

# Core GBH Reception Skills

## Training Checklist

<b>RECEPTIONIST NAME:</b>	
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**It is vitally important for you to be fully competent and comfortable at all the below tasks especially in emergencies as it may mean the difference in a life or death situation that we have passed on the correct information or contacted the correct people in a timely and efficient manner.**

**The trainer and Receptionist should only initial and date the items below when both they and you feel ready that you can perform the tasks.**

	Receptionist Initials	Trainer Initials	Date
<b>INITIAL INFORMATION, BASIC CORE TASKS</b>			
<b>TOUR OF GBH AND INTRODUCTION TO OTHER DEPARTMENT STAFF</b> This initially will be completed by supervisor. Introductions will also be made when staff arrive at Reception desk where applicable			
<b>CONDUCT AND RESPECT CODE</b>			
<b>CONFIDENTIALITY</b> Please point to information on Intranet page for reading as part of induction, keeping information away from view, GDPR			
<b>COMPLETION OF TURAS TRAINING MODULES</b> To be completed by Receptionist with direction from Supervisor. Supervisor to sign once complete.			
<b>REPORTING ISSUES</b> Reporting an issue to line manager. Requesting a meeting with line manager when discussion is required.			
<b>INITIAL EXPLANATION OF ITEMS WITHIN DEPT, AND BASIC FUNCTIONALITY OF THE DEPT</b> e.g. Franking Machine, Photocopier, Laminator, Shredder, Kitchen unit, Switchboards, OOHSW phone, Covid Phone, External phone, Emergency alarms etc			

<b>RECEPTION DIRECTORY</b>			
Initial explanation of where to find numbers and the different sections, how to make updates to information directly if applicable or to inform team or line manager of changes.			
<b>RECEPTION DEPARTMENT PROCEDURES FOLDER</b>			
Please make aware of the Reception department procedures and the additional procedures within from external departments.			
Make aware of Board Policies and Procedures are on the Intranet			
Being aware of current changing environment of tasks			
<b>COVID SAFETY, HYGIENE AND REPORTING OF ILLNESS</b>			
Staying 2 meters apart where applicable/possible, Training may require some closer but non prolonged contact.			
Use of PPE (Masks, gloves etc)			
Wiping down equipment, furniture doors etc at start and end of each shift to maintain a safe working environment and to reduce risk			
Reception glass being closed, locking main Reception door and codes			
Using daily LFT test			
Not coming in if unwell in any way. Phoning line manager first in a timely manner			
<b>GENERAL SAFETY AND SECURITY</b>			
Glass Shut, Door Code, Safety			
ID Requirement for keys, building access etc			
Dealing with difficult situations/Calling Police			
Feeling vulnerable, Verbal abuse, threat of physical abuse etc			
Being safe within the dept and keeping others safe			
<b>Datix</b>			
Reporting an incident, types of incident, reporting to Supervisor			
<b>CCTV</b>			
Reporting to Supervisor any requirement for CCTV footage e.g. Police request.			
Surveying CCTV when required			
<b>KEY CABINET</b>			
Signing out keys and returning, how to troubleshoot. Asking for ID. Importance in relation to keys going missing/risk.			
<b>LOCKERS</b>			
use of lockers and availability			
<b>KITCHEN AREA</b>			
Safe and clean use of facilities. Cleaning Microwave, fridge upon use.			
Rules on Eating			
Eating away from public. Tea/Coffee etc is fine at desk.			
Impression to public			

Break times. Current situation for day, evening, night. Break times on training and use of facilities/canteen etc.			
<b>TOILET FACILITIES</b> Using bathroom when busy shift whilst maintaining patient and staff safety, calling staff for cover if required.			
<b>AIR CONDITIONING UNIT</b> Operation and usage of the AC			
<b>PHOTOCOPIER MULTIFUNCTION DEVICE (Printer, Scanner, Fax, Photocopier) – Inc cartridge change, email to GBH Reception Generic email, faxing documents, scanning documents for Sitrep etc)</b>			
<b>LAMINATOR AND SUPPLIES, INSTRUCTIONS FOR USE</b>			
<b>START OF SHIFT, CHECK LISTS, DIARIES, ON-CALLS</b> How to handover correctly, making notes during shift to make sure that information is not missed			
Correct handover			
Checking the diary			
Covid Cleaning and Checklist			
Reception Checklist			
Counting of monies			
Being safe with other people inside and outside the office			
Looking out for urgent mail, packages or tasks.			
<b>RECEPTION ON CALL DIARY</b> When it's used and how. Calling consultants and other on call staff, including those not written up. Eg Senior Manager, Public Health etc			
On-Call chit on desk for daytime Who makes it up and why is it used.			
<b>SWITCHBOARDS AND PAGING</b>			
Greeting callers 696767, 743000, internal calls			
Using the OOHSW line How to answer and record the calls			
Using the Covid line			
Transferring Calls			
Ancillary operations such as call waiting, call parking etc			
Speed dial buttons, internal and external, internal calls showing red when engaged.			
Dealing with busy extensions (engaged)			
Paging via Multitone (internal paging) test pages, batteries, issues etc			
Paging via Pageone (long range paging) test pages, batteries, issues etc			
Where pager numbers are stored for both Multitone and			

PageOne, paper and electronic			
Dealing with phone faults			
Mobile phone numbers in Reception Directory			
Areas of phone directory for various areas and depts			
Following same procedures on the second switchboard if required			
External line operation in emergencies (note this is not a withheld number)			
<b>EMERGENCY/URGENT PROCESSES</b>			
<b>CARDIAC ARREST</b> Also explain relationship with Multitone, Seriousness of being fully competent of process and system.			
Test call (note any staff member should complete at least 3 clear successful test calls before being competent)			
How a real call will come through (this can be simulated before a test call is made). How to react and process safely.			
Problem solving Cardiac arrest call issues e.g. requiring a member of staff and they do not respond			
<b>AMBULANCE RADIO</b> Making sure to note down as much information as possible, Remember to include radio number in case of call back required, How to call ambulance, Helicopter and Coastguard calls, being ready and passing on information quickly and efficiently, Seriousness of calls and our part in the patient journey.			
General Radio Procedure including answering and finishing a call, asking to repeat information required.			
Completing the Pre-alert sheet			
Documentation in the procedures folder			
Checking after a power cut and switching back on			
Troubleshooting			
Ambulance Radio Test call. Arrange with Ambulance crew when training.			
<b>BLOOD FRIDGE AND PHARMACY ALARMS VIA SWITCHBOARD</b> How to execute phone commands and contacting the dept			
<b>EMERGENCY PROCEDURES FOLDER (in folder next to PC) AND PROCESSES INVOLVED</b>			
<b>MAJOR INCIDENT</b> How a major incident occurs and how it will escalate, what our role in this is, extra receptionist in hours and OOH, On-call receptionist at nights,			

<b>MATERNITY EMERGENCIES</b>			
Note usage of cardiac arrest phone for emergencies. The importance of being prepared for calls and the outcome for patient being dependent upon our swift response. Problems or issues that sometimes can occur.			
Category 1 and 2 Caesarean Section			
Cardiac Arrest			
Obstetric emergency			
Neonatal Emergency			
<b>FIRE</b>			
Read and Sign Local Fire Plan (on notice board)			
Fire Exits, notices extinguishers around Reception			
Fire in different locations eg. Accommodation blocks, Montfield			
Fire Alarm test Call Fridays			
Fire Alarm – Real thing			
Fire Marshalls			
<b>INTRUDER ALARM</b>			
<b>RETRIEVAL TEAM/EMRS</b>			
<b>TRAUMA TEAM</b>			
“Instigate Major Haemorrhage Protocol” (Call Lab)			
<b>EVENT OF A POWER FAILURE</b>			
<b>BOMB THREAT CHECKLIST</b>			
<b>FERRIES AND COASTGUARD</b>			
<b>ACCESS TO PSYCHIATRIC RECORDS OUT OF HOURS</b>			
<b>BUSINESS CONTINUITY PLANS</b>			
<b>MEDICAL NIGHT HAWK</b>			
<b>HEI</b>			
Unannounced inspection procedure			
<b>HR LIST OF EMERGENCY CONTACTS IN FILING CABINET</b>			
<b>ALARM PANELS, ON-CALL BOARD</b>			
<b>SYSTEM ALARMS</b>			
Boiler			
Medical Gases			
Plant Failure			
<b>ALARM PANEL TO YOUR LEFT (other than system alarms)</b>			
Audiology			

Assume this to be a cardiac arrest call			
Child Health			
ECG			
Fire How to call out a fire as per the emergency folder. What it will sound like and look like when there is a fire.			
Patient Travel Assume this to be a cardiac arrest call			
Mental Health			
Lab power fault alarm			
<b>ON CALL BOARD</b> Why the staff are listed and when we would call them. Overcoming issues, Common problems which can occur and solutions.			
Theatre Call Out			
Midwife On-call			
A+E Nurse On-call			
<b>ROTA BOOK, ON-CALL STAFF AND CLINICS</b>			
<b>Overview of all rotas and what they are user for</b>			
<b>PSYCHIATRIST – Calling and Mental Health Service OOH</b>			
<b>NHS24 – (well 23 and a half) – possible service issues between 8am – 8.30am and between 5pm and 6pm. Please explain why these issues occur.</b>			
Calls to and from the Hub			
Sending information to Primary Care Sunday night.			
OOH Doctors Service and Car			
ADASTRA			
<b>CLINIC SATURDAYS AND SUNDAYS– Opening /Closing the department</b>			
Keys			
Forms			
Forms sent on Sunday Night to Health Centres/posted to CHP			
<b>DEALING WITH POLICE REQUESTS</b> Police looking for information/CCTV, Police wishing to access ward/areas.			
<b>CALLING POLICE GP</b>			
<b>PROCURATOR FISCAL</b> Reasons for calling etc.			
<b>Whalsay Nurse and GP</b>			
<b>Community Nurse OOH</b>			

<b>MAIL AND DELIVERIES</b>			
<b>FRANKING MACHINE AND POST</b>			
Operation of Franking Machine			
Mail Racks			
Times of collections			
Services available eg. RM Signed For, Special Delivery			
Parcel Post booking collection on-line			
<b>INTERNAL MAIL</b>			
<b>RECEIVING DONATIONS</b>			
Receiving cash and cheques. Contacting Finance			
Getting in touch with someone when a member of the public is presenting a donation, differentiating between situations			
<b>DEALING WITH COMPLAINTS</b>			
Initially dealing with a complaint, using listening skills and asking to resolve the complaint if possible at the initial point of contact, complaints about other departments, Please point in direction of complaints leaflets, Corporate Services			
<b>OTHER SERVICES AND TASKS</b>			
<b>TAXIS – NHS CONTRACT</b>			
Patients/Staff			
Budget Codes			
Freight in and out			
Chemo			
AWB, booking and collection			
Lab Samples			
AWB, booking and collection			
<b>PATIENT TRAVEL DEPT</b>			
OOH we cover patient travel, making, cancelling and changing a bookings			
VARs patient bookings			
Northlink patient bookings			
Hospital Visitors Fare			
Claims forms			
<b>HEARING AIDS AND AUDIOLOGY</b>			
Repairs/Batteries/Tubes			
Getting hold of dept, leaving messages, collecting items for repair			
<b>LAB SAMPLES IN and Reception/OUT Post and Air Freight</b>			

<b>EMAIL</b> – All NHS and Severe Weather report. <b>GENERIC EMAIL</b>			
<b>PORTERS</b> – when appropriate to page, Radio.			
<b>TRAKCARE</b> – tracking notes, admissions and discharges.			
WARD VIEWS/PATIENT LIST			
WRISTBANDS AND LABELS			
MORNING REPORT			
UPDATING INFORMATION ON TRAK			
TEMP NUMBERS			
<b>A+E FILING</b> Daily task which must be undertaken			
<b>CODING</b> Requires training course			
<b>ART GALLERY</b> Not operational during Covid			
<b>A&amp;E DR REPORT SHEETS</b> Where to send them and what to do with unknown or foreign addresses.			
<b>AWARENESS OF PRESS CALLS AND WHO TO PUT THEM THROUGH TO</b> Especially in times of emergency/news related items.			
<b>UPDATING INFORMATION</b> It is the responsibility of each receptionist and the supervisor to make sure information received is shared and updated either directly or sent to the supervisor or manager for updating/sharing among the team depending upon content. Information which is shared only to one person may increase issues on following shifts. E.g. a bleep number change could have a detrimental effect if the whole team are not aware.			
Any larger task given to a Receptionist to complete or a new service that Reception is advised to accommodate should be passed immediately to the supervisor for approval			
<b>FAILURE OF TECHNOLOGY, FAULTS AND ISSUES</b>			
<b>BUSINESS CONTINUITY PLANS (BCPs)</b> Reception Business continuity plan Following what to do in a certain situation as per the documentation			
<b>REPORTING FAULTS</b> Phones (IT Dept) IT Equipment			

Maintenance			
Reception Emergency Mobile Phone			
External Line			

This list is not exhaustive. Due to the ever changing nature of Reception work the core skills only are listed above.

After this checklist is complete the supervisor will meet with the Receptionist to discuss the checklist, feedback or issues at informal feedback meetings. This is also a forum for the new Receptionist to discuss any issues or questions they feel they may have. It is normal that we have several informal feedback meetings to help support the Receptionist through any issues.

**FEEDBACK MEETINGS/FURTHER TRAINING/COMPENTENCY QUESTIONS**

**Questions are based on feedback and knowledge after training shifts and discussion**

**Points of discussion**

**Any issues/queries to resolve**

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**I confirm that the staff member as listed is fit to cover shifts at the Reception Department and has learned the core skills able to perform that task. Other non trainable experience based tasks may require further support as we move ahead which will be provided where required and can be requested by the receptionist or Supervisor.**

**Signed:**

**Signature of Receptionist:**