Part B

St John of God Health Care Orientation Checklist

This checklist is to be completed within the caregiver's three month probationary period by both the preceptor and the caregiver. The Orientation Checklist forms part of the caregiver's continuous professional development record and performance review and development. This checklist is designed for the preceptor to role model hospitality and assist the new caregiver on their journey. The preceptor and caregiver are to collaborate with the manager during this time.

Caregiver Details

Name: Start Date:

Position: Preceptor:

Before Caregiver Arrives: Preparation completed by Manager and Preceptor

Inform preceptor of caregiver's arrival date ☐

Assign preceptor caregiver to orientate new caregiver ☐

Provide preceptor with roles and responsibilities ☐

Check preceptor roster for next three months ☐

Ensure the new caregiver has at least two shifts/week ☐
with preceptor

Preceptor Definition:

A caregiver who offers a short-term, one-to-one relationship, providing transitional support through orientation, socialisation, role modelling and education (Gleeson, 2008; RCH, 2011). Precepting at SJGHC is the short term relationship between an experienced caregiver and a student, graduate or new caregiver to support the transition into the workplace

Day 1: Hospitality Role Modelled- Caregiver Orientation with Preceptor (General Areas)

Locate and Discuss:

Lockers and Staff Room ☐

Educator Introduction- discuss LOD opportunities ☐

Store Room ☐

Bike racks ☐

Relevant meetings ☐

Telephone and Paging system ☐

Keys ☐

Reading and interpreting caregiver roster ☐

Locate and Discuss continued:

Communication whiteboards/books ☐

Office protocals ☐

Break Relief Procedure ☐

Amenities

Discuss feedback:

New caregiver to discuss *Workplace Objectives* made in the Hospitality Workshop as well as the *Peer Feedback Form* **if applicable** ☐

Discuss how these can be met ☐

Day 1: Emergency Procedures- Preceptor to walk through with the caregiver

Discuss while walking the emergency exit plan:

Emergency codes and drills ☐

Area Warden responsibilities (if applicable) ☐

Identify Emergency number - call 000 ☐

MER Team (if applicable)

Locate:

Duress alarm in common area ☐

Duress alarm in patient area ☐

Fire safety equipment ☐

Assembly Points

During Week 1: Occupational Health and Safety

Locate and Discuss:

OHS Noticeboard ☐

OHS Representative ☐

Shared OHS Responsibilities ☐

OHS sites specific requirements:

Vehicle Safety ☐

Manual Tasks Safety ☐

During Week 1: General Area Setup (discussion items may not be applicable to all)

Review Hardware and Software:

Email and Internet ☐

ZenWorks ☐

MEX ☐

Compass (Workforce tab) ☐

Tableau ☐

WebEx ☐

Learning Management System ☐

Microsoft Office ☐

Share Drives ☐

Client Management Systems ☐

General Office Set up:

Office/desk/workstation ☐

Keys ☐

Mail (incoming and outgoing) ☐

Shipping (FedEx, DHL and UPS) ☐

Telephones and paging system ☐

Office Supplies ☐

Business cards ☐

Purchase Requests ☐

St John of God
Social Outreach

St John of God Health Care Orientation Checklist

During Week 1, 2 and 3: Preceptor to show and discuss to caregiver below items

Locate and or Discuss:
- Site Offices
- Linen
- Cleaning Supplies
- Store / pantry
- Disposal of Waste
- Spill Kits ☐
- Site Movement Board
- Client files ☐

Miscellaneous:
- Staff/Visitor amenities
- Afterhours access
- Contractor/Visitor sign in/out

Incident Management:
- Risk Man
- Reporting requirements

Medication Management:
- MMR / MAR Destruction register

Infection Control:
- Hand Hygiene
- Vaccination Record
- Notification of Illness

Quality Management:
- Quality Improvement
- Accreditation
- Audits and Data collection

Maintenance Management:
- MEX access ☐
- Logging a request ☐

Location of Equipment:
- Per specific local site

Electrical Safety:
- Personal electric equipment ☐
- Testing and Tagging ☐
- Use of power boards

Waste Management:
- General
- Recycled
- Confidential
- Controlled

During Week 6: Feedback- Preceptor to provide caregiver with feedback throughout the week

Written Preceptor Feedback: Written Caregiver Comments:

Date: Date:

Preceptor Signature: Caregiver Signature:

Manager Signature: