



Staff Orientation Workbook
Rosalie Nursing Care Centre

Personal Details

Employees Name	
Position:	
Date of Commencement:	
Name of Manager:	
Workbook Completion Date:	

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Staff Orientation Checklist (EDIT)

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Completed forms must be sent to Head Office within 14 days of commencement of employment.

Part 1 – Organisational Information

Objective: To ensure the staff member understands correct procedures / protocols of the Association in regard to:

Mission Statement	<input type="checkbox"/>	Meetings Planner	<input type="checkbox"/>
Philosophy of Care	<input type="checkbox"/>	Staff Notice Board	<input type="checkbox"/>
Quality Management System (Website)	<input type="checkbox"/>	Maintenance Book/Log	<input type="checkbox"/>
Organisational Chart	<input type="checkbox"/>	Telephone System	<input type="checkbox"/>
Summary of AAQ Services	<input type="checkbox"/>	Telephone Protocol – Answering & Transferring telephone calls	<input type="checkbox"/>
AAQ Corporate Procedures	<input type="checkbox"/>	Communication protocols & Diary	<input type="checkbox"/>
AAQ Corporate Forms	<input type="checkbox"/>	Dress Standards – refer particular sections in the Staff Handbook	<input type="checkbox"/>
AAQ Residential Care Procedures <ul style="list-style-type: none"> • Complaints System • Grievance Procedure • Missing Persons • Documentation • Response to Falls • IT Security Form 	<input type="checkbox"/>	Availability for work <ul style="list-style-type: none"> • Calling in sick • Taking calls from other staff • Availability of Rosters • Requesting Leave 	<input type="checkbox"/>
AAQ Residential Care Forms	<input type="checkbox"/>	Meal Breaks	<input type="checkbox"/>
View from Website “A question of Care”	<input type="checkbox"/>	Chartered Rights and Responsibilities	<input type="checkbox"/>
No Smoking Policy	<input type="checkbox"/>	Rosters & Allocations	<input type="checkbox"/>
Employee Signature		Supervisors Signature	

Part 2 – HR Administration Information

Objective: To ensure the staff member has completed and understood all required HR Organisational forms and procedures:

Personal Details Form	<input type="checkbox"/>	Code of Conduct	<input type="checkbox"/>
Bank Account Details	<input type="checkbox"/>	Confidentiality Agreement	<input type="checkbox"/>
Superannuation Choice of Fund Form	<input type="checkbox"/>	Staff Handbook	<input type="checkbox"/>
Tax file Number Declaration	<input type="checkbox"/>	Timesheets	<input type="checkbox"/>
Statutory Declaration - Convictions	<input type="checkbox"/>	Leave Requests	<input type="checkbox"/>
Staff Contract	<input type="checkbox"/>	Current Police Certificate	<input type="checkbox"/>
Requirement to maintain current police certificates	<input type="checkbox"/>	Privacy Statement	<input type="checkbox"/>
Position Description	<input type="checkbox"/>	Copies of Qualifications/APHRA Registration	<input type="checkbox"/>
First Aid Certificate	<input type="checkbox"/>	Visa/Passport Details	<input type="checkbox"/>

Employee Signature	Supervisors Signature
Part 3 – Organisational Structure	
Objective: To identify key personnel within the Organisation and residential care facility	
Name the :	
Chief Executive Officer	
Director of Care	
Clinical Nurse	
Human Resources Manager	
Payroll Officer	
Registered Nurses	
Lifestyle and Leisure Coordinator	
Administration Officer	
Occupational Therapist	
Physiotherapist	
Return to Work Rehabilitation Coordinator	
Workplace Health & Safety Officer	
Hospitality Services - Chief Cook	
Employee's Signature	Supervisors Signature

Part 4 - Tour of Facility

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

Staff member to tick when each area or item is successfully located.

Staff Car Park	<input type="checkbox"/>	Staff Emergency Contact List	<input type="checkbox"/>
Director of Care Office	<input type="checkbox"/>	Evacuation Plan	<input type="checkbox"/>
Administration <ul style="list-style-type: none"> • Contacts Folder • Security Keypads Information • Phone System • Photocopier • Stationary Cupboard • Staff Toilets • MSDS Folder 	<input type="checkbox"/>	Nurses Station – <ul style="list-style-type: none"> • Resident Files & Care Plans • Physiotherapy Folder • Key Pad Code • Keys/Key Cupboard • Call Bell System • Staff Contacts Folder • Pain Treatment Folder • Process Folder • Resource Material • Notice Board • Fire Indicator Panel (FIP) • Aged Care Act 1997 & Aged Care Principles • Fax Machine • Emergency Phone /Mobile Phone 	<input type="checkbox"/>
Staff Room/Kitchen <ul style="list-style-type: none"> • Fridge • Microwave • Toaster • Tea and Coffee Supplies • Staff Lockers 	<input type="checkbox"/>	Treatment Room - <ul style="list-style-type: none"> • Control Drugs Cupboard • Oxygen/Suction Equipment • Outbreak Kit • Medications • Blood Pressure Machines • Drug Fridge • PPE Equipment 	<input type="checkbox"/>
Hallway <ul style="list-style-type: none"> • Fire & Emergency Resident Listing • Emergency Evacuation Diagram • Door Security Alarm • Fire Extinguisher/Hose/Alarms • Visitors/Contractors Signing Book • Dirty Laundry Cupboard • Resident Leave Book • Staff Toilets • Albac Mats • Activity Noticeboard • Water Cooler • Laundry & Waste Skips 	<input type="checkbox"/>	Multipurpose Room (Store Room/Linen Room) <ul style="list-style-type: none"> • Resident's Laundry • Facility Laundry • Linen • Store Cupboard • Lifting and Mobility Equipment • Weigh Chair • Residents personal clothing • Spare curtains • Physiotherapy Equipment • Slings • Leisure & Lifestyle Activities Cupboard 	<input type="checkbox"/>
Maintenance Shed Location <ul style="list-style-type: none"> • Maintenance Items • Shed Key 	<input type="checkbox"/>	Storeroom (Garage) <ul style="list-style-type: none"> • Bed & Mattress Spare Equipment • Tug (ADL Assistive Device) • Regency Chairs 	<input type="checkbox"/>

Employees Signature		Supervisors Signature	

Part 5 – Residential Care Transport

(Mainly for Lifestyle & Leisure Staff and other staff that drive the Association Motor Vehicles)

Objective: To ensure the staff member understands the appropriate use of AAQ motor vehicles

Use of Association Motor Vehicles <ul style="list-style-type: none"> • MV policy • At fault accidents • Service Log requirements • MV Checklist • Service requirements for vehicles • Drivers checklist for vehicle 	<input type="checkbox"/>	Possess Drivers' Licence	<input type="checkbox"/>
		Opens	<input type="checkbox"/>
		Provisional	<input type="checkbox"/>
		Conditional	<input type="checkbox"/>
Duty of disclosure: <ul style="list-style-type: none"> • Medical conditions • Loss of License • Other matters affecting license 	<input type="checkbox"/>	Drivers' License Number	<input type="checkbox"/>
Copy of Drivers' License taken	<input type="checkbox"/>	Drivers' License expiry date:	<input type="checkbox"/>
How to report any accidents or incidents	<input type="checkbox"/>	Liability for traffic infringement fines	<input type="checkbox"/>
Employees Signature		Supervisors Signature	

Part 6 – Fire Safety Education

To be completed within 24 hours of Commencing Employment

Achieved (In-depth Theory) Competency

Watch Fire Safety & Evacuation DVD

Yes No

1. The most common way fires spread in buildings is by way of conduction.

True/ False (circle correct answer)

2. Fires spread by way of convection, conduction and radiation. Briefly describe what these fire terms mean.

3. Describe what the “fire triangle” is.

5. Smoke is normally the major threat in a fire emergency situation.

True/ False (circle correct answer)

6. List 6 (or more) common causes of fire in aged care facilities

7. What should you do if you notice any damage, interference or obstruction of fire safety and/or firefighting equipment?

8. Are you familiar with your organisation’s policies and procedures relating to fire safety and fire emergency response and are these policies and procedures readily accessible?

9. Why is it important that residents and visitors are signed in and out of the

building?

Where do you sign residents and visitors in and out of the building?

10. Where would you locate the Fire Extinguishers?

11. Where would you locate the Emergency Evacuation plan?

12. Do you know where to locate the fire indicator panel and what is its function?

13. Who is the Fire Warden on any shift? How do you identify the Fire warden?

14. What is your role in the event of a fire or emergency?

15. List the equipment/handling aids you would use in a fire evacuation to help move residents as quickly as possible to safe areas.

16. Briefly describe the moving and handling methods you would use to help move residents as quickly as possible to safe areas at your facility

17. What is your understanding of the benefits of carrying out regular/safety first fire drills at your facility?

18. If you discover a fire what should your initial responses be?

19. If you hear the fire alarm what should your initial responses be?

20. Why is it important (if safe to do so) to close doors and windows in the vicinity of a fire?

21. Briefly <u>describe</u> what is meant by the <u>fire procedure</u> term "R.A.C.E"	
22. Describe a variety of things you <u>should not</u> do in a fire emergency.	
23. Where is your <u>designated assembly area</u> (s) located?	
24. Why do you need to stay <u>low</u> to the ground in smoke filled rooms?	
25. It is alright to fight a fire on your own so long as you have a clear exit to your back. True/ False (circle correct answer)	
26. What is the <u>order</u> of evacuation in a fire emergency?)ie. Who to be evacuated first etc.)	
27. If you notice a <u>hazardous work situation</u> what should you do?	
Employee Name	Supervisor Signature

Part 7 – Manual Handling

Objective:

- Employees should have an understanding of the basic principles of safe manual handling, and be able to demonstrate these principles to their work areas.
- Employees involved in the handling of residents shall be shown how to safely operate equipment supplied for Manual Handling of People including hoists and slings, walk belts, slide sheets and/or sliding boards and other relevant mobile or assistive equipment (e.g. shower chairs and trolley baths, mobile chairs)
- To ensure staff members have completed the appropriate training and education that relates to Manual Handling in an Aged Care Facility.

To be completed within 24 hours of commencing employment

Tick each item when each staff member has completed the required education/competency

Attend Manual Handling Training with Allie Health Professional

Achieved competency in Manual Handling

Employees Signature

Managers Signature

<u>Manual Handling Competency – Care Staff</u>				Achieved
Can locate the ADL Summary Sheet & Physiotherapy/Exercise Care Plan and understands their importance				<input type="checkbox"/>
Identifies how to access procedure RNC – P-18 containing Manual Handling – No lift Policy				<input type="checkbox"/>
Identifies who needs to be informed if there are any changes to resident’s mobility				<input type="checkbox"/>
	N/A	C	NY C	Comment and/or more Answers
Indicates or names who to report any manual handling difficulties to <ul style="list-style-type: none"> • Indicates who the Health & Safety Representative is or where to find out who it is 				
Indicates where and describes the use of maintenance / repair logs				
Indicates where to report hazards using RNC Form 263 Continuous Improvement Form and staff incidents using AAQ Form 19 Incident Reporting Form				
Demonstrates knowledge on actions to take when a fall occurs (e.g. residents comfort, seek medical attention, notify family and manager, iCare entry)				
Indicates or describes where relevant manual handling equipment is stored (e.g. trolleys, hoists, shower chairs etc)				
Identifies at least 2 potential workplace injuries associated with manual handling (e.g. injury to back, nerves, tendons)				
Demonstrates a safe and appropriate posture and positioning for lifting a light object from the ground				
Demonstrates above shoulder task for reaching light objects or cleaning (e.g. linen store, dusting, storage in balanced comfortable position with stabilisation if possible)				
Demonstrates use and knowledge of a step ladder (e.g. never stand on the top step if more than two steps; avoid over reaching)				
Demonstrates appropriate adjustments on 1 - 2 pieces of adjustable equipment from within their work area (e.g. shower chair, beds etc)				

Able to explain where to find information on resident's transfers and mobility				
Identifies and demonstrates the key points of control for people handling (hip, knee and shoulder)				
Demonstrate effective posture in prepping / warming up to support a transfer (e.g. hip rocking, alignment of feet, spine)				
Demonstrates correct technique for guided walking with residents (e.g. position of staff body and hands)				
Demonstrates knowledge of walk belt usage <ul style="list-style-type: none"> Lists at least 2 contra-indications for walk belts 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates correct knowledge in assisting residents with stairs (e.g. prompting to use the rail, leading with stronger leg ascending, weaker leg descending, and staff position in relation to resident)				
Demonstrates an assisted chair transfer using correct technique for 1 person assist				
Demonstrates an assisted chair transfer using correct technique for 2 people assist				
Demonstrates knowledge on how to minimise assistance with transfers (e.g. equipment - correct height of shower chair, lounge chair, electric bed functions, etc...; prompts to clients for maximal self-assist)				
Demonstrates knowledge of use of reclining / tilting chairs				
Demonstrates / indicates knowledge of use of wheelchairs (e.g.. steer and push positions, brakes, weight limits, cushions etc)				
Demonstrates / indicates knowledge of use of shower chairs (e.g. brakes, types, standing on foot plates etc)				
Demonstrates a safe assisted bed transfer				
Demonstrates knowledge of use of slide sheets <ul style="list-style-type: none"> Application (e.g. under all dependent body parts) Translating up bed (without lift or shear forces) Turning and removal (without lift or hitch or undue forces on resident) List at least 2 precautions for slide sheet use List at least 1 contraindications for slide sheet use 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates knowledge of use of standing hoist <ul style="list-style-type: none"> Demonstrates knowledge of application of correct hoist sling Indicates safety features (e.g. emergency lower, stop, weight limits) Demonstrates strategies for easier wheeling of hoist (e.g. walks back legs around, figure 8, slide on guide, single brake turn, etc) Demonstrates battery removal or plug in and is shown battery re-charging system 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates knowledge of use of full sling hoist <ul style="list-style-type: none"> Demonstrates knowledge of application of correct hoist sling Indicates safety features (e.g. emergency lower, stop, weight limits) Demonstrates strategies for easier wheeling of hoist (e.g. walks back legs around, figure 8, slide on guide, single brake turn, etc) Demonstrates battery removal or plug in and is shown battery re-charging system 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates pushing or pulling action of trolley or hoist without strain or excessive shearing forces (e.g. tracking wheels, steer and push positions, brakes, walk back wheels around corners etc)				
Demonstrates safe and efficient posture and action for the following tasks: <ul style="list-style-type: none"> Loading and unloading laundry bags (care staff must know about over filling) 				

<ul style="list-style-type: none"> • Pulling loads/people toward self (e.g. residents, dryers and washing machines, trays, stores, etc) • Mopping and vacuuming (techniques, back pack instructions, etc) • Other: _____ 				
Demonstrates knowledge of use of bath trolley / bath bed (if applicable)				
Other:				

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

<u>Manual Handling Competency – Non Care Staff</u>				Achieved
	N/A	C	NY C	Comment and/or more Answers
Identifies how to access core relevant procedures “AAQ-P-1.0 Workplace Health & Safety”, “AAQ-P-37 Workplace Rehabilitation” and “AAQ-P-38 Corporate Incident reporting”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representatives <ul style="list-style-type: none"> • For Manual Handling and Ergonomic difficulties • For Workplace Health & Safety Representative • For Workplace Rehabilitation Coordinator 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicates procedure for <ul style="list-style-type: none"> • Maintenance • Hazards • Incidents (e.g. falls, ...) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies at least 2 potential workplace injuries associated with poor manual handling and ergonomics (e.g. injury to back, wrists..),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies suitable standing / sitting working posture <ul style="list-style-type: none"> • Eyes (level with top1/3 of screen, computer screen 45-60cm away, ...) • Head and Neck (limit twisting/bending forward, cradling of phone, document holder...) • Shoulders (relaxed, work at elbow height,...) • Elbows (tucked in, bend approx. 90 degrees,...) • Hands and Wrists (neutral alignment, consider keyboard work, mouse...) • Back (S-curve, avoid leaning and twisting, lumbar support,...) • Hips (chair sitting approx. 90 degrees bend, standing – shoulder width,...) • Feet and legs (use of footrests, toe space to counters, ...) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates safe lifting/transporting of a			<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> • Light object (up to 5kgs) from the ground • Medium object (up to 10kgs) from the ground (semi squat, squat ...) • Heavy objects (>10kgs; use of trolley, garbage bins, lift, pull/push,...) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Demonstrates above shoulder task for reaching light objects or cleaning (e.g. office supplies, library, use of step stool etc)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Demonstrates safe and efficient posture and action for the following tasks:</p> <ul style="list-style-type: none"> • Loading and unloading dishwasher • Loading and unloading a vehicle 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Awareness to other Ergonomic factors</p> <ul style="list-style-type: none"> • Breaks (every 30 minutes) • Lighting • Task variation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 8 – Workplace Health & Safety

Question	Answer
Watched the DVD “Bullying Prevention – Employee Awareness and Response”	
Who is your Workplace Health & Safety Officer?	
Who is the Workplace Rehabilitation Officer?	
Who are the Fire wardens?	
Who do you report to when an accident / incident occurs?	
Briefly outline the steps of reporting an accident / injury for (1) a resident and (2) a staff member	
Name 3 types of hazards that can be found in your workplace	
Briefly describe the steps of reporting a hazard	
Name 4 types of PPE (Personal Protective Equipment)	
Where are sharps containers located? What can be disposed in them?	
How do you dispose of continence products & general waste?	
How do you dispose of contaminated material i.e.: soiled dressings / cytotoxic material?	
How do you report a medication error?	
How do you correctly report maintenance issues?	

Part 9 - Chemical Safety Questionnaire

Please complete the following Questions:

In your area where are the Material Safety Data Sheets (MSDS) sheets kept?	
Choose one of the products from the MSDS folder and answer the following questions.	
What is the name of the product on MSDS?	
How is this chemical used?	
What are the first aid procedures if swallowed?	
Currently, what Personal Protective Equipment (PPE) is used?	
What is the medical emergency number?	
What does M.S.D.S. stand for?	
How long is the information on a MSDS valid for?	1 year 2 years 3 years 4 years 5 years

Part 10 - Infection Control

Objective: To ensure all staff members have completed the appropriate training and education that relates to Infection Control and completion of the Handwashing Competency

Tick each item when each staff member has completed the required education/competency

Watched the Infection Control DVD (Working Pictures)

Name the three major ways bacteria and viruses can enter our body?

How are colds and influenza normally transmitted?

What is the aim of infection control?

What is meant by the terms "Standard Precautions"?

What is meant by "Additional Precautions"?

Briefly describe what is meant by "risk assessments"

Why is it vital to get feedback and input from personnel as part of your organisation's on-going infection control risk assessment process?

If a resident has diarrhoea what steps would you take?

What steps would you take if you had diarrhoea?

Describe what is meant by an outbreak.

Describe what steps you would take to minimise cross contamination.

Describe the correct method for removing gloves	
Outline the correct procedure to follow for effective hand washing	
When can hand sanitizers be used?	
How many times can you use hand sanitizers before having to wash your hands? (circle correct answer)	
2 times	4 times
6 times	
You should wash your hands both before and after wearing gloves	
True/False (circle correct answer)	
When cleaning up a bloody/body fluid spill what protective equipment should you wear?	
Outline the Association's safe work procedures for the use and disposal of sharps	
What should you do if you have an accident with a sharp and you are exposed to blood or body fluids?	
What safe work procedures should you follow when handling soiled linen?	
If a resident has contracted a highly infectious illness what additional precautions should be introduced in addition to your facility's standard infection control practices?	
How is the Hepatitis B virus transmitted?	
How is HIV (Human Immunodeficiency Virus) transmitted	
Where should treatments ideally be carried out	
Employees Signature	Managers Signature

Part 11 - Handwashing Competency

Tick each item when each staff member has completed the required education/competency				
	Yes	No	N/a	Comment
Jewellery removed				
Lesions covered appropriately				
Dispense small amount of UV hand cream on to hands and rub in thoroughly				
Hands wet in warm water prior to application of soap/cleanser				
Hands rubbed well together covering all skin surfaces, including space between fingers. Was friction applied to palms, backs, thumbs, fingers, wrists and nails? Special attention to area under wedding ring (if applicable)				
Hands washed for an appropriate time				
Hands rinsed under running water until all soap removed				
Hands thoroughly dried using disposable paper or hot air dried				
Paper towel or elbows used to turn off taps				
Paper towel disposed into waste bin without touching lid				
UV light detected areas of hands cleaned correctly				
Competent	Yes	No		
Further Education/Reassessment Required				
Employees Signature	Supervisors Signature			

Part 12 - Elder Abuse - Protecting Residents

Watch "Protecting the Vulnerable – Identifying and Reporting Elder Abuse" DVD	<input type="checkbox"/>
Received a copy of AAQ 'Elder Abuse policy'	<input type="checkbox"/>
According to legislation all staff working in aged care must have what?	
How long does a Police Clearance Certificate remain current?	
Please list the 4 types of abuse?	
What types of abuse are reportable under the Aged Care Act 1997?	
What types of abuse should you report to your supervisor?	
Scenario (1) If you were walking past a resident's room and they were crying out 'you 're hurting me?" What would you do?	
Scenario (2) If you found bruising on a resident? What would you do?	
Scenario (3) If a dementia resident punches another resident? What would you do?	
Scenario (4) If a resident accuses a staff member of touching them inappropriately? What would you do?	
What is the Registered Nurses responsibility when receiving a suspicion or allegation of elder abuse?	
What is the Director of Care or her delegate's responsibility when receiving a suspicion or allegation of elder abuse?	
What is the time period for mandatory reporting of an allegation or suspicion of abuse to the Department of Health & Aging and the police?	
Who reports the allegation or suspicion of abuse to the Department of Health & aging and the police?	
Employee Signature	Supervisor Signature

Part 13a – Rosalie Nursing Care Centre

Objective: To ensure staff member is familiar with the policies/procedures related to the Rosalie Nursing Care Centre

iCare	<input type="checkbox"/>	Policy, Procedures/Processes: <input type="checkbox"/> <ul style="list-style-type: none"> Elder Abuse, Compulsory Reporting & Record Keeping Infection Control Manual Handling Smoking Information Technology Police Certificates Social Media Falls Procedure Medication Missing Persons Smoking Policy Records Management Emergency Procedures Manual 	<input type="checkbox"/>
Resident's Fire & Evacuation List	<input type="checkbox"/>		
RN Email's	<input type="checkbox"/>		
Training & Education <ul style="list-style-type: none"> Internal - Mandatory External – by request Other 	<input type="checkbox"/>		
iCare Password. Confidentiality of resident information (this should fall under the confidentiality agreement)	<input type="checkbox"/>		
Resident's File	<input type="checkbox"/>		
Employee Signature		Supervisors Signature	

Part13b – Registered Staff

Objective: To ensure staff member is familiar with the protocols related to Residential Care

iCare	<input type="checkbox"/>	iCare Password	<input type="checkbox"/>
Assessment		Not yet competent	Competent
Able to access the iCare icon from windows desktop			
Able to log on to Medication Delivery system in iCare			
Able to run missed medication report			
Able to administer PRN medication and evaluate effectiveness			
Able to locate residents contact & Medicare details			
Able to locate a resident			
Able to enter a progress note			
Able to enter an incident form			
Able to enter observations eg: weight , TPR			

Able to access a care plan		
Able to amend or change a care plan		
Care plan review process and schedule		
Able to access pain chart set up		
Able to complete a wound assessment		
Able to access Repositioning(PA Care)		
Able to access sleep chart		
Able to access Pain chart		
Able to make a urine entry		
Able to make a bowel entry		
Able to locate & print a transfer form for resident transfer to hospital		
Able to access and complete assessments/ tools and generate a care plan from results		
Able to access PAS & Cornell scale assessments		
Able to locate Fluid Balance form		
Able to log neurological observations		
Able to create a dietary assessment		
Able to create a referral to Other Health and Related Services		
Able to log off iCare including medication delivery		
Able to log on to Moving On Training		
Able to log on to AAQ website on desktop (Residents Aged Care Policies and forms)		
<p>Able to explain the Response to Falls Policy</p> <ul style="list-style-type: none"> • 3 day fall follow up including diary stamp • Notifications following fall • Interventions post fall • Observation schedule 		
<p>Able to locate the</p> <ul style="list-style-type: none"> • appointment diary • telephone list • QAS booking form • Pathology and X-Ray Requests • MIMS & log in • Communication diary 		
<p>Able to locate the following medical equipment</p> <ul style="list-style-type: none"> • Oxygen cylinders • Sphygmomanometer • Glucometer • Thermometer 		

<ul style="list-style-type: none"> • Pulse Oximeter 		
<p>Explain how to:</p> <ul style="list-style-type: none"> • Reorder medications • Replace oxygen cylinders • Replace staff • After hours emergency contactors • Report medication error 		
Reference MIMMS and log in		
Admission procedure		
Discharge procedure		
Responding to calls from Garden City Multi Service Centre		
Able to put residents on/off leave (statistics form) and print fire evacuation list		
<i>Appointment Books and Sheets</i>		
Where would you find the diary /appointment book?		
Where would you find the communication book/s?		
Where would you locate the Queensland Ambulance Service Book & pathology forms?		
Where would you locate the Doctors communication book?		
Where would you locate a multipurpose form, describe the internal communication process		
Employees Signature	Supervisors Signature	

Part13c – Assistant Nurse

Question	Answer
Documentation	
Locate and explain Duty Lists	
Where would you find the Communication Folder?	
Locate: <ul style="list-style-type: none"> • Rosters & Timesheets • Leave Applications • Staff Incident Reporting 	
Where do you locate resident care plan? How often should you read the care plan and why?	
Where do you locate ADL summary sheet?	
Where would you record resident observations?	
Where do you record pressure area care?	
Where would you record a resident bowel movements?	
Where do you record restraint monitoring?	
Demonstrates competency in completing ACFI Behaviour assessment forms.	RN Signature: _____ Date: _____
Demonstrates competency in completing ACFI continence assessments.	RN Signature: _____ Date: _____
Where do you find Oxygen if RN requests it? Who can commence Oxygen therapy?	
Where do you find the following? <ul style="list-style-type: none"> • Thermometer • Glucometer (Blood sugar monitoring) • Sphygmomanometer (Blood Pressure) • Medical Supplies (Dressings) • Suction Equipment • Continence aids 	
Appointment Books and Sheets:	
Where would you find the diary /appointment book?	
Where would you find the communication book/s?	
Describe the internal communication process	
Employee Signature	Supervisor Signature

Part 13d –Lifestyle & Leisure Orientation (in conjunction with the AN Orientation)

Question	Answer
Where would you locate the Drivers Checklist for vehicles?	
How often would you complete one?	
Where would you locate Risk Assessments for Activities?	
Where would you locate the Leisure and Lifestyle Assessment?	
Where would you locate and what is the process for resident escorts to medical appointments?	
How do you notify all departments of resident outings?	
Demonstrate in iCare <ul style="list-style-type: none"> • Log on/off • Care plan reading and amendments • Progress note entries both single and multiple • Care plan review and schedule • Handover Notes 	
Documentation review/update: <ul style="list-style-type: none"> • Email • Resident Notice Board • Activity Calendar • iCare Assessments • Care Plans • Pets • Equipment 	
Employee Signature	Supervisor Signature

Part 13e – Hospitality Orientation

Can locate and explain the function of the following item and has received instruction in the use of the equipment.	
1. Watched Food Safety DVD and Completed Questionnaire	
2. Dry Store, Refridgerator, Freezer- basic knowledge of where to find everything	
3. Explain the temperature checking process and recording of the temperatures	
4. Equipment used in kitchen i.e.: toaster, bain marie, vitamiser, hot box, dishwasher, kitchen range, oven, fridges.	
5. Waste Disposal – (Waste Management Plan, recycling, good housekeeping)	
6. Food Safety Plan ,Sign off sheets and Temperature Monitoring Procedures	
7. Food Ordering	
8. Food Delivery and Supply Checklist	
9. Menu – Rotation & Serving Times, Resident's Choice	
10. Food Service Standards – (food presentation on the plate)	
11. Cleaning Schedules & Sign offs	
12. Chemicals & MSDS sheets	
13. PPE (Personal Protective Equipment) e.g.: gloves, hats, hairnets, aprons	
14. Modified Diets & Fluids	
15. Use of Cleaning Equipment <ul style="list-style-type: none"> • Vacuum Cleaners • Carpet shampooer • Spot Upholstery Cleaner • Cleaning equipment/trolleys and safe storage • “Clean to Dirty” Principle • Colour Coded Equipment • Maintenance and Cleaning of Equipment including Mop Heads • PPE Equipment 	
16. Duty Guides for all roles	
17. Safe laundry practices- <ul style="list-style-type: none"> • use of laundry - clean/dirty access • manual handling of laundry bags • PPE equipment • the role of red dissolvable bags • handling foul linen • De-bulking of linen • handling linen fouled with cytotoxic drugs and/or human waste • hot folding/ironing • resident's personal clothing • Lost and found. 	
Employee Signature	Supervisor Signature

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Part 14 - Staff Education & Staff Meetings

Objective: To ensure staff members are aware of the Associations staff education and meeting expectations. Also to ensure staff have been scheduled for the appropriate education.

Tick each item when each staff member has been made aware of the expectation around staff education and staff meetings and when the education has been scheduled.

Staff Mandatory Education	<input type="checkbox"/>
Staff Meetings	<input type="checkbox"/>
Quarterly SRV and Dementia Training – dates scheduled and attendance	<input type="checkbox"/>
Pharmacology QUM Online Education (RN/EN)	<input type="checkbox"/>
Fire Education Training Dates	<input type="checkbox"/>
Dementia Australia Workshops – Timetable of education	<input type="checkbox"/>
Dementia Australia RTO Distance Education Packages – Staff members have been enrolled in the following modules: <ul style="list-style-type: none"> • CHCAC319A Managing Behaviours of Concern • HLTCS306D Understanding Dementia <p>A USI must be provided on the registration form prior to commencing the modules.</p> <p>Staff have six weeks to complete the modules listed above. These are to be given to their manager on completion. They will be marked by qualified staff members and the module returned.</p>	<input type="checkbox"/>

Employees Signature

Managers Signature

THE FOLLOWING TO BE COMPLETED ONLY ONCE ALL RELEVANT SECTIONS COMPLETED:

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

Employees Signature: _____

Director of Care: _____

Date ____ / ____ / ____

Completed forms must be sent to Head Office within 14 days of commencement of employment.