Occupational Therapist Aide/Phyical Therapist Aide

Buddy Orientation Checklist

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| --- | --- | --- | --- |
| Job Duties | Date | Trainer Initials | Buddy Initials  |
| **General: [list all that apply for your organization below are some examples]** |  |  |  |
| Review of Wellness Model |  |  |  |
| Review Job Description/Job Routines |  |  |  |
|  |  |  |  |
| **Communication: [list all that apply for your organization below are some examples]** |  |  |  |
| Residents |  |  |  |
| Families |  |  |  |
| Co-Workers |  |  |  |
| **Policy and Procedure Manuals: [list all that apply for your organization below are some examples]** |  |  |  |
| Health and Wellness Manual  |  |  |  |
| Resident Care Manual  |  |  |  |
| **Resident Care Department ; [list all that apply for your organization below are some examples]** |  |  |  |
| Emergency Response |  |  |  |
| Transfer Forms |  |  |  |
| DNR Forms/Advanced Directives |  |  |  |
| Resident Files and Documentation |  |  |  |
| Resident Incidents - Procedure |  |  |  |
| Communication Notes |  |  |  |
| Resident Notes |  |  |  |
| Special needs of residents; awareness & identification of special needs |  |  |  |
| **OT/PT Department: [list all that apply for your organization below are some examples]** |  |  |  |
| **Forms:** |  |  |  |
| Attendance tracking |  |  |  |
| Lift and Transfer Policy |  |  |  |
| Progam Analysis Tracking Form |  |  |  |
| Program summaries |  |  |  |
| Quality Improvement Audits |  |  |  |
| Location of equipment/supplies |  |  |  |
| Equipment maintenance  |  |  |  |
| Resident files and documentation |  |  |  |
| Special needs of residents; awareness & identification of special needs |  |  |  |
|  |  |  |  |
|   |  |  |  |
| **Pertinent Legislation: [list all that apply for your organization below are some examples]** |  |  |  |
| **Administration:** |  |  |  |
| Consent to Treatment 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 |  |  |  |
| **Quality Improvement: [list all that apply for your organization below are some examples]** |   |   |   |
| Quality Improvement activities for therapies |   |   |   |
| 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 |   |   |   |
| Documentation |  |  |  |
| Staff Schedules |  |  |  |
| **Committee and Meetings: [list all that apply for your organization below are some examples]** |  |  |  |
| Department meetings |  |  |  |
| General Staff Meeting |  |  |  |
| OH & S meetings |  |  |  |
| Distribution of Minutes |  |  |  |
| Memo books |  |  |  |
| Notices |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional Services: [list all that apply for your organization below are some examples]** |  |  |  |
| CCAC |  |  |  |
| Physio programs |  |  |  |
|  |  |  |  |