Induction *Workbook*

For Adult Social Care Workers

Standard 3

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.1 (a) What is the key legislation relating to health and safety within your work setting? **(b)** What is your responsibility, and role, and that of your employer to the individuals you support, in relation to maintaining a safe environment?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.2 (a) What are the key points in your organisation's policies relating to health and safety in your work-setting and to the individuals you support? **(b)** What are the key points in your organisation's procedures relating to health and safety in your work-setting and the individuals you support?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.3 (a) i. In what circumstances, in your workplace, would you need to disconnect the supply of: • Electricity • Gas • Water **ii.** Who would you need to inform?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.3 (b) Where would you locate: • the gas switch • the electricity switch • the water stopcock	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.3 (c) List all the potentially hazardous substances that you may come into contact with within your work setting. (include body fluids and chemicals).	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.3 (d) How should the following be disposed of? • Medication • Sharps • Blood • Urine • Vomit • Faeces • Hazardous Chemicals	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.3 (e) How should hazardous substances be stored?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.1	Health & Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.1.4. In relation to questions 3.1.3 a – e give **four** examples of what you are not allowed to do at this stage of your training in relation to health and safety in your work setting and the individuals you support.	
	Answer	
	1. 2. 3. 4.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.2	Moving and Handling
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.2.1 (a) What is the key legislation that governs Moving and handling operations?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.2	Moving and Handling
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.2.1 (b) List the 5 regions of the spine	
	Answer	
	1. 2. 3. 4. 5.	
	Question	
	3.2.1 (c) Describe the functions of the spine.	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.2	Moving and Handling
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.2.2 (a) Explain what a Risk Assessment is in relation to moving and handling.	
	Answer	
	Question	
	3.2.2 (b) When should you risk assess and why?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.2	Moving and Handling
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.2.3 (a) List the basic principles of safer moving and handling	
	Answer	
	Question	
	3.2.3 (b) state when you should use a Hoist.	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.2	Moving and Handling
Candidate Name:	Date:

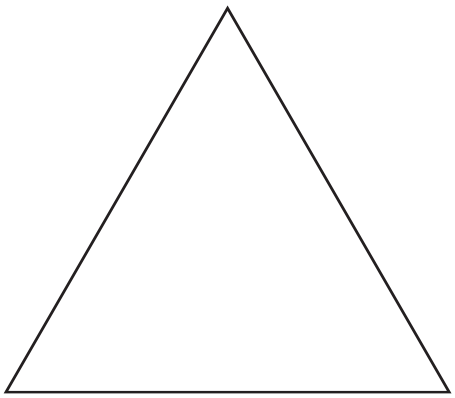
Date	Question	Cross Ref.
	3.2.4 List **three** things that you are not allowed to do, at this stage of your training, in relation to moving and handling.	
	Answer	
	1. 2. 3.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.3	Fire Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.3.1 (a) Complete the diagram below and explain the 'fire triangle'	
	Answer	
		

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.3	Fire Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.3.1 (b) List as many ways as you can of preventing fire breaking out/spreading in your workplace.	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.3	Fire Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.3.1 (c) If a fire breaks out in your workplace what does your fire procedure state should be followed? **List each stage.**	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.3	Fire Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.3.1 (d) If a fire breaks out in your workplace, what would be your specific responsibility?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.3	Fire Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.3.1 (e) You need to be involved in a practise evacuation. Describe: i. what went well? ii. what didn't go well? iii. what did you learn?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.3	Fire Safety
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.3.3 (f) What is available to help the people who uses services and staff understand and follow emergency fire procedures?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.4	Emergency First Aid
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.4.1 List what you would do if a person who uses the service or a colleague became ill or had an accident.	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.4	Emergency First Aid
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.4.2 (a) State what emergency first aid training you have received.	
	Answer	
	Question	
	3.4.2 (b) State the date you received emergency first aid training **(If not yet done what date is booked for you to attend?)**	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.4	Emergency First Aid
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.4.3 What are you not allowed to do, at this stage of your training, in relation to emergency first aid?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.1 (a) List **three** routes of infections.	
	Answer	
	1. 2. 3.	
	Question	
	3.5.1 (b) List **Five** communicable diseases.	
	Answer	
	1. 2. 3. 4. 5.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.1 (c) Describe the infection risks in **three** different environments within your work setting.	
	Answer	
	1. 2. 3.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.1 (d) List the **three** main causes of food poisoning	
	Answer	
	1. 2. 3.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.2 (a) What steps need to be taken to prevent the spread of infection?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.2 (b) What is personal protective equipment?	
	Answer	
	Question	
	3.5.2 (c) List **four** occasions when you would wear personal protective equipment.	
	Answer	
	1. 2. 3. 4.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

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STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.2 (d) Why is it important to wear personal protective equipment even when the risk of infection is minimal?	
	Answer	
	Question	
	3.5.2 (e) List the practices that promote safe food preparation and food hygiene.	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.5	Infection Prevention and Control
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.5.3 Describe how you would wash your hands effectively (direct observation also needed).	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.6	Medication and health care procedures
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.6.1 (a) i. Summarise the key points of your organisation's policy in relation to medication and other health care tasks **ii.** Summarise the key points of your organisation's and procedures in relation to medication and other health care tasks	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.6	Medication and health care procedures
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.6.1 (b) What health care tasks are you expected to undertake in your role?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.6	Medication and health care procedures
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.6.2 (a) Why is it important to make sure that people who use services take their medication as directed?	
	Answer	
	Question	
	3.6.2 (b) What should you do if you know, or suspect, that a person who is using the service is not taking their medication as prescribed/directed?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.6	Medication and health care procedures
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.6.2 (c) Why is it important to follow your organisation's policies and procedures when carrying out health care tasks?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.6	Medication and health care procedures
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.6.3 Give **three** examples of what you are **not** allowed to do, at this stage in your training, in relation to medication and health care tasks.	
	Answer	
	1. 2. 3.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.7	Security
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.7.1 (a) What security measures are in place in your organisation in relation to the building?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.7	Security
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.7.1 (b) What security measures do you have responsibility for within your work setting?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.7	Security
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.7.2 (a) Describe **four** situations when your personal safety and well being may be at risk in your work setting.	
	Answer	
	1. 2. 3. 4.	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

STANDARD 3	Maintain safety at work
Main Areas: 3.7	Security
Candidate Name:	Date:

Date	Question	Cross Ref.
	3.7.2 (b) What can be done to minimise these risks?	
	Answer	

Assessor's Comments: _____

Assessor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____