Registered Nurse

Buddy Orientation Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Job Duties | Date | Trainer Initials | Buddy Initials  |
| **General:** |  |  |  |
| Review of Care Model |  |  |  |
| Review Job Description/Job Routines |  |  |  |
| Management Team Contact List |  |  |  |
| **Communication: [list all that apply for your organization below are some examples]** |  |  |  |
| Residents |  |  |  |
| Families |  |  |  |
| Co-Workers |  |  |  |
| **Review Policy and Procedure manuals [list all that apply for your organization below are some examples]** |  |  |  |
| Resident Care Manual  |  |  |  |
| Qola |  |  |  |
| Quality Improvement |  |  |  |
| **Resident Information [list all that apply for your organization below are some examples]** |  |  |  |
| Applications |  |  |  |
| Move Ins |  |  |  |
| Residency Agreements |  |  |  |
| Adminssion Package |  |  |  |
| Move In checklist and Move Out Notifications |  |  |  |
| Room Availability Lists |  |  |  |
| Physician Services |  |  |  |
| Pharmacy Services |  |  |  |
| Smoking |  |  |  |
| Lab Services |  |  |  |
| Multi Purpose Room Bookings and Agreements |  |  |  |
| The Role of AHS – Care Managers (For SSL) |  |  |  |
|  |  |  |  |
| **Resident Care Department [list all that apply for your organization below are some examples]** |  |  |  |
| Move In Procedure |  |  |  |
| Advanced Directives/DNR/Goals of Care |  |  |  |
| Change of Resident Conditions |  |  |  |
| Death of a Resident |  |  |  |
| External Care Providers |  |  |  |
| Resident Chart & Documentation |  |  |  |
| Resident Incidents |  |  |  |
| Continuing Care Connection |  |  |  |
| Infection Prevention and Control |  |  |  |
| Influenza Readiness |  |  |  |
| Census Forms and meal census |  |  |  |
| Tray Service |  |  |  |
| 24 hour report |  |  |  |
| Reportable Incident – algorithm rhythm |  |  |  |
| Move In Assessment |  |  |  |
| Care Plans |  |  |  |
| Medications Administration Pharmacy Manual |  |  |  |
| Narcotics – storage and counts |  |  |  |
| Physician Orders |  |  |  |
| RAI tracking tool |  |  |  |
| Wound Care |  |  |  |
| HSEP Falls Prevention |  |  |  |
| Continuing Care Standards |  |  |  |
| Accommodation Standards |  |  |  |
| CPR and First Aide Requirement |  |  |  |
| Water temperature regulation and checks |  |  |  |
| Physical, Chemical and Environmental Restraints |  |  |  |
| Safe Lifts and transfer |  |  |  |
| Water temperature and bath procedures |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Recreation Department [list all that apply for your organization below are some examples]** |  |  |  |
| Activity Calendar; planning, posting, evaluation, distribution/display etc. |  |  |  |
| Special events |   |   |   |
| Exercise Programs  |   |   |   |
| **Therapy Department [list all that apply for your organization below are some examples]** |  |  |  |
| Physio exercises |  |  |  |
| **Reports [list all that apply for your organization below are some examples]** |  |  |  |
| Incident Summary |   |   |   |
|   |   |   |   |
| **Pertinent Legislation: [list all that apply for your organization below are some examples]** |  |  |  |
| **Administration:** |  |  |  |
| Consent to Treatment Act |   |   |   |
| Labour Relations Act |   |   |   |
| Employment Standards Act |  |  |  |
| WHMIS |   |   |   |
| OH & S Act |   |   |   |
| Workers Safety & Insurance Bd |  |  |   |
| PIPEDA legislation |   |   |   |
| **Resident Services: [list all that apply for your organization below are some examples]** |   |   |  |
| Regulated Health Professionals Act |   |   |   |
| Health Care Consent Act |   |   |   |
| Coroners Act |  |  |  |
| **Enviromental: [list all that apply for your organization below are some examples]** |  |  |  |
| Canadian Electrical Code |  |  |  |
| National Building code of Canada |  |  |  |
| Fire Code |  |  |   |
| **Quality Improvement: [list all that apply for your organization below are some examples]** |   |   |   |
| Quality Improvement activities for Care |   |   |   |
| Annual audit schedule |   |   |   |
| Corrective Action Forms |   |   |   |
| Resident Satisfaction survey |   |   |   |
| Risk Forms |   |   |   |
| **Payroll: [list all that apply for your organization below are some examples]** |   |   |   |
| Time Sheets |   |   |   |
| New employee checklist |  |  |  |
| Hiring process |  |  |  |
| Annual staff education/inservice requirements Upstairs Solutions |  |  |  |
| Documentation |  |  |  |
| Staff Schedules |  |  |  |
| **Committee and Meetings: [list all that apply for your organization below are some examples]** |  |  |  |
| Department meetings |  |  |  |
| Resident Monthly meetings |  |  |  |
| OH & S meetings |  |  |  |
| Food Committee meetings |  |  |  |
| Memo books |  |  |  |
| Notices |  |  |  |
| Distribution of Minutes |  |  |  |
| General Staff Meeting |  |  |  |