MINOR INJURIES UNIT

OSWESTRY

Student Nurse / New Staff Induction Pack

Updated: 17th March 2017 (MN)
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Updated : 17th March 2017 (MN)
Welcome

All the staff in the Minor Injuries Unit (MIU) based in Oswestry welcomes you to our department. We hope that you enjoy your stay with us and that we provide you with a valuable placement and learning experience as part of your nurse training.

We aim to ensure that you experience most of the common injuries that present to the minor injuries unit and situations that occur in a safe and supportive manner.

Due to the nature of the work we cannot guarantee that you will achieve all your objectives, and indeed you may see situations that are not included within them however, we shall endeavour to facilitate additional learning experiences with other departments.

We recognise that the Minor Injuries Unit is completely different to other hospital settings and therefore support your supernumery status at all times. Within this role you will be encouraged to participate in patient care, assessment, investigations and treatments, but will be supported by a mentor or another members of the MIU team at all times.

In return we hope that you will ask as many questions as you feel are necessary to facilitate your learning and development and not to do anything that you do not feel confident or able to do. Particularly in the assessment of patients at triage, drug administration, giving advice and discharging patients.
What is a Minor Injuries Unit?

The Minor Injuries Units (MIU) is a nurse led unit run by experienced nurses with accident and emergency and/or orthopaedic training. All staff have expertise in the assessment and treatment of minor injuries. MIU’s traditionally provide treatment for less serious injuries.

What do we treat?

Cuts and grazes, sprains and strains, broken bones, bites and stings, infected wounds, minor head injuries without loss of consciousness as well as eye and ENT problems.

What do we not treat?

Chest pain, breathing problems, abdominal pain, gynaecological and pregnancy problems, drug overdose, alcohol related problems, mental health problems or any health conditions that would normally be treated by a GP.

However, patients do not need an appointment and often present with a variety of problems. Therefore, the department must be prepared to see and treat every person of any age, with any condition and without warning; therefore the MIU nurses must have a broad range of skills and specialities across all age groups.

MIU nurses require excellent communication and assessment skills, with the ability to adapt to an ever-changing environment. They must have common sense, the ability to work as a team, show confidence and appear 'unflappable'. Teaching also plays a large part of their role, teaching and guiding their patients, relatives, students as well as junior members of the team.

MIU nurses also refer patients to secondary care such as emergency departments, orthopaedic consultants and various assessment units, as well as to general practitioners, practice nurses, physiotherapy and occupational therapists. We also discharge patients back home with advice and support whilst at all times ensuring a safe, efficient and effective patient journey.
Philosophy of Care

The philosophy within the Minor Injures Unit is to provide the highest quality of care for our patients, close to home. Our aim is to give prompt and efficient service where every effort is made to maintain the patient's privacy and dignity, whilst providing a service which considers their physical, social and spiritual well being, as well as their health needs. We provide treatment to our patients in a calm, caring and courteous environment.
Who's Who

Community Services Manager               Andy Matthews / Amanda Tuckwell

Emergency Nurse Practitioner               Michael Navin
(AOI - Patient and user involvement,
Wound Closure, Plastering)

Emergency Nurse practitioner (AOI - Acute care/IT)  Stephen Pickles

Emergency nurse practitioner/ paediatric nurse
(AOI - Paediatrics / Infection Control)          Juliet Kynaston

Emergency Nurse Practitioner trainee         Vicky Errat

Administration                               Sally Ann Harris

Domestic

Clinical Placement Facilitator              Sarah Yewbrey (01743 277684)

For community Directorate

(*AOI Area of Interest)

Mentor (s) .................................................................

Students are usually allocated 2 mentors as most of the staff work part-time. We feel that student benefit from the broadness of the experience that all staff has to offer. All staff are mentors and will be involved in your learning and will be happy to teach or discuss any issues with you. If you should have any concerns or issues clinically then these should be discussed in confidence with the team leader, Michael Navin.
Opening Hours

We open to the public Monday to Friday from 08:30 to 18:00 but we can be expected to work until 18:30, or until a patient has been safely discharged or transferred from the department.

The student should work a minimum of 1 weekend in 4 where applicable and appropriate and a maximum of 2 in 4. Weekends consist of working from 08.30 to 13.15 both Saturday and Sunday and again until all patients have been safely transferred to other services or discharged home.

Off Duty

Prior to the start of the placement you will be provided with at least two weeks off duty. This will include a period of time for induction into the department. This time may involve a whole day or just a few hours depending on how busy the department is and will always include a detailed tour of the department, patient flow and health and safety awareness.

Every attempt will then be made for you to have your next shift with your mentor; however, if this is not possible then it will be with an associate mentor as not all of our mentors work full time. We will strive to ensure that at least 40% of your allocation time will be with your mentor or associate mentor.

The staff usually prepare the off duty a month in advance, any requests for days off should be negotiated directly with them or via your mentor as soon as possible.

Breaks

At lunch time student nurses may take a 30 minute break either in the local café or staff room.
Staff Rest Facilities

Changing facilities are provided for you and a shared locker room to store your valuables in. The department can not take responsibility for personal items left in the staff room.

Educational Resources

The MIU has a number of educational resources available for use by students. These include:

- The Staff
- Intranet/Internet access (please complete form at the back of the pack and we will forward to IT)
- Policies and procedures (can be accessed via intranet once the above form is completed and you have a password, please ask a member of staff to show you how)
- Staff notice boards
- Books (please do NOT remove any of these from the department as they are a valuable resource for all staff and future students, thank you.)
- RJAH library
Opportunities during your MIU placement

There will plenty of opportunities for you to work with other specialities such as:

- DAART (Diagnostics Assessment and access to rehabilitation and treatments)
- Community Physiotherapists
- Community Occupational Therapist
- Health Visitor
- Community nurse / District nurse
- RJAH Hand clinic (please ask mentor for assistance to arrange)
- RJAH Back clinic (please ask mentor for assistance to arrange)
- RJAH Shoulder clinic (please ask mentor for assistance to arrange)
- RJAH Knee clinic (please ask mentor for assistance to arrange)

Any other areas that you would consider appropriate please discuss this with your mentor or another member of staff who will be happy to assistance in arranging for you.
Student Nurse Guidelines

To clarify your role within the MIU you are given specific guidance on what you can and can’t do during your placement.

Do’s

- Make the most of your placement.
- Ask as many questions as you like.
- Experience as many different situations as possible.
- Sign all your work on the MIU admission card and please print your name underneath for future reference.
- Do get all your work checked and signed for by your mentor or a qualified member of staff. This includes the treatment underneath an outer dressing.

Student Nurses can

- Check drugs as the second or third person and use it as a learning experience.
- Administer intramuscular injections under supervision.
- Check blood sugars
- Assist qualified nurses in all aspects of assessment and treatments with supervision

Student Nurses Can Not

- Give advice over the telephone and be very aware of giving information over the phone about a patient’s condition.
- Give intravenous drugs.
In case of Emergencies

CARDIAC ARREST or MEDICAL EMERGENCY
PRESS the RED EMERG button

PHYSICAL VIOLENCE or DANGER OF PHYSICAL VIOLENCE
9999 or push the red buttons in reception

Double click little green dot on each computer screen

Triage

The MIU uses the Manchester Triage System to prioritise our patients need for treatment. During triage any necessary observations should be carried out, and appropriate analgesia given to the patient prior to the patient being examined by an ENP.
**Children in Minor Injuries Unit**

One third of all patients seen in Accident and Emergency are children (RCN, 1995). Reports such as Working Together (1989), Reforming Emergency Care (2001) Children Act (2004) and Every Child Matters (DOH, 2003) have highlighted the need for specialised care for children attending hospital. This is particularly relevant to the MIU.

**Why Treat Children Differently?**

A child’s view of the world is different to that of an adult. This is due to the different physical, emotional, anatomical and psychological level, according to age and stage of development (Walsh 1993). Therefore the child needs support from a nurse who is aware of these differences and can provide care and support appropriate to age and stage of development.

Children require family centred care and this is crucial to their journey through the department. Ill and/or distressed children always look to their parents for support and reassurance. There are also ethical and legal reasons regarding consent to care that parents/guardians need to be involved in. Therefore the nurse is caring for the parents as well as the child and should aim to involve them at all times.

Anxiety will affect the child in a number of ways, such as pain, willingness to be treated and speaking to the nurse. To reduce this anxiety the environment should provide distraction and help to reduce anxiety.

**What support does the MIU give to children?**

Many of the MIU staff have had training that is relevant to children such as emergency care of the child, various child protection courses, Paediatric Life Support and Advanced Paediatric Life Support. All staff are encouraged to attend on-going training within the department on how to identify seriously ill/injured children and children at risk.

The department endeavours to employ more paediatric trained staff but in the current climate this is difficult to achieve.

The emergency department is located on the same site as the children’s ward but unfortunately there is no access on site to a paediatrician although we do have access to the paediatric assessment unit based at RSH and their advice is sometimes invaluable.
There is a separate children's assessment and treatment room that protects the child from the sight and sound of injured or sick adults, and nappy changing facilities are available too.

There is also a separate children's resuscitation equipment which is located in the resuscitation trolley in the resuscitation room with appropriate facilities for the care of serious ill/injured child.
Abbreviations

Staff in the MIU do not condone the use of abbreviations in documentation as they can lead to confusion and misinterpretation when used by staff in other areas. However, it is common practice to use abbreviations by both nursing and medical staff - particularly where space for documentation is limited. If you are unsure of this abbreviation then please ask any member of staff.

Your notes:-
Model of care in MIU

In the minor injuries units we use a medical model to guide our history taking and the examination of our patients. The model we use is as follows:-

- Age and sex of patient and who they have attended MIU with
- PC - presenting complaint
  - (this should be brief, e.g. Right ring finger injury)
- HPC - history of presenting complaint
  - What - happened, cause of injury
  - When - did it happen
  - Where - was the patient when they hurt themselves
  - Why - did the injury occur e.g. mechanical fall
  - What happened next, immediately and since, what treatments have they tried and have these been effective
- PMH - past medical history
  - Illnesses
  - Operations
  - Broken bones
- DH - drug history
  - Medications
  - Allergies
  - Tetanus status
- SH - social history
  - Who they live with
  - Employment
  - School/or nursery child is attending
  - Any other influencing factors
- O/E - on examination
  - Write what is being examined e.g. Right ring finger
  - Your name and title
  - What you see as well as the negatives (i.e. what you don’t see but have checked)
- Palp - palpation

- ROM - range of movements

- Δ - diagnosis

- Plan - plan of treatment and future care
  - Prescribed treatments (e.g. rest, ice, elevation and/or analgesia)
  - Follow up with who and when if symptoms persist/ do not resolve
  - Written and verbal advise
  - Discharge letter

- Sign your notes and the end of documentation and time of patient discharge
<table>
<thead>
<tr>
<th>Orientation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>Plane that divides the body into two equal halves, on the left and right, with the body in the anatomical position.</td>
</tr>
<tr>
<td>Sagittal</td>
<td>Plane that divides the body into two left and right parts, not necessarily equal, with the body in the anatomical position.</td>
</tr>
<tr>
<td>Coronal</td>
<td>Plane that divides the body into front and back parts, with the body in the anatomical position. Also, Frontal.</td>
</tr>
<tr>
<td>Frontal</td>
<td>Plane that divides the body into front and back parts, with the body in the anatomical position. Also, Coronal.</td>
</tr>
<tr>
<td>Transverse</td>
<td>Plane that divides the body into upper and lower parts, with the body in the anatomical position. Also, Cross.</td>
</tr>
<tr>
<td>Cross</td>
<td>Plane that divides the body into upper and lower parts, with the body in the anatomical position. Also, Transverse.</td>
</tr>
<tr>
<td>Cranial</td>
<td>Closer to the head. Not used wrt the limbs. Also, Superior, Rostral.</td>
</tr>
<tr>
<td>Superior</td>
<td>Closer to the head. Not used wrt the limbs. Also, Cranial, Rostral.</td>
</tr>
<tr>
<td>Rostral</td>
<td>Closer to the head. Not used wrt the limbs. Also, Cranial, Superior.</td>
</tr>
<tr>
<td>What is a body system?</td>
<td>A group of organs and structures which all contribute to a particular function of the body.</td>
</tr>
<tr>
<td>Anterior</td>
<td>Closer to the front. For humans, it is the same as, but more commonly used than, Ventral. Opposite of Posterior, Dorsal.</td>
</tr>
<tr>
<td>Ventral</td>
<td>Closer to the front. For humans, it is the same as, but not as good to use as, Anterior. Belly.</td>
</tr>
<tr>
<td>Posterior</td>
<td>Closer to the back. Same as, but better to use than, Dorsal.</td>
</tr>
<tr>
<td>Dorsal</td>
<td>Better to use &quot;Posterior&quot;. Closer to the back. Back side.</td>
</tr>
<tr>
<td>Medial</td>
<td>Closer to the Median plane. Opposite of Lateral.</td>
</tr>
<tr>
<td>Lateral</td>
<td>Further away from the median plane. Opposite of Medial.</td>
</tr>
</tbody>
</table>
**Orientation of the Body**

**Terms of position & direction:**
Terms of position and direction describe the relationship of one organ to another. To avoid confusion, these terms are related to the standard anatomical position: body standing erect, limbs extended, palms of the hands forward.

<table>
<thead>
<tr>
<th>Terms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranial, Superior, Rostral (A)</td>
<td>These terms refer to a structure being closer to the head or higher than another structure of the body. These items are not used with respect to the limbs.</td>
</tr>
<tr>
<td>Anterior, Ventral (B)</td>
<td>These terms refer to a structure being more in front than another structure in the body. The term Anterior is preferred.</td>
</tr>
<tr>
<td>Posterior, Dorsal (C)</td>
<td>These terms refer to a structure being more in back than another structure in the body. The term Posterior is preferred.</td>
</tr>
<tr>
<td>Medial (D)</td>
<td>This term refers to a structure that is closer to the median plane than another structure in the body. &quot;Medial is not synonymous with Median.</td>
</tr>
<tr>
<td>Lateral (E)</td>
<td>This term refers to a structure that is further away from the median plane than another structure in the body.</td>
</tr>
<tr>
<td>Proximal (F)</td>
<td>Employed only with reference to the limbs, this term refers to a structure being closer to the median plane or root of the limb than another structure in the limb.</td>
</tr>
<tr>
<td>Distal (G)</td>
<td>Employed only with reference to the limbs, this term refers to a structure being further away from the median plane or root of the limb than another structure in the limb.</td>
</tr>
<tr>
<td>Caudal, Inferior (H)</td>
<td>These terms refer to a structure being closer the feet or the lower part of the body than other structure in the body. These terms are used with respect to the limbs.</td>
</tr>
<tr>
<td>Superficial, Deep (J)</td>
<td>The term superficial is synonymous with exterior the term deep with internal. Related to the reference point on the chest wall, a structure closer to the surface of the body is superficial, a structure further away from the surface is deep.</td>
</tr>
<tr>
<td>Ipsilateral (K) Contralateral (L)</td>
<td>The term Ipsilateral means on the same side. This case, as the reference point. Contralateral means on the opposite side of the reference point.</td>
</tr>
</tbody>
</table>
## Terms of Location

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior</td>
<td>Towards the front of the body</td>
</tr>
<tr>
<td>Posterior</td>
<td>Towards the back of the body</td>
</tr>
<tr>
<td>Ventral</td>
<td>Towards the front of the torso</td>
</tr>
<tr>
<td>Dorsal</td>
<td>Towards the back of the torso</td>
</tr>
<tr>
<td>Medial</td>
<td>Towards the centre or midline of the body</td>
</tr>
<tr>
<td>Lateral</td>
<td>Towards the outside or away from the midline of the body</td>
</tr>
<tr>
<td>Peripheral</td>
<td>Towards the outer surface of the body</td>
</tr>
<tr>
<td>Inferior</td>
<td>Below or towards the bottom of the body</td>
</tr>
<tr>
<td>Superior</td>
<td>Above or towards the top of the body</td>
</tr>
<tr>
<td>Proximal</td>
<td>Towards the centre of the body or another structure</td>
</tr>
<tr>
<td>Distal</td>
<td>Away from the centre of the body or another structure</td>
</tr>
<tr>
<td>Longitudinal</td>
<td>Vertically along the body</td>
</tr>
<tr>
<td>Transverse</td>
<td>Horizontally across the body</td>
</tr>
<tr>
<td>Sagittal/Median</td>
<td>Towards the plane that divides the left and right sides of the body</td>
</tr>
<tr>
<td>Coronal</td>
<td>Towards the plane that divides the front and back halves of the body</td>
</tr>
<tr>
<td>Palmer</td>
<td>On or towards the palm of the hand</td>
</tr>
<tr>
<td>Planter</td>
<td>On or towards the sole of the foot</td>
</tr>
<tr>
<td>Dorsal</td>
<td>On or towards the back of the hand or top of the foot</td>
</tr>
<tr>
<td>Axillary</td>
<td>Towards the armpit</td>
</tr>
<tr>
<td>Caudal</td>
<td>Towards the buttocks</td>
</tr>
<tr>
<td>Cranial/Cephalic</td>
<td>Towards the head</td>
</tr>
<tr>
<td>Inguinal</td>
<td>Towards the groin</td>
</tr>
</tbody>
</table>
### Terms used to Describe Movement

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FL</strong></td>
<td>Flexion, Decreasing the inner angle of the joint</td>
</tr>
<tr>
<td>Ext</td>
<td>Extension, Increasing the inner angle of the joint</td>
</tr>
<tr>
<td>ABD</td>
<td>Abduction, Moving away from the midline of the body</td>
</tr>
<tr>
<td>Add</td>
<td>Adduction, Moving towards the midline of the body</td>
</tr>
<tr>
<td>Lateral Flexion</td>
<td>Sidebending (neck &amp; torso)</td>
</tr>
<tr>
<td>Rot</td>
<td>Internal/inward/External/outward, Rotating or pivoting around a long axis</td>
</tr>
<tr>
<td>CIRC</td>
<td>Circumduction, Circular movement</td>
</tr>
<tr>
<td>D.FL</td>
<td>Dorsiflexion, Flexing the ankle with the foot moving upwards</td>
</tr>
<tr>
<td>P.FL</td>
<td>Plantaflexion, Flexing the ankle with the foot moving downwards</td>
</tr>
<tr>
<td>Eversion/pronation</td>
<td>Turning the sole of the foot laterally (outward)</td>
</tr>
<tr>
<td>Inversion/supination</td>
<td>Turning the sole of the foot medially (inward)</td>
</tr>
<tr>
<td>Pronation</td>
<td>Rotating the forearm with the palm turning inwards</td>
</tr>
<tr>
<td>Supination</td>
<td>Rotating the forearm with the palm turning outwards</td>
</tr>
<tr>
<td>Elevation</td>
<td>Draw upwards (shoulder &amp; hip)</td>
</tr>
<tr>
<td>Depression</td>
<td>Draw downwards (shoulder &amp; hip)</td>
</tr>
<tr>
<td>Protraction</td>
<td>Draw forwards (shoulder)</td>
</tr>
<tr>
<td>Retraction</td>
<td>Draw back (shoulder)</td>
</tr>
<tr>
<td>H.ABB</td>
<td>Horizontal Abduction, Moving the arm in a horizontal plane away from the body</td>
</tr>
<tr>
<td>H.ADD</td>
<td>Horizontal Adduction, Moving the arm in a horizontal plane inwards across the body</td>
</tr>
<tr>
<td>RD.ABD</td>
<td>Radial deviation/abduction, With palm facing forward, hand moves from wrist away from the body</td>
</tr>
<tr>
<td>UL.ADD</td>
<td>Ulna deviation/adduction, With palm facing forward, hand moves from wrist towards the body</td>
</tr>
</tbody>
</table>
Anatomical landmarks
(front view)

Submandibular area
Sternal notch
Clavicle
Upper arm
Right costal margin
Right upper quadrant
Forearm
Right lower quadrant
McBurney's point
Thigh (anterior aspect)
Leg (lateral aspect)
Leg (medial aspect)
Supraclavicular space
Sternum
Axilla (armpit)
Left costal margin
Antecubital fossa
Left upper quadrant
Left anterior iliac crest
Inguinal fold
Thigh (lateral aspect)
Thigh (medial aspect)
Patella (knee cap)
Orthopaedic Fractures

In orthopaedic medicine, fractures are classified in various ways. Historically they are named after the doctor who first described the fracture conditions. However, there are more systematic classifications in place currently. All fractures can be broadly described as:

- **Closed (simple) fractures** are those in which the skin is intact.
- **Open (compound) fractures** involve wounds that communicate with the fracture, or where fracture hematoma is exposed, and may thus expose bone to contamination. Open injuries carry a higher risk of infection.

Other considerations in fracture care are displacement (fracture gap) and angulation. If angulation or displacement is large, reduction (manipulation) of the bone may be required and, in adults, frequently requires surgical care. These injuries may take longer to heal than injuries without displacement or angulation.

- **Compression fractures** usually occur in the vertebrae, for example when the front portion of a vertebra in the spine collapses due to osteoporosis (a medical condition which causes bones to become brittle and susceptible to fracture, with or without trauma).

Other types of fracture are:

- **Complete fracture**: A fracture in which bone fragments separate completely.
- **Incomplete fracture**: A fracture in which the bone fragments are still partially joined. In such cases, there is a crack in the osseous tissue that does not completely traverse the width of the bone.\(^{[1]}\)
- **Linear fracture**: A fracture that is parallel to the bone’s long axis.
- **Transverse fracture**: A fracture that is at a right angle to the bone’s long axis.
- **Oblique fracture**: A fracture that is diagonal to a bone’s long axis.
- **Spiral fracture**: A fracture where at least one part of the bone has been twisted.
- **Comminuted fracture**: A fracture in which the bone has broken into a number of pieces.
- **Impacted fracture**: A fracture caused when bone fragments are driven into each other.
Placement Evaluation

Oswestry Minor Injuries Unit

Towards the end of your placement we would be very grateful if you could take a little time to complete this evaluation form. The information that it provides is very valuable as it allows us to review the standard of support and experience that you future colleagues receive. You are welcome to put your name on the form or keep it anonymous, whichever you feel most comfortable with.

Did you find the experience in MIU useful? Please give your reasons:

Did you work with your Mentor regularly?

Was your Mentor supportive?

What was most enjoyable about the placement?

What was least useful about the placement?

Was the induction pack helpful?, if not what would you like to see improved or included:

Do you have any ideas on how the placement could be improved?

Did you achieve your learning objectives?

Other Comments:

Thank you for your co-operation.

Updated : 17th March 2017 (MN)
System Starters and Leavers Authorisation Form for Trust User Accounts, Email (NHS Trust, CCG & NHSmail) and Internet Access.

The Line Manager must complete Sections 1 and 3 for new User accounts (starters) or Sections 1, 2a and 3 for User accounts to be deleted (leavers). Please return the form to the IT Service Desk, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL – it.servicedesk@shropcom.nhs.uk - FAX 01743 264098. Alternatively, the line manager can Email this form from their Email account as their authorisation and approval.

If a User account is to be deleted then provision for the contents of the email account and any User data should be made prior to the request. The Line Manager is responsible for ensuring that this action takes place. If Internet access is to be revoked from a User the Line Manager needs to complete the Section 2b.

Section 1 (User details)

<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Shropshire Community Health NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename</td>
<td>Middle Initial</td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Assignment/Personal Identifier~</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
</tr>
<tr>
<td>Site/Building Name</td>
<td>Oswestry MIU</td>
</tr>
<tr>
<td>Department/Room Number/Ward</td>
<td></td>
</tr>
<tr>
<td>Full telephone number (inc STD code &amp; ext)</td>
<td>01691663617</td>
</tr>
<tr>
<td>Starting Date (DD/MM/YYYY)</td>
<td>Leaving Date (DD/MM/YYYY)</td>
</tr>
</tbody>
</table>

| Trust PC Login required | Yes | No |
| E-Mail Account required type (please tick if required) | Trust E-mail | NHS Net E-mail |
| Preferred Trust Email account name* | Initial password** |

Section 2a (Leaver details)

| Existing User account name (if known) |                                       |
| Existing Email account name (if known) |                                       |
| Delete Email Account (please tick) | Yes | No |
| Delete User Account (please tick) | Yes | No |

Section 2b (Revocation of Internet Access)

| Revoke Internet Access (see ISP) |                                       |
| Please tick if required |                                       |

Section 3 (For Line Manager’s use only)

| Line Manager’s signature |                                       |
| Line Manager’s name (please print) |                                       |
| Date (DD/MM/YYYY) |                                       |
| Line Manager’s full telephone number |                                       |
| Line Manager has explained Encrypt message process and user has received copy of guidance – Trust E-mail user only (please tick) | No |

Section 4 (For IT Division’s use only)

| Service Desk Log Number (LANDesk) |                                       |
| User account name created/deleted |                                       |
| Line Manager notified on completion (tick) | Email | Telephone |

~ Mandatory for all NHS Employees

*State the name to be listed in the Trust Email address book. Leave blank if not required.

**Please supply an initial User account password in the format that contains at least 8 characters, one of which should be numerical. The User should change their password after the initial logon or activation of the Email/User account.