



New Employee Orientation Checklist

** All forms that require signing are kept in employee file, and a copy given to employee.

** Other Reference documents are given to employee in package for review.

** Employee to sign on the right hand side of each item after it has been reviewed and is clearly understood.

** Manager to sign at bottom of page, after employee has demonstrated full understanding.

Name of Employee: _____

Date of Hire: _____

Primary Facility: _____

First Date of Orientation: _____

HUMAN RESOURCES

- _____ Mission, Vision, and Values AD 100
- _____ Organizational Charts
- _____ Schedules/Pay Periods AH 3400 and AH 1800
- _____ Benefits AH 0400
- _____ Job Duty Outline/Hours of Work
- _____ Personal Information Changes AH 2100
- _____ Vacation and LOA requests AH 1700
- _____ Code of Conduct
- _____ Use of Technology AD 0600
- _____ Casual Employment
- _____ Confidentiality AH 0600

- _____ Rest & Meal Breaks/Staff Meals
- _____ Manager/Supervisor Contact Information
- _____ Signing In Procedure / Timesheets
- _____ Personal Appearance / Uniforms / Name Tags AH 2000
- _____ Shift Exchanges
- _____ Performance Evaluations
- _____ Sick time call-in procedures AH 3900
- _____ Progressive Corrective Action AH 2600
- _____ Official Language AH 1500
- _____ Harassment / Bullying, including reporting AH 1100
- _____ Sick Time AH 2900

I have been oriented on all of the above topics and understand them all.

Employee Signature

OTHER POLICIES

- _____ Restraints (Facility Specific)
- _____ Employee Conduct Including Horseplay
- _____ Repositioning Sheets AR 0600
- _____ Resident Abuse and Reporting AR 0100
- _____ Resident Falls AR 0400
- _____ Ethical Framework

- _____ Hand Hygiene
- _____ Resident Rights
- _____ Promotions and Transfers
- _____ Standards (Handling Bodily Fluids) AL 0400
- _____ No Lift Policy
- _____ **Right To Refuse Unsafe Work**

I have read and understand the above noted policies and agree to them all.

Employee Signature

SAFETY

- _____ Pro Vita Commitment to Safety AN 0100
- _____ H&S Responsibilities
- _____ Working Safely: Safe Work Practices
- _____ Lockout and Guards (where appropriate)
- _____ OH&S Committee, including their work locations
- _____ Accident/Incident Investigations
- _____ Location and Contents of Health & Safety Board
- _____ Violence in the workplace AN 1000
- _____ Reporting Unsafe Behaviors or Practices
- _____ Hazards and Risks: Assessing and Reporting
- _____ Code Red, Blue, White, Yellow and Black
- _____ Near Miss Identification and Reporting

- _____ Incident Reporting
- _____ First Aid/Injury Reporting
- _____ WCB Reporting /Light Duties Forms and Procedures
- _____ Proper Body Mechanics (MSIP)
- _____ Investigations: Incident, Near Miss, Injury
- _____ Cytotoxic Materials, BBF
- _____ Sharps Disposal, Needle Stick Injuries and First Aid
- _____ Waste Removal
- _____ Transmission Based Precautions (basic)
- _____ Personal Protective Equipment (Policy/Location)
- _____ WHMIS AN 1200
- _____ Working in isolation AN 0900

I have seen all of the above presentations and understand them all.

Employee Signature

Manager Name

Manager Signature

Date

Name of Employee: _____

New Employee Orientation Checklist

FACILITY TOUR

- | | |
|--|--|
| <p>_____ PV Care Managers Office/Recreation Office</p> <p>_____ Staff Lockers/Change Room</p> <p>_____ Washrooms, Supplies, Equipment Room</p> <p>_____ Hampers and Bag Location</p> <p>_____ DOC, Dietician and Administrators Office</p> <p>_____ Nurses Station</p> <p>_____ Conference/Meeting Room</p> <p>_____ Front Desk/Reception Area</p> <p>_____ Dining Room/Kitchen/Laundry</p> <p>_____ Hairdresser/Wellness Center</p> <p>_____ Smoking Areas/Garden and Patios</p> <p>_____ Stairwells</p> <p>_____ Introduction to Department Heads</p> <p>_____ Introduction to Floor Wardens</p> | <p>_____ Location of Emergency Supplies</p> <p>_____ Location of Emergency Food and Water</p> <p>_____ Room tags / flags</p> <p>_____ Location of First Aid Station(s) and Eye Wash Stations</p> <p>_____ Location of Injured Worker Package (including GRTW info)</p> <p>_____ Location of Personal Protective Equipment</p> <p>_____ Location of Pro Vita Policy Binder</p> <p>_____ Location of OHS Policy Binder</p> <p>_____ Location of Risk Assessments</p> <p>_____ Location of Safe Work Procedures</p> <p>_____ Location of OHS Board</p> <p>_____ Location of WCB Regs and Act</p> <p>_____ Location of Pro Vita's Commitment to Health & Safety</p> <p>_____ Location(s) of Safety Data Sheets (SDS)</p> |
|--|--|

I have been oriented on all of the above matters and understand all points.

Employee Signature

FACILITY / ROUTINE SPECIFIC HAZARDS

- | | |
|--|---|
| <p>_____ Chemicals and Safe Use</p> <p>_____ Chemicals and Dispensers</p> <p>_____ Chemicals and PPE</p> <p>_____ Moving of Tall / Heavy Carts</p> <p>_____ MSIP Hazards</p> | <p>_____ Resident Rooms: Clutter</p> <p>_____ Resident Rooms: Heavy Furniture</p> <p>_____ Residents: Dementia Care</p> <p>_____ Residents with Responsive Behaviours</p> <p>_____ Reprocessing</p> |
|--|---|
- _____ Site Specific Hazard Booklet has been provided. Worker has read through it, understands it, and has returned the last page to manager as confirmation. This last page will be placed in the worker's file.

I have been oriented on all of the above matters and understand all points.

Employee Signature

COMMUNICATION/GENERAL INFORMATION

- | | |
|---|--|
| <p>_____ Pro Vita Employee Handbook</p> <p>_____ Facility Security</p> <p>_____ Communication Book</p> <p>_____ Location of Memos/Bulletin Boards</p> | <p>_____ Floor phone and phone list</p> <p>_____ Paging System</p> <p>_____ Parking</p> <p>_____ Keys and Locking Up</p> |
|---|--|

I have been oriented on all of the above matters and understand all points.

Employee Signature

_____	_____	_____
<i>Manager Name</i>	<i>Manager Signature</i>	<i>Date</i>

Name of Employee: _____

New Employee Orientation Checklist

RESIDENT FORMS

_____ Weight Records	_____ Admission/Transfer/Discharge
_____ Dining / Nutrition List	_____ Care Plans/ADL's
_____ Bath List	_____ Flow Sheets
_____ Walking Program	_____ Responsive Behaviour Assessment and Log
_____ Resident Incident Report	_____ Lift and Transfer Identification Sheet
_____ Lift and Transfer Acknowledgement Form	_____ Monitoring Sheets
_____ Census	

I have been oriented on all of the above matters and understand all points.

Employee Signature

CLINICAL

_____ DOI/MOST	_____ Facility Incident Reporting
_____ ER transfer	_____ Reportable Incident Forms (RIF)
_____ Assessment (Braden, Pain, Skin, Falls)	_____ Expected/Unexpected Death
_____ Restraint Forms	_____ Wound Care
_____ Moving Day Interview	_____ Safety Engineered Needle Use
_____ Medication Incident Report	_____ When to contact 911 and/or physician
_____ Medication Administration	

I have been oriented on all of the above matters and understand all points.

Employee Signature

FACILITY POLICES PV EMPLOYEES NEED TO KNOW

Each site will add their own specific policies.

Note to all workers: As per Pro Vita's Code of Ethics: Any purposeful misrepresentation of workplace injury or purposeful falsehood will result in immediate disciplinary measures, up to and possibly including termination.

Manager Name

Manager Signature

Date

Final Date of Orientation: _____

Revision Date:

Jan-17