

Manager/Supervisor: Complete the checklist during New Employee Orientation. This may be assigned to a delegate.

Site Specific Orientation Checklist: Equipment and SPH Processes

1. Review Site Specific SPH Communication Processes

- Show/identify where the transfer, equipment requirements and safe work procedures are documented for staff to reference prior to care tasks (e.g. care plan, bedside summary sheet, Kardex).
- Review site procedure for reporting a change in patient status.
- Show/review notification system used to alert care givers to care plan changes (i.e. change in mobility or repositioning status, number of care providers required etc.)
- Review process for communicating client mobility and repositioning status at transition planning (e.g. hand-overs, transfers to other services/facilities).

2. Review Site Specific Equipment

- Review operating instructions of all mechanical patient handling equipment including emergency lowering device, body positioning for manoeuvring floor based lifts.
- Review [SPH Equipment Pre-use Visual Inspection Checklist](#) (for mechanical equipment and slings)
- Demonstrate proper operation of mechanical equipment.
- Explain process for reporting mechanical issues at that site.
- Show where equipment is stored.
- Show where to find user manuals for each type patient handling mechanical equipment.
- Review laundry instructions where slings are laundered on-site/unit. (See [General Sling Guidelines](#))
- Identify site sling labelling method.
- Review site process for reporting unsafe slings/equipment (e.g. broken stitching on sling, frayed straps, missing label).
- Review how to measure a client for appropriate sling size and where to locate the size on the sling. See [General Guidelines for Sling Fitting and Sizing](#).
- Review repositioning/bed care equipment and [assessment](#) requirements to ensure appropriate use (slider sheets should ONLY be used on a patient's bed as determined by assessment and NOT based on care giver preference).
- Review other site specific equipment (band slings, roller bands etc.).

Employee: _____

Manager/Supervisor: _____

Delegate: _____

Date Completed: _____