in the recruitment and appraisal processes, and in better involving patients in their care. We will:

* The new appraisal system has as a mandatory objective for staff to demonstrate achievement of all NUH values and behaviours
* Complete a values-based audit (seeking the views of patients, staff and external stakeholders) to inform the next stage of the development of our ‘culture’
* We will roll-out a staff-version of the ‘friends and family’ test
* We will develop an NUH academy with a focus on ‘compassionate care’

**Priority 2**

**Behaviour:** Better communication between staff and patients (recognise & rescue and handover projects). We will:

* Involving patients and carers, ward teams will implement 3 key elements for carers to ensure we record their details in patient records, 75% of our wards will use the ‘About me’ documentation to gather relevant personal information, to help improve communication and establish the delivery of person-centred care
* Ward focus on reducing noise at night from both staff and other patients by delivering on individual ward pledges and updating patient information about the use of mobile phones
* In adult and children’s admission areas we will ensure staff are supported to better recognise patients whose condition deteriorates and escalation and handover to more senior staff
* Roll-out an electronic nursing handover which also captures patient acuity daily

**Priority 3**

**Combat harms:** giving increased attention to (1) harms from medicines and equipment, (2) mandatory training and (3) involving trainee staff in this programme.   
We will:

* Implement a new approach to significantly increase attendance at mandatory training from May 2014, which will include a new all staff video for core training and local training for high risk topic areas, including fire and resuscitation training
* Reduce falls further by 15%
* Accelerate targeted improvement work in specific clinical specialities to reduce further grade 2 pressure ulcers. Share learning across the trust.

**Priority 4**

**Decrease distress:** Improving the experience of vulnerable patients and their carers, notably those with dementia and extreme frailty by:

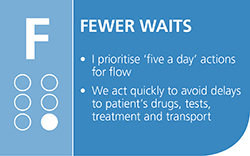
* Transferring learning from our nationally-recognised ‘dementia ward’ to all healthcare of the elderly wards
* Ensure the system we have in place to screen all inpatients over the age of 75 (admitted as an emergency) for dementia and refer to the most appropriate services as promptly as possible is robustly embedded.

**Priority 5**

**Environmental improvements**, including:

* Implementing the improvements recommended in the 2014 PLACE audit, due to be published late 2014
* Working with our staff, partners, local residents and Carillion, the new provider of Estates and Facilities services, we will do more to tackle smoking outside our hospitals and will improve responsiveness to areas where rapid action is required in relation to cleanliness and environmental improvements

**Priority 6**

**Fewer waits:** in the emergency pathway at admission, at discharge (medication and transport), for communication (letters) and for parking.

* Consistently achieve the national four-hour 95% emergency access standard
* Reduce numbers of delayed discharges due to medication and transport delays
* Improve timeliness of patient letters

****

**Patient Public Involvement**

PPI at NUH is the process of engaging with the needs and expectations of patients and putting the public and members at the heart of NUH decision making, to ensure that the services and care provided are outcome driven and patient centred. Specifically it is concerned with exchanging information, mutual listening, and accepting that people should be allowed to influence their own care and the services they receive.

PPI defines the way in which patients, carers and the public have a voice in decisions about how healthcare services and research are planned, designed, delivered and evaluated. PPI must operate on three levels:

• Involving individual patients and their carers in decisions about treatment and care and empowering them to make informed decisions about their health

• Enabling patients, public and members to be involved and consulted on planning, monitoring, evaluating and developing services, proposals to change services and decisions about the way services operate

• Involving and engaging patients, carers and the public in planning, development, delivery and evaluation of relevant research and research related activities to the benefit of patients

**CHAPTER 3:** Welcome to Therapy Services including therapy services vision

**Welcome to Therapy Services**

In 2010 the Therapeutic professions of Dietetics, Occupational Therapy and Physiotherapy merged to form part of Therapy Services department. Nottingham University Hospitals NHS Trust employs around 450 staff, based across the two campuses.

The Department’s team structure ensures support for all members of staff. Each team is led by a team leader/line manager and teams meet regularly at these and departmental staff meetings to promote team working support and communication. The department supports student training and takes students on clinical placements throughout the Trust. We promote and share our roles through active involvement in training staff from other disciplines. Administrative support on both campuses is shared within Therapy Services.

**Therapy Services Vision**

**NUH will have the best integrated inpatient and outpatient therapy service working to a consistent standard to achieve the best clinical outcomes for the patient in line with evidence based practice. Working within the available resources we will utilise a caring, holistic approach to ensure efficiency and cost effectiveness**

**CHAPTER 4:** Practice Facilitator/Student Lead Role definition

**Practice Facilitator/Student Lead**

**This role’s scope is:**

* To provide a link with local educational establishments
* To liaise with the student, the individual university, practice placement educators, and the department designated admin staff regarding each clinical placement offered
* To coordinate an appropriate intake of therapy students to each clinical area
* To attend practice placement educator days held by individual universities and disseminate the information to the practice placement educators
* To induct all students to the department and hospital in accordance with the induction process
* To be available to all clinical practice placement educators and students where indicated
* To participate in student reports and to attend case presentations as appropriate
* To promote regular practice placement educators meetings
* To promote clinical educator training and relevant educational development related to clinical practice placement educators
* To analyse and act upon student placement and tutorial evaluation forms
* To record and monitor practice placement educators’ activity
* To participate in curriculum development

**NUH’s Definition of a Therapies Clinical Educator**

**A Clinical Educator is usually a registered healthcare professional who has completed the required training to equip them for this role and who takes responsibility for providing practice placements. A clinical educator supports students in their professional development by enabling them to integrate academic knowledge with clinical practice, develop clinical skills and appropriate attitudes and behaviours. A Clinical Educator must have a good working knowledge of the students’ educational programme, assessment tool and understand the learning outcomes of their student.**

**CHAPTER 5:** Reporting sickness procedure & guidance about GP & dental appointments during placement

**Therapy Student Guide for Reporting Sickness and Absence**

**On the first day of absence**

You will need to contact your department. You will need to dial 0115 9249924 for the QMC or 0115 9691169 for the City Hospital and the appropriate extension number (see below)

Contact the Dietetic Department by 9am

At QMC: contact Katherine Johns on Ext 66733 or the department on Ext 61108

At City: contact Tracy Lovejoy (Mon- Wed) on Ext 59933 or the department on Ext 55325

You will need to state the nature of your illness and when you expect to return to placement

Contact the PT department by the start of your shift or by 08:30am (whichever is earlier)

Contact your clinical educator on the number provided

At QMC: Ext: 63273

At City: Ext: 55330

You will need to state the nature of your illness and when you expect to return to placement

Contact the OT department by the start of your shift or by 08:30am (whichever is earlier)

Contact your clinical educator on the team number-or if not, the practice placement coordinator on:

At QMC Ext: 65772/63273/67753

At City: Ext: 55330/55310/53064

You will need to state the nature of your illness and when you expect to return to placement

You will need to keep your department updated on sickness. You will need to call in every morning unless you have been signed off for a designated time period

Sickness record to be completed by the clinical educator or practice placement coordinator

It is your responsibility to contact the university to inform them of sickness

It is your responsibility to contact the university to inform them of sickness

PHYSIOTHERAPY

OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPY

DIETITIAN

**GP or Dental Appointments:**

Where possible routine GP or Dental appointments should be made outside your working hours. If this is not possible due to practise times then you should endeavour to get an appointment first thing in the morning or late afternoon so as to minimise disruption to your day. If you need an urgent appointment then you need to book this and discuss with your clinical educator or student training lead.

**CHAPTER 6:** Orientation including location hunt, uniforms, using the telephones, library facilities

**Orientation**

**Location Hunt**

The following list highlights a number of places that might be useful for you to locate during your training at Nottingham University Hospitals NHS Trust.

|  |  |
| --- | --- |
| LOCATION | FOUND |
| On both campuses – all students |  |
| Secure changing / storage facilities |  |
| Secure bicycle parks |  |
| Library & resources within the department you are based |  |
| Library (at QMC this is within the Medical School) |  |
| Post Graduate Education Centre is available for use of staff |  |
| Staff restaurant |  |
| WRVS shops in various locations |  |
| Cash machines |  |
| Childcare/Nursery |  |
| "Q Active" service - health & wellbeing services e.g. gym |  |
| City Campus – all students |  |
| Eatwell – several |  |
| Leisure Centre |  |
| Security Office/ Car park office at Trust Headquarters |  |
| Maggie’s Centre |  |
| Chapel |  |
| **Queens Medical Centre – all students** |  |
| Pharmacy available for public use in the main foyer |  |
| Bank |  |
| Newsagent (with some general supplies) in main foyer |  |
| Multi faith centre |  |
| City Campus – Dietetic students |  |
| Dundee House (Diabetes Centre) |  |
| Dietetic Office for the Home Enteral Feeding (HEF) Team - Mobility Centre |  |
| Central Production Unit |  |
| Enteral feeds and sip feed stores |  |
| Secretaries Office |  |
| **QMC Campus – Dietetic students** |  |
| Paediatric Dietetic Office |  |
| Kitchen |  |
| Diabetes Unit |  |
| **Both Campus - OT** |  |
| Equipment Store |  |

**Uniforms**

Uniforms worn by staff have been reviewed to try to help patients, other staff and the public to be able to identify staff correctly and efficiently. As you will be working in a clinical environment where infection control and manual handling are constant issues the uniform policy must be strictly adhered to. Hair that is longer than shoulder length should be tied back. Nail polish cannot be worn. Black or dark brown leather shoes which cover your toes and are enclosed at the back with dark plain socks are required. Trainers are not permitted. Plain ‘wedding style’ band rings are permitted however no stoned rings or wrist watches are permitted. Please make yourself aware of NUH Uniform policy (see policy list attached).

Occupational Therapy and Physiotherapy students routinely wear uniform. Dietetic students may wear either uniform or professional attire within NUH, however, in the community students are advised not to wear uniform.

**Staff Identified by uniform:**

|  |  |
| --- | --- |
| Staff | Uniform |
| Matron | Navy blue tunic, red trim |
| Sister / Charge Nurse | Navy blue tunic, white trim |
| Deputy sister/Deputy charge nurse | Royal blue tunic/white trim |
| Staff Nurse | Blue tunic/white trim |
| Health Care Assistant | Blue/green with white trim |
| Student Nurse | Pale blue/ white trim |
| Phlebotomist | White tunic/maroon trim |
| Ward Clerk | Striped blouse |
| Physiotherapist | White tunic/navy trim |
| Occupational Therapist | White tunic/bottle green trim |
| Dietitian | Own clothes |
| Therapy Assistant | White tunic/no trim |
| Speech & Language Therapist | Own clothes |
| Pharmacist | Own clothes |
| Practice development matron | Purple tunic/white trim |
| Discharge coordinator | Maroon tunic/white trim |

**Access Control Opening Times for ID badges**

QMC Access Control office will open on Monday, Wednesday and Friday between 9.30am and 3pm, closing for lunch between noon and 13.00pm. The office should have received an application for your badge electronically and you will need to take a £5 deposit (please remember to return it while the office is open at the end of your placement and you will also to get the deposit back).

Outside of normal working hours the Security Lodge on B Floor Main Entrance at the QMC will be able to issue temporary ID cards (with appropriate authorisation) and extend validity times on issued ID cards for QMC campus only.

The main Access Control office on the City Hospital Campus is close to the entrance to the north corridor behind enquiries. It is open between 9.30am and 3pm on Tuesdays and Thursdays, closing for lunch between noon and 13.00pm. Please remember to

* Always wear your Staff I.D. card visibly while at work
* Be wary of anyone following you through a swipe card zone.
* Do not write codes or passwords on your I.D. card.
* If you find a Staff I.D .card –please hand in to Security.
* Report loss of a Staff I.D. card to the Security office immediately.

Any issues regarding access can be directed to the Main Access Control office on ext. 76245 or e-mail Access Control: [Access.Control@nuh.nhs.uk](mailto:Access.Control@nuh.nhs.uk)

**Department of Spiritual and Pastoral Care**

Chaplaincy provides spiritual, pastoral and religious support to all who work within the Trust, whatever their particular beliefs and views.

City Campus 56187 Queens Campus 63799

**Using the Telephone during your Placement.**

Work telephones are only to be used for work business. Mobile phones may be used at break times as long as professionalism is maintained. Please see policy for further details

**1) SINGLE EMERGENCY NUMBER – 2222**

**The 2222 number has been adopted nationally so staff moving between Campuses will only need to remember one number to dial in all emergencies**

Staff will need to provide clear and accurate instructions to switchboard when calling for an emergency response, including what team you need and the location where they need to attend (See below).

**1. Team required**

**ADULT CARDIAC ARREST**

**PAEDIATRIC ARREST**

**TRAUMA**

**OBSTETRIC EMERGENCY**

**FIRE**

**OTHER EMERGENCIES**

**2. Location**

For your location, please give the name of your ward/clinic, floor and block. If you don’t work in a ward or clinic, phones that are situated on corridors have details of the specific location displayed alongside them.

Be prepared. Display details of your location next to the phones in your work area, to avoid the possibility of delays or confusion during an emergency call.

**2) To dial an outside line**

* dial 9 first following by the number you require

**3) How to bleep someone**

Find out the person’s bleep/pager number

Use an internal hospital phone

Pick up the receiver and dial the 7 digit bleep number

Then you will be asked to ‘Please enter your numeric message after the tone’

Enter the extension number of the phone you are calling from (for the Nortel

Network phones this will be displayed in the top right of the display panel).

You should then be told ‘Your paging request has been accepted’

Put the receiver down and wait by the phone.

Remember when the phone rings next it may not be the person you have

bleeped so still answer it as you would any other call.

**4) Use of phones during placement**

We would expect you to follow the Trust’s policy for staff about use of mobile phones (and other mobile communication devises) on NUH premises.

**5) Useful phone numbers:**

Main Campus Switchboard:

* City 9691169
* Queen’s Medical Centre 924 9924

Internal phone Switchboard 0

You can look up Trust individuals phone numbers via the Trust intranet.

**Library services at NUH**

There are three main libraries at NUH

**The NUH Library**

Students on Placement at NUH can join the NUH Library located in the Postgraduate Education Centre on City Hospital Campus. Opening hours are Monday to Friday 9am-5pm. To register you need to show your student ID.

Over 7000 books including medical, nursing, allied healthcare, management, scientific texts and a small fiction collection are stocked. Books can be borrowed from the library. A number of paper journals, videos and CDs are available

There are quiet and group study areas. E-books and e-journals are available online 24 hours a day from work or home.

To find out more go to http://nuhnet/human\_resources/Learning@NUH/medical\_library/Pages/default.aspx or email library@nuh.nhs.uk

**Greenfield Medical Library**

Students can join the Greenfield Medical Library, located on A Floor in the Medical School, QMC campus. You can register at the Library lending desk between 9am and 5 pm Monday to Friday you need your NUH Trust ID card with you. The Library is managed by the University of Nottingham and is open from 8.00 – 23.15 during the week, 9.00 – 17.00 on a Saturday and 9.30 – 17.45 on a Sunday; during exam times it is open 24/7.

**The QMC Staff and Patient Library**

The QMC Staff and Patient Library is open to all staff who work on the QMC Campus, as well as volunteers, patients and their visitors. It is a joint partnership between NUH and Nottingham City Council.

It is located on D Floor, East Block, by the lifts. It contains books to relax and unwind with – it is home to an extensive collection of fiction and non-fiction from crime and thrillers to romance, gardening to biography and science fiction to travel. There are also books on cassette and CD, magazines, children’s books and audio, and a comprehensive reference section.

The library is open Monday-Thursday 12.15-4.15. Find out more by visiting the website – www.nuh.nhs.uk/hospitallibrary or contact the librarian on ext. 64632 or [ruth.hawley@nuh.nhs.uk](mailto:ruth.hawley@nuh.nhs.uk).

**CHAPTER 7:** NUH Notes and abbreviations

|  |
| --- |
| *People benefit from records that promote communication and high quality care* |

(Department of Health Essence of Care 2010 - Benchmarks for Record Keeping)

|  |
| --- |
| The document ‘Confidentiality: NHS Code of Practice’ sets out a table of good practice relating to record keeping which is relevant to all staff. (Department of Health. Confidentiality - NHS Code of Practice. 2003. URL: <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253>)  **Patient records should:**  - be factual, consistent and accurate:   * be written as soon as possible after an event has occurred, providing current information on the care and condition of the patient * be written clearly, legibly and in such a manner that they cannot be erased * be written in such a manner that any alterations or additions are dated, timed and signed in such a way that the original entry can still be read clearly * be accurately dated, timed and signed or otherwise identified, with the name of the author being printed alongside the first entry * be readable on any photocopies * be written, wherever applicable, with the involvement of the patient or carer * be clear, unambiguous, (preferably concise) and written in terms that the patient can understand. Abbreviations, if used, should follow common conventions * be consecutive * electronic records should use standard coding techniques and protocols * be written so as to be compliant with the Equalities Act 2010.   - be relevant and useful   * identify problems that have arisen and the action taken to rectify them * provide evidence of the care planned, the decisions made, the care delivered and the information shared * provide evidence of actions agreed with the patient (including consent to treatment and/or consent to disclose information). |

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**NUH Abbreviations Trust Wide**

|  |  |
| --- | --- |
| # | Fracture |
| A&E | Accident and Emergency |
| A/L | annual leave |
| AAA (Triple A) | Abdominal Aortic Aneurysm |
| AAROM | active assisted range of movement |
| Abd | abduction |
| Abx | antibiotics |
| ACL | anterior cruciate ligament |
| ADH | anti-diuretic hormone |
| ADL | Activities of Daily Living |
| AF | Atrial Fibrillation |
| AHP | allied health professional |
| AICU / AITU | Adult Intensive Care Unit |
| AIDS | Acquired immune deficiency virus |
| Alb | Albumin |
| AM | morning |
| Amb O2 | ambulatory oxygen |
| AMI | Acute Myocardial Infarction |
| Approx | Approximately |
| APTT | Activated prothrombin time/activated partial thromboplastin time |
| AROM | active range of movement/motion |
| ASAP | As soon as possible |
| AV node | atrio-ventricular node |
| AXR | abdominal x-ray |
| b.d or BD | bis die ( twice daily) |
| B/K | below knee |
| BCG | Bacille Calmette Guerin (TB vaccination) |
| Bicarb/HCO3 | Bicarbonate |
| BM | Blood sugar level |
| BMI | body mass index |
| BNF | British national formulary |
| BNO | Bowels Not Opened |
| BO | Bowels Opened |
| BP | Blood Pressure |
| bpm | beats per minute |
| BSR | Blood sedimentation rate |
| Bx | Biopsy |
| c diff | Clostridium Difficile |
| C of E | Church of England |
| C&S | Culture and sensitivity |
| CABG | Coronary Artery Bypass Grafts |
| CAPD | Continuous ambulatory peritoneal dialysis |
| CBG | Capillary blood gases |
| CCF | Congestive Cardiac Failure |
| CCOT | Critical Care Outreach Team |
| CCU | Coronary care unit |
| CD | Controlled Drug |
| CDH | Congenital dislocation of the hips |
| CICU | cardiac intensive care unit |
| cmH2O | centimetres of water |
| CO2 | Carbon Dioxide |
| COHB | CarbOxyHaemoglobin |
| cons | consultant |
| COPD | Chronic Obstructive Pulmonary Disease |
| CPAP | continuous positive airway pressure |
| CPM | continuous passive movement |
| CPN | Community Psychiatric Nurse |
| CPR | Cardio - Pulmonary Resuscitation |
| Cr | creatinine |
| CRP | C-reactive protein |
| CSF | cerebro spinal fluid |
| CSU | Catheter Specimen of Urine |
| CT | Computerised Tomography |
| CTD | carpel tunnel decompression |
| CTG | Cardiotocograph |
| CVA | Cerebral Vascular Accident |
| CVP | Central Venous Pressure |
| CVS | Cardiovascular system |
| CXR | Chest X-Ray |
| D&C | Dilation and curettage |
| D&V | Diarrhoea and Vomiting |
| DAS | Disease activity score |
| Dept | Department |
| detox | Detoxification |
| DHS | Dynamic Hip Screw |
| DKA | diabetic ketoacidosis |
| DN | district nurse |
| DNA | Did not Attend |
| DNR | Do not resuscitate |
| DOB | date of birth |
| Dr | Doctor |
| DVT | Deep Vein Thrombosis |
| DXT | Radiotherapy |
| EAU | Emergency Admissions Unit |
| E+D | Eating and drinking |
| ECG | Electrical Cardiograph |
| Echo | Echocardiogram |
| ECT | Electro Convulsive Therapy |
| ED | Emergency Department |
| EEG | Electro-encephalogram |
| EMD | Electro mechanical dissociation |
| ENT | Ear, nose and throat |
| EPB | extensor pollicis brevis |
| EPL | extensor pollicis longus |
| ERCP | Endoscopic Retrograde Cholangio Pancreatography |
| ESR | Erythrocyte Sedimentation Rate |
| ET Tube/ ETT | Endotracheal tube |
| EUA | examination under anaesthesia |
| EWS | early warning score |
| F | Female |
| F(1 or 2) | Foundation trainee (year 1 or 2) |
| F/T | full time |
| FBC | Full Blood Count |
| FBG | fasting blood glucose |
| FEV1 | forced expiratory volume 1 second |
| FFP | Fresh frozen plasma |
| FHx | family history |
| FLEXI SIG | Flexible Sigmoidoscopy |
| FSH | Follicle stimulating hormone |
| FVC | forced vital capacity |
| FWB | Fully weight bearing |
| G | gram |
| G&S | Group and Save serum |
| GA | General Anaesthetic |
| GCS | Glasgow Coma Scale |
| GI | gastrointestinal |
| GP | General Practitioner |
| GTN | Glyceryl Trinitrate |
| GUM | Genito-urinary medicine |
| Gynae | gynae |
| H pylori | Helicobacter pylori |
| H/O | history of |
| H2O | water |
| Hb | Haemoglobin |
| HCA | Health Care Assistant |
| HCAI | Healthcare aquired infections |
| HCOP | Health care for older person |
| HDU | high dependency unit |
| HIV | Human immunodeficiency virus |
| HOCF | home oxygen consent form |
| HOOF | home oxygen order form |
| Hrly | hourly |
| HRT | hormone replacement therapy |
| Ht | height |
| HV | Health Visitor |
| HVS | High vaginal swab |
| HWB | heel weight bearing |
| Hx | history |
| Hypo | Hypoglycaemia |
| i/c | with |
| IBS | irritable bowel syndrome |
| ICP | Intracranial Pressure |
| ICU | intensive care unit |
| ID | identification |
| IDDM | Insulin Dependent Diabetes Mellitus (Type 1 diabetes) |
| IgA | fraction of immunoglobulin |
| IgG | fraction of immunoglobulin |
| IgM | fraction of immunoglobulin |
| IHD | ischemic heart disease |
| ILD | Interstitial lung disease |
| IM | Intra Muscularly |
| IMHS | Intra Medullary Hip Screw |
| Indep | independent |
| Inh | inhalation |
| INR | international normalised ratio |
| IP&C | infection prevention and control |
| ITU | intensive therapy unit |
| IUCD | intra-uterine contraceptive device |
| IV | Intravenous |
| IVABs | intravenous antibiotics |
| IVDU | Intravenous Drug User |
| IVF | invitro fertilization |
| IVI | Intravenous Infusion (drip) |
| JIA | Juvenile idiopathic arthritis |
| K | potassium |
| KCL | Potassium chloride |
| kg | Kilogram |
| KMH | Kings Mill Hospital |
| L | litre |
| LA | local anaesthetic |
| LABA | long acting beta agonist |
| LAMA | Long acting muscarinic agonist |
| LBBB | Left Bundle Branch Block |
| LFT(s) | Liver Function Test |
| LMA | Laryngeal mask |
| LMP | last menstrual period |
| LMWH | low molecular weight heparin |
| LOC | loss of consciousness |
| LP | Lumbar Puncture |
| LTOT | Long term oxygen therapy |
| LVF | Left Ventricular Failure |
| MAP | mean arterial pressure |
| MAU | medical admissions unit |
| Max | maximum |
| MC&S | Microscopy, Culture & Sensitivity |
| MCP | meta carpel phalangeal |
| MCV | mean cellular volume |
| MDI | Metered dose inhaler |
| MDT | Multidisciplinary team |
| METS | Metastases |
| MHDU | medical high dependency unit |
| MI | Myocardial Infarction |
| mL(s) | Millilitre |
| ml/hr | Millilitre per Hour |
| MMC | medicines management committee |
| mmHg | millimetres of mercury |
| mmols | Millimoles |
| MMR | Mumps measles and rubella |
| Mob | Mobilise |
| MRI | Magnetic Resonance Imaging |
| MRSA | Methicillin Resistant Staphylococcus Aureus |
| MS | Multiple Sclerosis |
| MST | morphine sulphate tablet |
| MSU | Mid Stream Specimen of Urine |
| MUA | manipulation under anaesthetic |
| Multi Vit | Multi-vitamin preparation |
| MUST | malnutrition universal screening tool |
| N&V | nausea and vomiting |
| N/K | not known |
| N2O &O2 | nitrous oxide and oxygen (entonox) |
| NaCl | sodium chloride |
| NAD | No Abnormalities Detected -nothing abnormal detected |
| NaNCO3 | sodium bicarbonate |
| NBM | Nil By Mouth |
| Neb | Nebuliser |
| NEG/-ve | negative |
| NFR | Not for Resus |
| NG | Nasogastric |
| NGT | Nasogastric tube |
| NIDDM | Non Insulin Dependent Diabetes Mellitus (Type 2) |
| NKA | No known allergies |
| NMC | nursing and midwifery council |
| NNU | neonatal unit |
| Nocte | At Night |
| NOF | Neck of Femur |
| NOK | Next of kin |
| not for resus | not for resuscitation |
| NP | new patient |
| NPU | Not Passed Urine |
| NSAID's | Non Steroidal Anti Inflammatories |
| NUH | Nottingham University Hospitals NHS Trust |
| NWB | Non Weight Bearing |
| PO | Oral |
| O/A | On Arrival/ Admission |
| o/d | Overdose |
| O/E | On Examination |
| O2 | Oxygen |
| O2 sat | Oxygen saturation |
| OA | Osteoarthritis |
| Obs | Observations |
| o.d | Omni die (Once Daily) |
| ODP | Operating department practitioner |
| OGD | Oesophago- gastroduodenoscopy |
| OM | each morning |
| ON | each night |
| Op | Operation |
| OPA | Out Patient Appointment |
| OPD | Outpatients Department |
| ORIF | Open Reduction and Internal Fixation |
| ortho | Orthopaedics |
| OT | Occupational Therapist/Therapy |
| P | Pulse |
| P/T | Part time |
| PAC | Pressure area care |
| PaO2 | partial pressure oxygen |
| PCA | Patient Controlled Analgesia |
| PCI | Percutaneous Coronary intervention |
| PCL | Posterior cruciate ligament |
| pCO2 /paCO2 | partial pressure carbon dioxide |
| PCT | primary care trust |
| PCV | packed cell volume |
| PDD | Predicted discharge date |
| PDM | practice development matron |
| PE | Pulmonary Embolism |
| PEA | pulseless electrical activity |
| PEF | Peak flow rate |
| PEFR | peak expiratory flow rate |
| PEG | Percutaneous Endoscopic Gastrostomy |
| PERL (PEARL) | Pupils Equal Reactive to Light |
| PF | Pulmonary fibrosis |
| PFT | Pulmonary function test |
| PGD | Patient group direction |
| Physio | Physiotherapist |
| PICC | type of central line |
| PICU | Paediatric Intensive Care Unit |
| PID | Pelvic inflammatory disease |
| PM | Afternoon |
| PMH | Past Medical History |
| PN | Practice nurse |
| PO | Orally |
| pO2 /paO2 | partial pressure-oxygen |
| POD | patients own drugs |
| POM | prescription only medicines |
| POP | popliteal artery |
| Post op | after operation |
| PPE | Personnel protective equipment |
| PR | Per Rectum |
| Pre op | before operation |
| Pre Op | Pre Operatively |
| Pre-med | Pre-medication |
| PRIDE | patient discharge/transfer information forms |
| PRN | As Required |
| PROM | Passive range of movement |
| prox | Proximal |
| Pt | Patient |
| PT | Prothrombin time |
| PTO | Please Turn Over |
| PU | Passed Urine |
| PV | per vagina |
| PVD | peripheral vascular disease |
| PWB | Partial weight bearing |
| Px | prescribed/prescription |
| QDS | Four Times a Day |
| QMC | Queens Medical Centre |
| QUADS | Quadriceps |
| R | Respirations |
| R/V | Review |
| RA | Rheumatoid Arthritis |
| RBC | Red blood cells |
| RC | Roman Catholic |
| RE | With Reference to / regarding |
| Reg | Registrar |
| REHAB/Rehab | Rehabilitation |
| Resps | Respirations |
| RGN | registered general nurse |
| RhD | rhesus factor |
| RIP | Rest In Peace |
| RN | registered general nurse |
| RNS | Respiratory nurse specialist |
| ROC | removal of clips |
| ROM | Range Of Movement |
| ROS | removal of sutures |
| Rpt | Repeat |
| RTA | Road Traffic Accident |
| Rx | Treatment |
| S/A | Same Address |
| S/B | Seen by |
| S/c | Subcutaneously |
| SA node | Sino-atrial node |
| SABA | short acting beta agonist |
| saline/NaCl | sodium chloride solution 0.9% |
| SALT | Speech and language therapist |
| Sats | Saturation |
| SBOT | Short burst oxygen therapy |
| SCBU | special care baby unit |
| SHDU | Surgical High Dependency Unit |
| Sig | Signature |
| SLE | Systemic lupus erythematosis |
| SLR | straight leg raise |
| SM | Staff midwife |
| SN | Staff Nurse |
| SOB | Short Of Breath |
| SOBOE | Short of Breath on exertion |
| Sp02 | Oxygen |
| SpR | Special Registrar |
| St /M | student midwife |
| Staph | Staphyloccus |
| Stat | Once Only (immediately) |
| STI | sexually transmitted infection |
| StN | student nurse |
| SVT | Supra Ventricular Tachycardia |
| SW | Social Worker |
| SWPDD | social worker predicted discharge date |
| T /temp | Temperature |
| TAR | Total ankle replacement |
| Tb /TB | Tuberculosis |
| TBC | To be confirmed |
| TCI | To Come In |
| TDS | Three times a Day |
| TED's | Thromo embolic deterrents |
| Tel | Telephone |
| TEMP | Temperature |
| TENS | Transcutaneous Electrical Nerve Stimulation |
| THR | Total Hip Replacement |
| TIA | Transient Ischemic Attack |
| TKR | Total Knee Replacement |
| TLC | Tender Loving Care |
| Top | Topical |
| TPN | Total Parental Nutrition |
| TPR | Temperature, Pulse, Respiration |
| Trop I | Troponion I blood test |
| TTO | To Take Out (Home) |
| TWB | touch weight bearing |
| TWOC | trail without catheter |
| Tx | Treatment |
| U&E | Urea and Electrolytes |
| URTI | Upper Respiratory Tract (Infection) |
| US | Ultrasound |
| USS | Ultra Sound Scan |
| UTI | Urinary Tract Infection |
| UV | Ultraviolet |
| VAS | Visual analogue score |
| VB | Venous Blood |
| Veg | Vegetables |
| VF | Ventricular Fibrillation |
| VIPS | visual infusion phlebitis score |
| VT | Ventricular Tachycardia |
| VTE | venous thrombo embolism |
| W/C | week commencing |
| W/E | Weekend |
| WBAT | weight bear as tolerated |
| WCC /WBC | White Cell Count |
| WOB | Work of breathing |
| WR | Ward round |
| Wt | Weight |
| X-match | Cross Match |
| XROA | Xray on arrival |
| yr | Year |

**A-Z of common NUH Trust abbreviations**

|  |  |
| --- | --- |
| AFC | Agenda for Change |
| BCM | Business Continuity Management |
| BCP | Business Continuity Plan |
| BME | Black Minority ethnic |
| BSL | British Sign Language |
| CBRN | Chemical, Biological, Radiation and Nuclear |
| CIP | Cost Improvement Programme |
| CPD | Continuing Professional Development |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation |
| DG | Directors Group |
| DMT | Directorate Management Team |
| ED | Emergency Department |
| E & D | Equality and Diversity |
| EDS | Equality Delivery System |
| EAF | Electronic Access Form |
| EHRC | Equality and Human Rights Commission |
| EI | Emotional Intelligence |
| EiA | Equality impact Assessment |
| EP | Emergency Planning / Preparedness |
| EPC | Emergency Planning Committee |
| ESR | Electronic Staff Record |
| IBP | Integrated Business Plan |
| IG | Information Governance |
| IQ | Intelligence Quotient |
| IWL | Improving Working Lives |
| KPI | Key Performance Indicator |
| LGBT | Lesbian, Gay, Bi-sexual, Transperson |
| MIP | Major Incident Plan |
| MSS | Manager Self Service |
| MTPAS | Mobile Telecommunications Privileged Access Scheme |
| OD | Organisational Development |
| OLM | Oracle Learning Management |
| PPI | Patient and Public Involvement |
| PRPS | Powered Respirator Protection Suit |
| RAG | Red, Amber, Green rating |
| RAP | Recruitment Approval Process |
| SBAR | Situation, background, assessment, recommendation |
| SQ | Social Quotient |
| SSS | Supervisor Self Service |
| TB | Trust Board |
| TNA | Training Needs Analysis |
| TSA | Tactical Support Advisor |
| VPN | Virtual Private Network |

**‘Do not use abbreviations’**

**National Patients Safety Goals (2009)**

|  |  |  |
| --- | --- | --- |
| **Additional Abbreviations, Acronyms and Symbols** | | |
| **Don’t Use** | **Potential Problem** | **Use Instead** |
| > (greater than)  < (less than) | Misinterpreted as the number “7” (seven) or the letter “L”  Confused for one another | Write “greater than”  Write “less than” |
| Abbreviations for drug names | Misinterpreted due to similar abbreviations for multiple drugs | Write drug names in full |
| Apothecary units | Unfamiliar to many practitioners  Confused with metric units | Use metric units |
| @ | Mistaken for the number “2” (two) | Write “at” |
| cc | Mistaken for u (units) when poorly written | Write “ml” or “millilitres” |
| µg / mcg | Mistaken for mg (milligrams) resulting in one thousand-fold overdose | Write “micrograms” |
| 1/12 | Unclear, easily mistaken | Write 1 month |
| 1/52 | Unclear, easily mistaken | Write 1 week |
| 1/7 | Unclear, easily mistaken | Write 1 day |

**CHAPTER 8:** Policies & Procedures

**Policies & Procedures**

**Mandatory Policy Awareness -** Please ensure that you are familiar with the range of policies below at the start of your placement. **All of the NUH policies below can be found on the internet using a search engine if you prefix the policy title with NUH e.g. NUH Complaint Handling Procedure & Templates, this will allow you to read them away from NUH.** During your induction, liaise with your clinical educator about those policies for which you may require a more in depth awareness. There are multiple policies at NUH that they are available for any eventuality on the internal intranet**.** We promote a culture of openness and it is important that you are aware how to raise any safety issues, complaints and inappropriate behaviour.

[Aggression, Violence and Harassment (including lone working guidance](http://nuhnet/nuh_documents/Documents/Aggression,%20Violence%20and%20Harassment%20Policy%20(including%20lone%20working%20guidance).doc))

[Clinical record keeping policy](http://nuhnet/nuh_documents/Documents/Clinical%20Record%20Keeping%20Policy.doc)

[Complaint Handling Procedure & Templates](http://nuhnet/complaintsandpals/Documents/Complaint%20Handling%20Procedure.doc)

[Complaints & PALS](http://nuhnet/complaintsandpals/Pages/default.aspx)

[Control of substances hazardous to health (COSHH)](http://nuhnet/nuh_documents/Documents/Control%20of%20Substance%20Hazardous%20to%20Health(COSHH)%20Policy.doc)

[Data protection policy](http://nuhnet/nuh_documents/Documents/Data%20Protection,%20Confidentiality%20and%20Disclosure%20Policy.doc)

[Deprivation of liberty flowchart](http://nuhnet/medical_director/integrated_governance/safeguarding/safeguarding_adults/Safeguarding%20Folder/16%20DOLS%20Flowchart.pdf)

[Dress code and uniform policy](http://nuhnet/nuh_documents/Documents/Dress%20Code%20and%20Uniform%20Policy.doc)

[Duty of Candour](http://nuhnet/medical_director/patient_safety/Pages/DutyofCandour.aspx)

[Equality and diversity policy](https://www.nuh.nhs.uk/about-us/our-policies-and-procedures/human-resources-policies-and-procedures/)

[Fire safety policy](http://nuhnet/nuh_documents/Documents/Fire%20Safety%20Management%20Policy.doc)

[Guidance for the prevention and management of sharps injuries](http://nuhnet/newsdesk/Pages/01122011.aspx)

[Grievance procedure](http://nuhnet/nuh_documents/Documents/Grievance%20Policy.doc)

[Hand Hygiene Policy](http://nuhnet/nuh_documents/Documents/Hand%20Hygiene%20Policy.doc)

[Incident reporting](http://nuhnet/medical_director/integrated_governance/incident_reporting/Pages/report_an_incident.aspx)

[Infection prevention and control policy](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/Policies.aspx)

[Information governance- keeping patient information private](http://nuhnet/ig/Pages/theigcode.aspx)

[Management of complaints, concerns, comments and compliments policy](http://nuhnet/searchcentre/Pages/results.aspx?k=complaints%20concerns)

[Mobile phone policy](http://nuhnet/nuh_documents/Documents/Use%20of%20Mobile%20Phones%20and%20other%20Communication%20Devices%20on%20NUH%20Premises%20Policy.doc)

[Patient safety information](http://nuhnet/medical_director/patient_safety/Documents/0865v11010_Patient_safety_information_for_staff.pdf)

[Pressure Ulcer Prevention](http://nuhnet/medical_director/patient_safety/PressureUlcers/Pages/default.aspx)

[Resuscitation policy](http://nuhnet/nuh_documents/Documents/Cardiopulmonary%20Resuscitation%20(Adult%20and%20Paediatric)%20Policy.doc)

[Risk assessment policy](http://nuhnet/nuh_documents/Documents/Risk%20Management%20Policy.doc)

[Safeguarding Children and Young Adults](http://nuhnet/family_health/safeguarding_children_young_people/Pages/default.aspx)

[Safeguarding vulnerable adults](http://nuhnet/nuh_documents/Documents/Safeguarding%20Vulnerable%20Adults%20Policy.doc)

[SBAR - Improving communication](http://nuhnet/sbar/Pages/default.aspx)

[Slips, trips and falls policy](http://nuhnet/nuh_documents/Documents/Slips%20Trips%20and%20Falls%20Policy.doc)

[We are here for you, behavioural standards](http://nuhnet/Communications_Marketing/patient_public_involvement/PPI%20Resources%20and%20Toolkits/Behavioural%20standards%20for%20everyone%20at%20NUH.pdf)

[Whistle blowing policy in corporate governance framework](https://www.nuh.nhs.uk/about-us/our-policies-and-procedures/governance-policies-and-procedures/)

**NUH Corporate Induction Film**

Please see the following link for NUH’s Induction film: <https://www.nuh.nhs.uk/welcome-to-NUH>.

This should be viewed within the first week of placement, please liaise with your Clinical Educator if this is to be done independently or in a group.

**Additional reading for student OTs:**

Please discuss the following local policies and procedures with your educator and read as recommended: Home assessment visits; Equipment/wheelchair loan; Gifts of money; Lone working; Minimum standards for referral; Splinting guidelines; Major incidents plan

**Additional reading for student Dietitians**

[Enteral feeding in adults](http://nuhnet/nuh_documents/Guidelines/Trust%20Wide/Nutrition/1892a.pdf)

[Food Safety Policy](http://nuhnet/nuh_documents/Documents/Food%20Safety%20Policy.doc)

[Nutrition and hydration policy](http://nuhnet/nuh_documents/Guidelines/Trust%20Wide/Nutrition/2033.pdf)

[Refeeding syndrome](http://nuhnet/nuh_documents/Guidelines/Trust%20Wide/Nutrition/1881.pdf)

**CHAPTER 9:** Infection Control & hand hygiene

Since April 2014 we have had 98 cases of Clostridium difficile. This is lower than our target of fewer than 101 cases. Since April 2014 we have had 5 cases of MRSA, 1 case was not avoidable. This is more than our target of 0 avoidable cases.

## Infection Control

The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infection and related guidance document requires all Trusts to have robust arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI).From April 2009 there was a legal requirement for an acute Trust to register with the Care Quality Commission and as a legal requirement of their registration, must protect patients, workers and others who may be at risk of acquiring a HCAI.

Here are some basic facts about **Clostridium difficile** (known as C difficile).

**What is Clostridium difficile?**  
Clostridium difficile (C. difficile) are bacteria that live in the gut of around 1 in 30 healthy adults and children. C. difficile can produce spores that are present in the faeces, can survive for a long time in the environment, and are resistant to many disinfectants. The normal bowel contains millions of different types of bacteria, which help break down and digest our food. There are lots of these ‘good’ bacteria, but also some bacteria, such as C. difficile, which can cause ill health. The ‘good’ bacteria usually help keep C. difficile in check.

**How do you catch C. difficile?**  
People can carry C. difficile but remain in good health.  People can become infected with C. difficile if they touch items or surfaces (such as beds and equipment) that have been contaminated with C. difficile spores and then touch their mouths.

If the ‘good’ gut bacteria are not able to keep C. difficile in check, or if the body’s resistance to infection is lowered, C. difficile can multiply and produce toxins.  The toxins can cause inflammation of the bowel. This happens most often when people take antibiotics to treat other infections (the antibiotics kill off the ‘good’ gut bacteria), or if patients’ immunity is lowered by chronic or serious ill health, surgery, or drugs.

**What are the symptoms of C. difficile?**  
C. difficile symptoms range from mild stomach upset to moderate loose stools to severe painful bloody diarrhoea.  Other symptoms include fever, loss of appetite, nausea and abdominal pain.

**How is C. difficile diagnosed?**  
C. difficile is diagnosed by testing for C. difficile in a stool sample or by examination of the bowel lining with a special camera (sigmoidoscopy).

**Are some patients more likely to become ill by C. difficile?**  
Elderly patients, patients who have received antibiotics and those whose resistance is lowered by chronic or serious ill health, surgery, or drugs are more likely to be made ill by C. difficile.

**Can C. difficile be treated?**  
Mild illness usually responds well to stopping antibiotics and preventing dehydration by taking plenty of fluids.  In more severe illness anti- C. difficile antibiotics are given. Most patients will improve within a few days, and the diarrhoea symptoms typically resolve within two weeks. Anti-diarrhoea medication may make C. difficile diarrhoea worse, and is not recommended.

**Is it possible to get C. difficile more than once?**  
C. difficile infection usually responds well to treatment, but approximately 20% of patients will experience recurrence of diarrhoea symptoms up to several weeks after treatment has finished. A further course of anti-C. difficile antibiotics will be effective in almost all patients, and other specialist treatments are available.

If diarrhoea returns after treatment for C. difficile infection it is important to restart treatment promptly. If a patient has been discharged home they should visit their GP as soon as possible, taking a stool sample with them.(Sample containers can be obtained from a GP).

**How can C. difficile pass from one person to another?**  
C. difficile is spread on hands person-to-person or environmental surface-to-person. It is always important to wash your hands after using the toilet and before handling food or eating and drinking. In hospitals staff, patients, relatives, and other visitors must all be thorough in their hand-washing with soap and water every time they deliver treatment or visit. Alcohol gel alone is not effective against C. difficile - **soap and water must be used.**

**Is C. difficile just a problem in hospitals?**  
People who have had antibiotics or have lowered immunity can develop C. difficile illness without any contact with hospital.

**What is the hospital doing to tackle C. difficile?**  
The prevention of hospital infections is a clinical priority for the Trust. At NUH we do everything we can to prevent C. difficile. We are:

* Ensuring staff routinely wash their hands with soap and water before and after touching every patient, their equipment or environment if the patient has diarrhoea
* Training all staff in the correct way to wash hands and to clean equipment to prevent cross-infection
* Monitoring and ensuring a high standard of cleanliness in all wards and departments
* Minimising the risk of cross-infection by quickly isolating patients with suspected or proven C. difficile in a single room or in a separate bay
* Using a new (2007) isolation ward on the Queen’s Medical Centre campus
* Routinely using hydrogen peroxide, which kills C. difficile spores
* Making sure antibiotics are used correctly and prescribed only when absolutely necessary and for the shortest possible time

**What can patients and visitors do to help prevent C. difficile?**  
Wash hands carefully and every time with soap and water

Remind staff to clean their hands – it’s OK to ask!

Here are some basic facts about **Methicillin Resistant Staphylococcus Aureus** (known as MRSA).

# What is MRSA?

MRSA stands for Methicillin Resistant Staphylococcus Aureus. Staphylococcus Aureus (SA) are common bacteria that live harmlessly on the skin and in the nose of around a third of healthy people. Most SA are sensitive to commonly used antibiotics. However, MRSA is a particular type of SA that has developed resistance to several antibiotics. Only a few antibiotics will be active against MRSA.

# When does MRSA cause problems?

Only when they get into breaks in the skin (wounds, cuts, sores) or into the bloodstream (bacteraemia), or into normally sterile body cavities (such as the bladder). Infections are more likely, and can be particularly serious, in patients whose resistance to infection is lowered by long term or serious frailty or ill health, injury, surgery or drugs. MRSA infections occur more often in patients with catheters, intravenous drips or chronic wounds. In rare cases MRSA infections can be fatal.

# How can MRSA pass from one person to another?

People may carry MRSA without knowing it, and patients may have it before they are admitted to hospital. MRSA can be passed from person-to-person almost anywhere, not just in hospital. MRSA is spread from skin contact. Staff, patients, relatives and other visitors can help prevent spread of MRSA by thorough, regular hand washing with soap and water and by the use of the alcohol hand rub found on our hospital wards and at the entrances to wards and clinical areas.

# Can visitors catch MRSA?

If visitors carry out hand hygiene before entering and when leaving wards, they will largely protect themselves from catching MRSA. Even if they come into contact with MRSA, the bacteria will usually cause visitors no harm, they will probably be unaware of it, it will be temporary, and won’t need to be investigated or treated. Visitors who may have a reduced resistance to infection because of their own chronic ill-health or frailty should discuss these risks with the clinical team looking after their relative/friend.

# Can MRSA be Treated?

MRSA infections can usually be treated by one of the small number of antibiotics. Other medications such as antibacterial wash and a nasal ointment, are used to remove MRSA from the skin and nose of patients who are susceptible to serious MRSA infection. Patients who have MRSA may be moved to a single room or to a separate bay to assist their treatment and to help prevent cross-infection to other patients.

**How do you know if you’ve got MRSA?**

MRSA can cause a wide variety of symptoms and problems. Patients may be unaware that they have MRSA on their body because it has caused them no problems. To identify such ‘colonised’ people many groups of patients are screened (by taking skin and nose swabs) before they come into our hospital or during their stay. When MRSA is found, patients are given antibacterial skin and hair washes and a nasal ointment to eradicate the MRSA to prevent potential infections and special precautions are taken to prevent cross-infection.

**What is MRSA screening?**

MRSA screening is performed to identify patients who might unknowingly be carrying MRSA. This is done on admission in most specialities. Screening principally involves swabbing the nose and sometimes taking swabs or other specimens from other parts of the body. The swabs are sent to the microbiology laboratory and the results are usually available in 24-48hours.

**What is the hospital doing to tackle MRSA?**

The prevention of hospital infections is a priority for the Trust. At NUH we do everything we can to prevent MRSA infections. We are:

* Ensuring staff routinely clean their hands before and after touching every patient and their environment.
* Training all staff in the correct way to wash hands and to clean equipment to prevent cross-infection.
* Screening patients (skin and nose swabs) before admission or operation in the majority of specialities and treating with an antibacterial wash and nasal ointment if MRSA is found.
* Monitoring and ensuring high standards of cleanliness in all wards and departments.
* Minimising the risk of cross-infection by quickly isolating patients with MRSA in a single room or in a separate bay.
* Asking some patients to wash and shower in hospital using an antibacterial wash to reduce the number of bacteria on the skin (including MRSA), and/or to use antibiotic nasal ointment.
* Encouraging visitors of patients with known or suspected MRSA to handwash with soap and water and all visitors to use alcohol hand rub (found at all bedsides and entrances to all wards) every time they enter or leave the ward.

**There will be colour coded cards outside patient rooms if precautious are needed to be taken before you enter the room – please familiarise yourself with these.**

**Please remember to remove any wrist watches, stoned rings and any clothing below the elbow before contact with patients**

**Infection Control Questions**

1. What is the single most effective method of reducing spread of infection?
2. Hand Washing
3. What should you remove before any patient contact?
4. Rings, Watches and any clothing below the elbows
5. Name 3 occasions you should use?
   1. hand gel
   2. soap or water

A.

a)

* entering a ward
* before and after skin contact with patient
* after removal of gloves
* entering bay or patients room
* leaving an isolation room
* before and after clean and aseptic procedures

b)

* when hands visibly dirty
* if hands become contaminated
* if visiting the toilet
* before an aseptic procedure
* before handling food
* before breaks
* when looking after patients with Clostridium Difficile

1. Can MRSA be treated?
2. Yes with certain antibiotics
3. How is MRSA spread?
4. Skin contact
5. How is Clostridium Difficile spread?

A. By touching items or surfaces that have been contaminated with the Clostridium Difficile spores

**Hand Hygiene**

**Hand hygiene is the single most important factor in preventing cross infection.**

**Types of hand hygiene**

* **Routine hand hygiene** is undertaken using soap and running water for 15-20 seconds or by rubbing in an application of alcohol hand rub until the hands are dry.
* **Hand disinfection** must be used prior to an aseptic technique. Wash hands with soap and water followed by an application of alcohol hand rub.
* **Surgical hand washing** must be implemented prior to theatre and surgical procedures.

**Key points**

* Stoned rings, false nails, wristwatches and bracelets **MUST NOT BE WORN** by staff working in a clinical area.
* Staff working in clinical areas must be bare below the elbows.
* Cover all abrasions with a waterproof plaster.
* Wet hands before applying soap to minimise the drying effect.
* Dry hands thoroughly with paper towels.
* Alcohol hand rub may be used for rapid decontamination between patients.
* Nail brushes must only be used for a surgical scrub or if nails are heavily soiled and are single use only.
* Use the hand cream supplied in the wall mounted dispensers ONLY.
* Contact **Occupational Health** for advice regarding **skin problems**.

**Please note:**

* **Soap and water must be used** when hands are visibly soiled or contaminated with dirt or organic material.
* **Soap and water must be used** when caring for patients with infective diarrhoea, including [***Clostridium difficile***](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/AtoZ/ClostridiumDifficle.aspx) and [**viral gastroenteritis**](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/AtoZ/Viral_Gastroenteritis.aspx).

**5 Moments when hand hygiene must occur:**

* Before patient contact
* After patient contact
* After dealing with blood/body fluids
* Before an aseptic technique
* After dealing with the patient’s immediate environment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The six stage hand washing technique**   |  |  | | --- | --- | | clean-1 | clean-2 | | **1. Palm to palm** | **2. Backs of hands** | |  |  | | clean-3 | clean-4 | | **3. Between the fingers** | **4. Fingertips** | |  |  | | clean-5 | clean-6 | | **5. Thumbs and wrists** | **6. Nails in the palm of the hand** | |  |

**APPENDICES – FOR ALL PROFESSIONS**

1. **The NHS**

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx> - accessed 02/09/14

The NHS is there for us from the moment we are born. It takes care of us and our family members when we need it most.

The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that’s free and for everyone.

No government can change the Constitution without the full involvement of staff, patients and the public. The Constitution is a promise that the NHS will always be there for you.

### What is the NHS Constitution?

For the first time in the history of the NHS, the constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

The Constitution sets out your rights as an NHS patient. These rights cover how patients access health services, the quality of care you’ll receive, the treatments and programmes available to you, confidentiality, information and your right to complain if things go wrong.

Please familiarise yourself with The NHS Constitution and its values and behaviours

**Download the** [**NHS Constitution**](http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf)

(http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx)**and get more information about patients’ rights**

1. **Student Job Description & Agreement**

**Job Title:** Student Occupational Therapist/ Physiotherapist/ Dietitian

**Clinical Area:** **QMC & City Campus**

Inpatient and Outpatient departments which Therapy Services (Occupational therapy, Physiotherapy and Dietetics) provide a service.

**Responsible to**: Clinical Educator/ Student lead

**Job Summary:**

Placements are provided to University students. Placements are provided to Occupational therapy students from Derby, Sheffield and Northampton University, Dietetic Students from the University of Nottingham and Physiotherapy students from the University of Nottingham and Sheffield Hallam University.

The length of each placement varies according to the University and stage of training. Each placement offers the opportunity to consolidate the learning that has been acquired in an academic situation into a practical environment, appropriate to the stage of education.

**Trust values:**

In undertaking this role, the student will be expected to behave at all times in a way that is consistent with, and actively supports the Trust’s shared values.

**Main duties and responsibilities:**

* To experience a comprehensive range of profession specific practices under supervision that is appropriate to the stage of training.
* To participate in appropriate community visits as required in line with department procedures.
* To be aware of, and participate in, if appropriate, the process of liaison with community colleagues, agencies and other NHS authorities.
* To be polite, respectful and thoughtful to all staff, patients and their carers
* To treat all patient information in line with the hospital confidentially policy
* To be aware and to uphold the whistle blowing policy.
* To be aware of the trusts complaints, concerns, compliments & complaints policy.
* To be aware of Therapy services department policies and procedures.
* To be aware of NUH’s and Therapy services vision.
* To work in a manner in line with your specific professional minimum standards.
* To communicate and cooperate with the multi-disciplinary team.
* To ensure the completion of all allocated duties within the timescale outlined. These may include patient documentation, statistical recording, etc.
* To be aware of and comply with health and safety regulations of the Trust, therefore ensuring the safety of staff and patients at all times.
* To attend all relevant available seminars /training to ensure as broad a spectrum of experience is provided within each placement.
* To complete all evaluation forms issued by NUH and Therapy Services.
* To communicate closely with, and act on the direction of the Clinical Educator/Student Lead.
* To liaise with the Clinical Educator/Student Lead in terms of any issues raised within the clinical practice setting.
* To participate in the report structure outlined by the appropriate educational establishment.
* To practice good time management; arrive punctually for work, meetings and tutorials, to meet work deadlines without prompting.
* To follow guidance in induction handbook if unable to attend placement.
* To ensure relevant people know your whereabouts.
* To be self-motivated and use your initiative.
* To use any spare time that you have constructively.
* To be responsible for your own portfolio and evidence collection.
* To understand and accept feedback and work to address any areas for improvement that have been highlighted.
* To be prepared to evaluate yourself critically through reflective practice.
* To be honest and say if you do not understand.
* To inform your mentor/ supervisor/ clinical educator or student lead if you have any problems that may be affecting your work.
* To attend meetings with your supervisor/ clinical educator (frequency determined by your profession).

**Job revision:** This job description only outlines the basis of the therapy student role. Clarification should always occur with his/her Practice Placement Educator and Practice Placement Coordinator.

**What you can expect from your training team;**

* To be treated with respect
* To be treated fairly and non-judgementally
* That your training will be well organised
* You will be given adequate support
* Your confidential matters will be kept confidential
* To receive constructive feed back
* To be given every opportunity to demonstrate your skills, abilities, and increase your knowledge.

I have read the above, which has been fully discussed with me. I am clear about what is expected of me and I am happy to take full responsibility for my own training.

Signed …………………… Student……………………….

Name…………………….. Date…………………………..

Signed …………………… Title…………………………..

Name…………………….. Date………………………….

## Therapy Services Student Post Induction Checklist

Please complete this form to check your understanding of important elements of your induction and submit it with your induction checklist to your designated coordinator by the end of week two. Thanks.

1. Please describe the process for raising concerns about Patient Safety.
2. Please explain what the NUH Whistle Blowing Policy is for.
3. Please explain what the Trust’s Compliments, Concerns, Comments and Complaints Policy is for.
4. Would you feel able to voice a patient safety concern?
5. If you were to see anything that you felt put the safety of a patient at risk please describe what you would do?
6. Do you feel encouraged to highlight patient safety issues?
7. Were patient safety, whistle blowing and complaints procedures discussed with you at the start of your placement when you were inducted?
8. Please explain your understanding of the duty of candour

Signed …………………… Student

Name…………………….. Date………………………..

Checked by Practice Placement coordinator/ Student Lead

Signed …………………… Title……………………….

Name…………………….. Date………………………..

## 4) Therapy Student Confidentiality Declaration

I understand that the trust requires me to maintain confidentiality of information about the hospital, its staff and its patients, which I may hear, see or read during my working day.

I am also aware that any unauthorised disclosure of information will be treated extremely seriously and will immediately be reported, leading to the termination of my placement.

It has also been explained to me that a breach of confidentiality under the Data Protection Act 1998 could lead to prosecution. I have completed Information Governance training prior to starting my placement.

**I am aware that I should consult my supervising manager if I am unsure of any particular aspect of confidentiality.**

I declare that I will:

|  |  |  |  |
| --- | --- | --- | --- |
| Only access patient records when I have a justifiable reason for doing so. | | |  |
|  | | |  |
| Only escalate/share patient or sensitive information if appropriate and in line with Trust policy and protocol. | | |  |
|  | | |
| Always stop and think “who am I speaking to”. | | |  |
|  | | |
| Lock my PC when I am away from the desk (by pressing the control, alt and delete buttons together). | | |  |
|  | | |
| Never store patient information on my local hard drive or on any portable media. | | |  |
|  | | |
| Ensure that patients understand how I use their information/gain consent to share information. | | |  |
|  | | |
| Keep all passwords safe and secure. | | |  |
|  | | |
| Report any information security incidents e.g. incident reporting/whistle blowing policy as appropriate. | | |  |
|  | | |
| Practice safe faxing. | | |  |
| |  |  | | --- | --- | | Student Signature:  \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_ | Clinical Educator/Student Lead Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_ | | Full Name (block capitals):  \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full Name (block capitals):  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ | | Date: \_\_\_\_ \_\_\_\_\_ | Title: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Date: \_\_\_\_ \_\_\_\_\_ PTO | |  |
|  |  |

**Student Signature Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details:** |  | | |
| Name: |  | | |
| Address: |  | | |
|  |  | | |
|  |  | | |
| Postcode: |  | | |
| University email address: |  | | |
| Home tel no. |  | | |
| Mobile tel no. |  | | |
| Signature: |  | Initials: |  |

**Non-Return of Student Form**

**In the unlikely event of a student going ‘missing-in-action’, it is important we have an accurate record of appropriate details.**

Please complete the following:

|  |  |
| --- | --- |
| **Personal Description:** |  |
| Sex: |  |
| Ethnic origin: |  |
| Build: |  |
| Height: |  |
| Eye colour: |  |
| Hair colour and style: |  |
|  |  |
| **Car:** |  |
| Registration: |  |
| Make: |  |
| Model: |  |
| Colour: |  |
|  |  |
| **In case of emergency contact - Person to be contacted** | |
| First: |  |
| *(Name, contact no.)* |  |
|  |  |
| *Relationship:* |  |
| Second: |  |
| *(Name, contact no.)* |  |
|  |  |
| *Relationship:* |  |

**If any details change it is the responsibility of the student to inform the Clinical Coordinator/student lead.**