

# **Occupational Therapy**

## **Student Orientation Checklist**

### **2022**

PERSONAL DETAILS	
Student's name	
Manager's name	
Location of work/Facility	

ORIENTATION TOPICS			
	Completed	Student's Initial	Manager's Initial
Organisational Information	<input type="checkbox"/>		
HR Administration Information	<input type="checkbox"/>		
Tour of Centre	<input type="checkbox"/>		
Work Health & Safety	<input type="checkbox"/>		
Student Education	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
APPENDIX A - Elder Abuse	<input type="checkbox"/>		
APPENDIX B - Infection Control	<input type="checkbox"/>		
APPENDIX C - Handwashing Competency	<input type="checkbox"/>		
APPENDIX D - Donning and Doffing PPE	<input type="checkbox"/>		
APPENDIX E - PPE Competency – N95 Fit Check	<input type="checkbox"/>		
APPENDIX F - Fire Safety Awareness	<input type="checkbox"/>		
APPENDIX G - Workplace Health & Safety	<input type="checkbox"/>		
APPENDIX H - Manual Handling	<input type="checkbox"/>		

*I confirm that the orientation workbook has been completed and I am familiar with all aspects referred to herein. I am aware of my responsibilities as a student working with Alzheimer's Association of Queensland, and I hereby undertake to comply with expressed conditions to the best of my ability.*

**Student Signature:**

**Date:** / /

*I confirm that the orientation workbook has been fully completed by the student and I received each section of the workbook, and I am satisfied with all answers provided by the student.*

**Manager Signature**

**Date:** / /

## ORGANISATIONAL INFORMATION

**Objective:** To ensure the OT student understands correct procedures / protocols of the Association in regard to:

**Mission Statement / Vision / Goals**

**Philosophy of Care**

**Summary of AAQ OT Services**

**Quality Management System (Intranet)**

- Allied Health Procedures / Forms

**AAQ Corporate Procedures**

- No Smoking Policy
- Privacy and Confidentiality
- Social Media Policy
- Complaints Management
- Workplace Health and Safety
- Police Certificate
- Motor Vehicle Policy
- Staff Vaccination Policy
- Missing Persons

**Meal Breaks**

**Other centres operated by the Association**

**Unavailability for work**

- Calling in sick

**Media Requests**

**Telephone System and Protocols**

**Dress Standards**

**Use of IT equipment and telecommunication equipment**

**Home Visits / Intake Process**

## HR ADMINISTRATION INFORMATION

**Objective:** To ensure the OT student has completed and understood all required forms and procedures.

Personal Details Form

Code of Conduct

Confidentiality Agreement

Staff Handbook

Vaccination Record

Police Certificate

## TOUR OF CENTRE

**Objective:** To locate areas and items within the centre and understand their function.

Staff Parking

Staff Amenities; toilets, showers etc.

Emergency Exits

Desk / working area and storage for personal items

<input type="checkbox"/> Reception / Administration Area <ul style="list-style-type: none"> <li>• Photocopier</li> <li>• Fax Machine</li> <li>• Internal Mail</li> <li>• External Mail</li> <li>• Destruction of confidential material</li> <li>• Stationary Supplies</li> </ul>	<input type="checkbox"/> Kitchen <ul style="list-style-type: none"> <li>• Fridge</li> <li>• Microwave</li> <li>• Toaster</li> <li>• Tea and Coffee Supplies</li> <li>• Kettle</li> <li>• Cutlery and Crockery</li> <li>• Dishwashing Supplies</li> </ul>
<input type="checkbox"/> Tour of Offices within the Centre	
<b>OTHER</b>	
<input type="checkbox"/> Student Handbook/Orientation	<input type="checkbox"/> OT Equipment Area
<input type="checkbox"/> Cliniko and AAQ drives	<input type="checkbox"/> Other relevant assessments/forms
<b>WORK HEALTH AND SAFETY</b>	
<b>Objective:</b> To ensure the OT student is aware of their obligation under Work Health and Safety.	
<input type="checkbox"/> Workplace Health and Safety obligations	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Workplace Incidents <ul style="list-style-type: none"> <li>• Procedure reviewed and understood</li> <li>• Who to report to</li> </ul>	<input type="checkbox"/> Emergency Evacuation Plan / Map
<input type="checkbox"/> Fire and Evacuation Procedures	<input type="checkbox"/> Fire Fight Equipment (extinguishers and fire blanket)
<input type="checkbox"/> Site Access Points <ul style="list-style-type: none"> <li>• Front Gates</li> <li>• Side Gates</li> <li>• Back Gates</li> </ul>	<input type="checkbox"/> Worker's Injury Managing including the Association's Workcover processes
<input type="checkbox"/> Demonstrates an understanding of safe workplaces and work practices	<input type="checkbox"/> Hazard Identification and Reporting and Incident Reporting
<b>ELDER ABUSE – PROTECTING CLIENTS AND RESIDENTS'</b>	
<input type="checkbox"/> I have received a copy of or accessed Consumer's Rights and Responsibilities procedures online and completed all questions in Appendix A that are attached along with this orientation workbook as proof of completion of this module.	
<b>INFECTION CONTROL</b>	
<input type="checkbox"/> I have completed all questions in Appendix B that are attached along with this orientation workbook as proof of completion of this module.	
<b>HANDWASHING COMPETENCY</b>	
<input type="checkbox"/> I have completed the required Handwashing Competency Form Appendix C and it is attached along with this orientation workbook as proof of completion of this module.	

## DONNING AND DOFFING

- I have completed the required Donning and Doffing PPE Competency Validation Checklist Appendix D and it is attached along with this orientation workbook as a proof of completion of this module.

## PPE COMPETENCY WITH N95 MASK FIT CHECK

- I have completed the required PPE Competency with N95 Mask Fit Check Form Appendix E and it is attached along with this orientation workbook as a proof of completion of this module.

## FIRE SAFETY AWARENESS

- I have completed the required Fire Safety Awareness Appendix F and it is attached along with this workbook as proof of completion of the module.

## WORKPLACE HEALTH AND SAFETY

- I have completed the required Workplace Health and Safety module Appendix G and it is attached along with this workbook as proof of completion of this module.

## MANUAL HANDLING

- I have completed the required Manual Handling Competency Form Appendix H and it is attached along with this orientation workbook as proof of completion of the module.
- I consider myself to have a full understanding of the information provided.**

## APPENDIX A – ELDER ABUSE: PROTECTING CLIENTS

I have received a copy of Residents Rights and Responsibilities Procedure (RES-P-06)

Yes

No

1. According to legislation all staff working in aged care must have what?

2. How long does a police clearance certificate remain current?

3. Please list 4 types of abuse?

I.

II.

III.

IV.

4. What types of abuse are reportable under the Aged Care Act 1997?

5. What types of abuse should you report to your supervisor?

6. SCENARIO 1 – If you were walking past a resident's room and they were crying out "you're hurting me" What would you do?

7. SCENARIO 2 – If you found bruising on a resident, what would you do?

8. SCENARIO 3 – If a dementia resident punches another resident, what would you do?

9. If you have a suspicion or a reported account of abuse, what would you do?

## APPENDIX B – INFECTION CONTROL

I have familiarised myself with AAQ procedures:

- RNC-P-19 Infection Control (Residential)  Yes  No
- RES-P-02 Infection Control (CHSP – Multi-Service Centre)  Yes  No
- HCP-P-002 Infection Control (Home Care Program)  Yes  No

Watched the Infection Control Practices (Working Pictures)

1. List five activities that you do on a day to day basis that should always be followed or proceeded by hand washing:

1)

2)

3)

4)

5)

2. Is it correct to only wash your hands with water?  True  False

3. What is the aim of Infection Control?

4. Explain what you understand to be Precautions in relation to Infection Control.

5. How many times can you use hand sanitisers before having to wash your hands?

2 times

4 times

6 times

6. List three PPE items that are available for use within the multi-service centre

1)

2)

3)

## APPENDIX C – HANDWSHING COMPETENCY FORM

ACTION	COMPETENT		COMMENT
	YES	NO	
1. Jewellery removed	<input type="checkbox"/>	<input type="checkbox"/>	
2. Lesions covered appropriately Bear the elbow – no long sleeves	<input type="checkbox"/>	<input type="checkbox"/>	
3. Dispense small amount of UV hand cream onto hands and rub in thoroughly	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hands wet in warm water prior to application of soap/cleanser	<input type="checkbox"/>	<input type="checkbox"/>	
5. Hands rubbed well together covering all skin surfaces, including spaces between fingers. Was friction applied to palms, back of hands, thumbs, fingers, wrists, and nails? Special attention to area under wedding ring (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	
6. Hands washed for an appropriate time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Hands rinsed under running water until all soap removed?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Hands thoroughly dried using disposable paper or hot air dried?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Paper towel or elbows used to turn off taps?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Paper towel disposed into waste bin without touching lid?	<input type="checkbox"/>	<input type="checkbox"/>	
11. UV light detected areas of hands not cleaned correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet competent		
<input type="checkbox"/> Further education required	<input type="checkbox"/> Reassessment required		
Feedback to employee:			
Action Plan (to do):			
<i>This signature confirms student's agreement that the above record is a true reflection of the task performed.</i>			
<b>Student Signature:</b>		<b>Date:</b>	
<i>This signature confirms that the student has demonstrated competence in the practical performance and theoretical understand of the observed task.</i>			
<b>Assessor Name:</b>		<b>Date:</b>	
<b>Assessor Signature:</b>			



## APPENDIX D – DONNING AND DOFFING COMPETENCY VALIDATION CHECKLIST

Evaluator Initials	Donning and Doffing PPE Equipment	Student Initials
	Performs donning in a clean area	
	Ties hair up and back from face	
	Performs hand hygiene	
	Dons Gown. <b>NOTE: ALL TIES</b> should be properly secured with a <b>SIMPLE BOW</b> . (Ensure all fit well and cover the intended areas).	
	Apply Mask (seal mask to the face ensuring straps are not crossed and properly located at the crown of the head and base of the neck).	
	Apply Face Shield/Eye Protection	
	Apply Gloves	
<b>DOFFING</b>		
	Remove Gloves using glove-in-glove technique and discard in bin	
	Hand hygiene	
	Use gentle, slow technique to remove the Gown	
	Maintain clean Gown sleeves over hands as much as possible and gather the gown, keeping dirty surfaces to the inside, rolling it up gently. Discard in the bin.	
	Hand hygiene and step out of the room	
	Remove Eye Protection by sides without touching the front of Eye Protection. Discard single use or appropriately clean reusable equipment	
	Remove and discard Mask by straps or loops directly into the bin	
	Hand hygiene	
<b>Evaluation</b>		
Signature of Student:		
Has the Student: <input type="checkbox"/> Passed <input type="checkbox"/> Requires further training		
Name of Evaluator completing assessment:		
Designation:		
Date and time assessment completed:		
Evaluator Signature:		

## APPENDIX E – PPE COMPETENCY – N95 MASK FIT CHECK

Type of Validation: <input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other					
Criteria/Technique	Demonstrates Competency		If no, repeat in-service	Satisfactory Redemonstration	
	Yes	No		Yes	No
<ul style="list-style-type: none"> <li>Performs donning in a clean area</li> <li>Ties hair up and back from face</li> <li>Performs hand hygiene</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Donning Gowns: <ul style="list-style-type: none"> <li>Did student fully cover torso from back to knees, arms to end of wrists and wrap around back. Fasten in back of neck and waist</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Donning Mask or Respirator: <ul style="list-style-type: none"> <li>Did student secure ties or elastic bands at middle of head and neck?</li> <li>Fit flexible band to nose bridge</li> <li>Fit snug to face and below chin</li> <li>Fit check respirator</li> <li>Demonstrates proper fit on inhalation (collapse) and exhalation (expand)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If N95 fit check fails – repeat process and check again. If fit check fails for a second time check size and type of N95.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Donning Goggles or Face Shield: <ul style="list-style-type: none"> <li>Did student place goggles or face shield over face and eyes and adjust to fit?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Donning Gloves: <ul style="list-style-type: none"> <li>Did student extend cover to wrist of isolation gown?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Removing Gloves: <ul style="list-style-type: none"> <li>Did student grasp outside of glove with opposite gloved hand and peel off, hold removed glove in gloved hand slide fingers of ungloved hand under remaining glove at wrist peel glove off over first</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

glove discard gloves in waste container					
Perform Hand Hygiene	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Removing Gown: <ul style="list-style-type: none"> <li>Did student unfasten ties</li> <li>Pull away from neck and shoulders, touching inside of gown only</li> <li>Turn gown inside out</li> <li>Fold or roll into a bundle and discard in waste container</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Perform Hand Hygiene	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Removing Goggles or Face Shield: <ul style="list-style-type: none"> <li>Did student remove handle by head band or earpieces</li> <li>Place in designated waste container</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Perform Hand Hygiene	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Removing Mask or Respirator: <ul style="list-style-type: none"> <li>Did student grasp bottom, then top ties or elastic and remove</li> </ul> (Student not to touch front of mask/respirator)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Perform Hand Hygiene	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>General Observation/Understandings</b>				<b>Yes</b>	<b>No</b>
1. Student verbalises understanding that outside of gloves, goggles, face shield, gown, front of mask is contaminated.				<input type="checkbox"/>	<input type="checkbox"/>
2. Student used safe practices to limit surfaces touched, kept hands from face.				<input type="checkbox"/>	<input type="checkbox"/>
3. Student verbalises understanding to change gloves when torn or heavily contaminated.				<input type="checkbox"/>	<input type="checkbox"/>
4. Student performed hand hygiene immediately after removing PPE.				<input type="checkbox"/>	<input type="checkbox"/>
5. Student verbalised understanding that PPE is put on (donning) before enter an isolation room and removed (doffing) before leaving an isolation room.				<input type="checkbox"/>	<input type="checkbox"/>

Comments or follow up actions: *(include areas for improvement)*

Follow up training required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Signature:	Date:
Instructor's Name:	Date:
Instructor's Signature:	

## APPENDIX F – FIRE SAFETY AWARENESS

I have watched the Fire Safety Awareness DVD (Sheridan Australia):  Yes  No

I have familiarised myself with the centre's Evacuation Plan:  Yes  No

1. Are you aware of where the Fire Extinguishers are located within the centre  Yes  No

2. Do all Fire Extinguishers have the same function?  Yes  No

3. Can you explain the use of different extinguishers:

• Dry Powder:

• Dry Powder Colour Ban:

• Carbon Dioxide:

• Carbon Dioxide Colour Ban:

• Foam Filled:

• Foam Filled Colour Extinguisher:

• When should you not use the Foam Filled Extinguisher?

• Water Extinguisher:

• When should you not use the Water Filled Extinguisher?

4. Could you demonstrate use of a Fire Hose Reel?  Yes  No

5. What do you do if you discover a fire?

I.

II.

III.

IV.

### PROPERTY CAN BE REPLACED BUT LIVES CAN'T!

6. Why is it important that all staff are trained as Fire Wardens?

7. Do you know where the Evacuation Assembly Point is? (*please state below*)  Yes  No

## APPENDIX G – WORKPLACE HEALTH AND SAFETY

I have watched the DVD "Bullying Prevention – Employee Awareness and Response" Duty of Care  Yes  No

I have familiarised myself with AAQ procedures:

- AAQ-P-01 Workplace Health and Safety  Yes  No
- AAQ-P-37 Workplace Rehabilitation  Yes  No
- AAQ-P-38.1 Incident Reporting – Staff, Visitors and Volunteers  Yes  No
- AAQ-P-38.2 Incident Management – Community Services  Yes  No
- AAQ-P-38.3 Resident Incident Management  Yes  No

1. Who is your Workplace Health and Safety Officer?

2. Who do you report to when an accident/incident occurs?

3. Briefly outline the steps of reporting an accident/injury for:

A client:

A staff member:

4. Name three types of hazards that can be found in your workplace

I.

II.

III.

5. Briefly describe the steps of reporting a hazard

6. Have you received training on Riskman  Yes  No

7. Please explain your understanding of what Riskman is?

8. How do you correctly report maintenance issues?

## APPENDIX H – MANUAL HANDLING

- I have watched the Manual Handling video on the AAQ intranet  Yes  No
- I have attended Manual Handling Training with an AAQ Allied Health Professional  Yes  No
- I have achieved competency in Manual Handling and completed the Manual Handling Competency Form  Yes  No

**Objective:** Students should have an understanding of the basic principles of safe manual handling and be able to demonstrate these principles to their work areas including; bed, chair, car, wheelchair transfers and mobility.

To ensure students have completed the appropriate training and education that relates to Manual Handling in a Multi-Service Centre

**Manual Handling Competency is to be completed within 24 hours of commencing placement with AAQ.**

CRITERIA	DEMONSTRATES COMPETENCY			COMMENTS
	N/A	C	NYC	
1. Identifies at least 2 potential workplace injuries associated with manual handling (e.g., injury to back, nerves, tendons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Identifies where policy and procedure manuals are located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Demonstrates knowledge on actions to take when a fall occurs (e.g., client comfort, call ambulance, notify family and manager, Riskman entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Demonstrates 2 safe lifting techniques for lifting a medium object (7kg) from below waist height e.g., washing basket, mobility equipment, groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Able to explain where to find information on clients' transfers and mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Demonstrates effective posture in prepping / warming up to support a transfer (e.g., hip rocking, alignment of feet, spine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Identifies and demonstrates the key points of control for people handling (e.g., knee and shoulder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Demonstrates knowledge on how to minimise assistance with transfers (e.g., equipment; correct height of shoer chair, lounge chair, electric bed functions, prompts to clients for maximal self-assist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Demonstrates a safe assisted bed transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Demonstrates an assisted chair transfer using correct technique for 1 person assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Demonstrates an assisted chair transfer using correct technique for 2 person assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Demonstrates correct techniques for car transfers and able to identify assistive aids. Demonstrates lifting mobility equipment in/out of car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Demonstrates / indicates knowledge of use of wheelchairs (e.g., steer and push positions, brakes etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Demonstrates correct knowledge in assisting clients with stairs (e.g., prompting to use the rail, leading with stronger leg ascending, weaker leg descending, and staff position in relation to client)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Demonstrates correct technique for guided walking with clients (e.g., position of staff body and hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Demonstrates knowledge in use of slide sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Demonstrates correct technique for use of equipment (e.g., ironing board, vacuum, mopping, lifting bucket of water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*\*Not applied or attempted – task either not appropriate to student or those constraints limited assessment on this date or evidence of competency in this area elsewhere.*

Student Name:

Student Signature:

Date:

Assessor's Name:

Assessor's Signature:

Date: