Health Career Access Program

On-Site Orientation Template (part 2)

The tasks identified on this orientation document will act as a guide for you and your site-designate interactions. This part of your orientation provides you with the opportunity to observe and demonstrate safe use of equipment (e.g. hands on MSIP practice) and review and demonstrate understanding of on-site processes and activities, team communication and shift routines.

* Print this document to write down any notes or questions you want to ask your site designate as you progress through the activities.

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| **TASK / INSTRUCTIONS** | | **NOTES** |
| **Communication** | | |
| * **Review, Locate or Complete** | | |
|  | Care Plans, 24 Hour Report, Person’s Day/My Day and Team Communication binders |  |
|  | Internal phone lists/emergency numbers and transport/appointment booking numbers. |  |
|  | Shift Guidelines, own and to understand other team member role responsibilities, routines, breaks and lists for resident snacks, specialty diets, recreation activities etc. |  |
|  | Sign-in sheets |  |
|  | Attend Shift Report and Huddles. |  |
| **Care & Safety** | | |
| * **Review, Locate or Complete** | | |
|  | Unit Binders and Health Care Record forms. |  |
|  | Reporting, managing responsive behaviours and where to find behavioural support care plan. |  |
|  | Code Red procedure at site and where to find resources. Identify internal and external assembly areas. |  |
| **Practice** | | |
| * **Review, Locate or Complete** | | |
|  | Cleaning and sanitizing of floor lifts, sit to stand, and ceiling lifts between individuals. |  |
|  | Use of waste disposal and equipment cleaning |  |
|  | Use of unfamiliar care equipment; e.g. wheelchairs, walkers, etc. |  |
|  | Location and use of floor mop |  |
| **Site Specific Workplace Health and Safety** | | |
| * **Fire/Emergency Response** | | |
|  | Fire plan- posted in building |  |
|  | Code Red Procedure |  |
|  | Emergency contact numbers |  |
|  | Emergency Preparedness bulletin boards/notices |  |
|  | Enunciator Panel |  |
|  | Evacuation Packs (supplies and information on persons living in home)? |  |
|  | Evacuation sites (internal and external) |  |
|  | Evacusled and instructions for use |  |
|  | Fire alarms/extinguishers |  |
|  | Fire blankets |  |
|  | Fire exits/stairwells/ramps |  |
| * **First Aid** | | |
|  | AED, if applicable |  |
|  | Eyewash stations |  |
|  | First aid kit |  |
|  | First aid attendant (identify how to locate) |  |
|  | First aid room |  |
|  | Material Safety Data Sheets (MSDS) online resource |  |
|  | Reporting workplace accident and injury process poster |  |

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| * **Infection Prevention and Control** | | |
|  | Biohazard Spill Kit – where is it located |  |
|  | Biohazard Waste Bags |  |
|  | Biohazard Waste Container |  |
|  | Cavi-wipes and Oxiver-wipes or other disinfectants |  |
|  | Cleaning procedure for biohazard spill – awareness of |  |
|  | Cleaning tools: cloths, brooms, buckets, mop heads, vacuum etc. |  |
|  | Deko/Tornodo or Vernacare sanitization process and solutions/Sanitization process and solutions |  |
|  | Personal Protective Equipment (PPE) Supplies |  |
|  | Sharps/Glass Disposal Container |  |
|  | Soiled utility – Soiled equipment storage |  |
|  | Tub cleaning supplies and instructions |  |
| * **Musculoskeletal Injury Prevention (MSIP) *\*\*\* HCSW do not participate in Resident Transfers – this is knowledge only to know where equipment is kept to support team when needed*** | | |
|  | Ceiling Lifts and charge stations/position – observe only do not use |  |
|  | Floor and Sit/Stand lifts, slings and extra batteries/chargers – where are they located and practice how to set brakes and change out batteries and practice how to move it **but no resident transfers** |  |
| * **Joint Occupational Health and Safety/Occupational Health and Safety** | | |
|  | JOHS/OH&S Board |  |
|  | List of JOHS committee members |  |
|  | Posted process for communication with committee members |  |
|  | JOHS meeting minutes and meeting times |  |
|  | OH&S; WorkSafe BC reports and safety bulletins |  |
| **Care of Individuals in the LTC Home** | | |
| * **Equipment and Supplies - find** | | |
|  | Antiseptic solutions/soaps |  |
|  | Bed/Chair alarms, batteries and parts |  |
|  | Blanket warmers |  |
|  | Call bell system panel/Intercom, adaptive call bells and parts |  |
|  | Clothing labeller/supplies |  |
|  | Commodes, toilet risers, urinal, “hats” |  |
|  | Fall mats |  |
|  | Foot cradles |  |
|  | Hip Protectors |  |
|  | Incontinent Supplies |  |
|  | Linen: towels, face clothes, flannels, gowns, etc., in resident rooms |  |
|  | Oxygen Concentrators |  |
|  | Oxygen tanks storage |  |
|  | Palliative Care Cart, if applicable |  |
|  | Person’s own specific bathing supplies: bag or bin |  |
|  | Tissues |  |
|  | Visitor chair/pullout bed |  |
|  | Walkers, extra |  |
|  | Wheelchairs, transport and extra |  |
| * **Housekeeping** | | |
|  | Cleaning tools: cloths, brooms, buckets, mop heads, vacuum etc. |  |
|  | Garbage bags |  |
|  | Garbage Disposal and Bins |  |
|  | Housekeeping carts and cart safe-storage areas |  |
|  | Laundry Bags: personal, linen and heavily soiled |  |
|  | Plunger |  |
|  | Recycling Disposal and Bins |  |
|  | Toilet paper and paper towel |  |
|  | Washers/Dryers: laundry room and on unit, detergent |  |
|  | Wet Floor Signs |  |
| * **Kitchen and Dining Area** | | |
|  | Aprons |  |
|  | Cart for meal/tray delivery |  |
|  | Clean dishes |  |
|  | Dirty Dish Bins |  |
|  | Filtered ice/water machine |  |
|  | Fridge for dietary supplies or person-specific dietary supplies |  |
|  | Microwave and toaster |  |
|  | Fridge for storing of foods brought in for individuals living in the home, oven/stove, kitchen supplies |  |
|  | Table assignment tool/map |  |
|  | Snack carts |  |
|  | Water/Diet lists |  |
| * **Documentation and Clinical Tools** | | |
|  | Assignment sheet, communication book |  |
|  | Bathing schedule: for residents and community clients, if applicable? |  |
|  | Bulletin boards (Activity and Assignment boards), Activity Binder |  |
|  | Clinical Support Manuals: Site Emergency Response Manual, Infection Control binder; see other site-specific on-line resources |  |
|  | Computers |  |
|  | Education Room/Computer |  |
|  | Family Binders, 24hr reports |  |
|  | Printer/Fax machine and supplies |  |
|  | Care Plan/Kardex |  |
|  | Individual’s Room documents: ADL/My Day/other documents |  |
|  | Stationary Supplies- paper, pens, stamps, sticky-tack etc |  |
|  | TV/VCR/DVD player |  |
|  | Videotapes/DVDs and sign out binder |  |
| * **Employee Information and Forms** | | |
|  | Accreditation board/notices |  |
|  | Communication systems - Vocera, walkie talkie, call bell system and panels |  |
|  | Educational Opportunities |  |
|  | Person/Family Council Boards; Meeting Minutes Posted |  |
|  | Health and Wellness; EFAP, local programs, IH information, counselling, engagement |  |
|  | Licensing & Quality Review board/notices |  |
|  | Locker Assignment |  |
|  | Pamphlets for Public |  |
|  | Union Bulletin Boards |  |
|  | Quality Improvement Initiatives board/notices/meetings |  |
|  | Staff Fridge/Microwave/Coffee Maker |  |
|  | Staff mailboxes |  |
|  | Vacation/Planned Leave/Shift Swap/Overtime Forms - paper or electronic |  |
|  | Washrooms - staff, person, family and visitor |  |
| * **Recreation and Visitors** | | |
|  | Craft supplies & Games- bingo, board games |  |
|  | Daily activities board, Events board, Monthly recreation calendar |  |
|  | Extra Dishes and vases |  |
|  | Meal clubs |  |
|  | Memorial boards/displays |  |
|  | Individual mailboxes/system, incoming and outgoing |  |
|  | Personal phones or phones for use by individuals living in the LTC home |  |
| * **Offices/Access** | | |
|  | Administration and Management |  |
|  | Church/Sacred Space |  |
|  | Dietary |  |
|  | Hairdressing/Salon |  |
|  | Laundry Room |  |
|  | Music Area |  |
|  | Physiotherapy/Occupational Therapy/Rehab |  |
|  | Maintenance |  |
|  | Long-term Care Coordinator (LTCC) |  |
|  | Rehab Area |  |
|  | Social Work |  |
|  | Other offices in your facility |  |