

## ORIENTATION WORKBOOK

### PERSONAL DETAILS

<b>Employee's name</b>			
<b>Location of Work / Facility</b>	<b>Residential Facilities</b>	<b>Community services</b>	
	<input type="checkbox"/> Garden City Aged Care Services <input type="checkbox"/> Rosalie Nursing Care Centre <input type="checkbox"/> Windsor Aged Care Services	<input type="checkbox"/> Garden City Multi Service Centre <input type="checkbox"/> Gordon Park Multi Service Centre <input type="checkbox"/> Ipswich Multi Service Centre <input type="checkbox"/> South Coast Multi Service Centre <input type="checkbox"/> Toowoomba Multi Service Centre <input type="checkbox"/> Home Care Program / DACS	
	<b>Other</b>		
	<input type="checkbox"/> Corporate / Resource Centre <input type="checkbox"/> Allied Health		

### 1. GENERAL ORIENTATION

	Completed	Employee's initial	Approver's initial
<b>Organisational Structure</b>	<input type="checkbox"/>		
<b>Organisational Information</b>	<input type="checkbox"/>		
<b>What it means being part of AAQ</b>	<input type="checkbox"/>		
<b>HR Administration</b>	<input type="checkbox"/>		
<b>Staff Educations and Staff Meetings</b>	<input type="checkbox"/>		
<b>Transport</b>	<input type="checkbox"/>		
<b>Reporting Framework</b>	<input type="checkbox"/>		
<b>Communication Framework</b>	<input type="checkbox"/>		

### 2. REQUIRED COMPETENCIES

<b>Manual Handling Competency</b>	<input type="checkbox"/>		
<b>Handwashing Competency</b>	<input type="checkbox"/>		
<b>Donning and Doffing</b>	<input type="checkbox"/>		
<b>N95 mask fit testing</b> (residential staff only)	<input type="checkbox"/>		

### 3. ONLINE MODULES - PLEASE ONLY TICK BELOW SECTIONS ONCE TRANSCRIPT / CERTIFICATE OF ONLINE MODULES HAVE BEEN ATTACHED / EMAILED

<b>COVID-19 Online Modules</b>	<input type="checkbox"/>		
<b>Culturally &amp; Linguistically Diverse Consumers</b>	<input type="checkbox"/>		
<b>Fire Safety</b>	<input type="checkbox"/>		
<b>Workplace Health and Safety</b>	<input type="checkbox"/>		
<b>Workplace Bullying and Harassment</b>	<input type="checkbox"/>		
<b>Manual Handling Theory</b>	<input type="checkbox"/>		
<b>Infection Control</b>	<input type="checkbox"/>		
<b>Elder Abuse</b> (not applicable for corporate staff)	<input type="checkbox"/>		
<b>Serious Incident Response Scheme</b> (not applicable for corporate staff)	<input type="checkbox"/>		

# ORIENTATION WORKBOOK

**Medication Competency** (if applicable)

**Food Handling Safety & Hygiene** (if applicable)

*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 an employee of Alzheimer's Association of Queensland, and I hereby undertake to comply with expressed conditions to the best of my ability.*

**Employee's Signature:**

**Date:**

/ /

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

**Approver's Signature:**

**Date:**

/ /

**Approver's Comment / Notes:**

# 1. GENERAL ORIENTATION

ORGANISATIONAL STRUCTURE	
<b>Objective:</b> To identify key personnel within the organisation	
<input type="checkbox"/> Organisation Chart and Structure	<input type="checkbox"/> Summary of AAQ Services
<input type="checkbox"/> Organisation Chart	<input type="checkbox"/> Site Directory
ORGANISATIONAL INFORMATION	
<b>Objective:</b> To ensure the staff understand correct procedures / protocols of the Association in regard to:	
<input type="checkbox"/> <b>Mission Statement / Vision / Goals</b>	
<input type="checkbox"/> <b>Quality Management System (Intranet)</b> <ul style="list-style-type: none"> <li>• Corporate Procedures / Forms</li> <li>• Site / Department specific Procedures / Forms</li> </ul>	
<input type="checkbox"/> <b>AAQ Corporate Procedures</b> <ul style="list-style-type: none"> <li style="width: 33%;">• Complaints Procedure</li> <li style="width: 33%;">• No Smoking Policy</li> <li style="width: 33%;">• Social Media</li> <li style="width: 33%;">• Privacy and Confidentiality</li> <li style="width: 33%;">• Police Certificate</li> <li style="width: 33%;">• Staff Vaccination Policy</li> <li style="width: 33%;">• Workplace Health and Safety</li> <li style="width: 33%;">• Motor Vehicle Policy</li> <li style="width: 33%;">• Missing Persons</li> </ul>	
<input type="checkbox"/> <b>Telephone Protocol</b>	
<input type="checkbox"/> <b>Dress Standards</b>	
<input type="checkbox"/> <b>Charter of Aged Care Rights</b>	
<input type="checkbox"/> <b>Availability for work</b> <ul style="list-style-type: none"> <li>• Calling in sick</li> <li>• Taking calls from other staff members</li> <li>• Availability requests</li> <li>• Roster Changes</li> <li>• Leave request</li> </ul>	
<input type="checkbox"/> <b>Meal Breaks / Claiming Hours / Completing and Submitting Timesheets</b>	
<input type="checkbox"/> <b>Rostering system – shift allocation and shift offers</b> <ul style="list-style-type: none"> <li>• Downloading rostering app</li> <li>• Login Credentials</li> <li>• User guide</li> </ul>	
WHAT IT MEANS TO BE PART OF ALZHEIMER'S QUEENSLAND	
<b>Objective:</b> To ensure the staff understand the business, the importance of their role and the working environment	
<input type="checkbox"/> <b>Service Delivery / Business Expectations</b>	<input type="checkbox"/> <b>Role Expectation</b>
<input type="checkbox"/> <b>Environmental Expectations</b>	<input type="checkbox"/> <b>First Impression / Representation of AAQ</b>

## HR ADMINISTRATION

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

- |   |   |
|---|---|
| <input type="checkbox"/> Payroll processes (enquiries, salary sacrifice)                | <input type="checkbox"/> Information Technology Form (residential only) |
| <input type="checkbox"/> Statutory Declaration  | <input type="checkbox"/> Staff Handbook                                 |
| <input type="checkbox"/> Police Check Certificate and duty of disclosure of convictions | <input type="checkbox"/> Timesheets / Rostering System                  |
| <input type="checkbox"/> Vaccination Record   | <input type="checkbox"/> Leave Application Form / Leave Requests        |
| <input type="checkbox"/> Position Description   | <input type="checkbox"/> Copies of Qualification / AHPRA Registration   |
|   | <input type="checkbox"/> Visa / Passport Details                        |

## STAFF EDUCATION AND STAFF MEETINGS

**Objective:** Ensuring staff members are aware of the Associations staff education and meeting expectations and have been scheduled for the appropriate education.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Mandatory Staff Education</b>                 | <input type="checkbox"/> <b>Annual Competencies</b>                        |
| <input type="checkbox"/> <b>AQ Learning System and credential details</b> | <input type="checkbox"/> <b>Dementia Training/Distance Education (RTO)</b> |
| <input type="checkbox"/> <b>Staff Meetings</b>                            | <input type="checkbox"/> Provide Support to people living with Dementia    |

## TRANSPORT

**Objective:** To ensure staff member understands the appropriate use of AAQ motor vehicles and use of their own vehicles for work purposes.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Staff has been issued a copy of AQ Motor Vehicle Procedure (AAQ-P-45)</b> <ul style="list-style-type: none"><li>• Use of pool vehicles</li><li>• Reporting accidents and incidents</li><li>• Incurred fines</li></ul> | <input type="checkbox"/> <b>At fault accident excess</b> <ul style="list-style-type: none"><li>• Service Log requirements</li><li>• Service requirements for vehicles</li></ul> |
| <input type="checkbox"/> <b>Duty of disclosure</b> <ul style="list-style-type: none"><li>• Medical conditions</li><li>• Loss of licence or restrictions on licence</li></ul>  | <input type="checkbox"/> <b>Matters that affect safety of your vehicle</b> <ul style="list-style-type: none"><li>• Other matters affecting licence</li></ul>                    |

## REPORTING FRAMEWORK

**Objective:** Ensuring that staffs are aware of communication processes and they are applied

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Care Plan / Progress notes</b>  | <input type="checkbox"/> <b>Compliments and Complaints</b> |
| <input type="checkbox"/> <b>Client / Resident Deterioration</b><br>Potential signs and process of reporting | <input type="checkbox"/> <b>Reporting</b>                  |
|   | <input type="checkbox"/> <b>Open disclosure</b>            |
| <input type="checkbox"/> <b>Incident / Hazard Reporting</b>   |  |

## COMMUNICATION FRAMEWORK

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Staff Communication and Interactions</b> | <input type="checkbox"/> <b>Code of Conduct</b> |
|--|---|

## 2. REQUIRED COMPETENCIES

### HANDWASHING COMPETENCY

I completed the required [Handwashing Competency Form](#) and it is attached along with this orientation workbook as a proof of completion of this module.

### DONNING AND DOFFING AND N95 MASK FITTING

#### Residential Staff:

I completed the required [Donning and Doffing PPE Competency Validation Checklist](#) and it is attached along with this orientation workbook as a proof of completion of this module.

I completed the required [N95 Fit Testing Competency Form](#) and it is attached along with this orientation workbook as a proof of completion of this module.

#### Community Staff:

I completed the required [Donning and Doffing PPE Competency Validation Checklist](#) and it is attached along with this orientation workbook as a proof of completion of this module.

I completed the required [Personal Protective Equipment Competency Form - Donning and Doffing of N95 Mask](#) and it is attached along with this orientation workbook as a proof of completion of this module.

### MANUAL HANDLING

**Objective:** Ensuring staff have understanding of basic principles of safe manual handling and able to demonstrate these principles to their work areas including chair, bed, car, wheelchair transfers and mobility. Ensuring staff member has completed the appropriate training and education of Manual Handling in client's home.

#### Residential Staff:

I completed the required competency form and it is attached along with this orientation workbook as a proof of completion of this module.

**I consider myself to have a full understanding of the information provided.**

[Manual Handling Competency Form - Direct Residential Care Staff](#)

[Manual Handling Competency Form - Residential Hospitality, Cleaning and Laundry Staff](#)

#### Community Staff:

I completed the required competency form and it is attached along with this orientation workbook as a proof of completion of this module.

**I consider myself to have a full understanding of the information provided.**

[Manual Handling Competency Form - Home Care Program](#)

[Manual Handling Competency Form - Respite Centres](#)

#### Corporate Staff:

I completed the required competency form and it is attached along with this orientation workbook as a proof of completion of this module.

**I consider myself to have a full understanding of the information provided.**

[Manual Handling Competency Form - Non-Clinical](#)

### 3. ONLINE MODULES

Please only **tick the below sections once the module has been completed** online.

Please **attach obtained transcript/certificate** with this workbook as a proof of completion of the modules.

#### ONLINE TRAINING MODULES

Please go to: [Online Learning System - TLC Choice](#)

I completed the required education of via AQ Learning Hub and I consider myself to have a full understanding of the information provided.

- Culturally and Linguistically Diverse Consumers**
- Fire Safety**
- Workplace Health and Safety**
- Workplace Bullying and Harassment**
- Manual Handling Theory**
- Infection Control**
- Elder Abuse** (not applicable for Corporate staff)
- Serious Incident Response Scheme** (not applicable for Corporate staff)
- Food Handling Safety & Hygiene** (if applicable)
- Medication Competency** (if applicable)

**Notes:**