Health Care Aide

Buddy Orientation Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Job Duties | Date | Trainer Initials | Buddy Initials  |
| **General:** |  |  |  |
| Review of Care Model |  |  |  |
| **Review Policy and Procedure manuals [list all that apply for your organization below are some examples]** |  |  |  |
| Resident Care Manual  |  |  |  |
| Recreation Manual  |  |  |  |
| **Communication: [list all that apply for your organization below are some examples]** |  |  |  |
| Residents |  |  |  |
| Families |  |  |  |
| Co-Workers |  |  |  |
| **Resident Care Department [list all that apply for your organization below are some examples]** |  |  |  |
| Move in Procedure |  |  |  |
| Advanced Directives/DNR Forms |  |  |  |
| Change of Resident Conditions |  |  |  |
| Death of a Resident |  |  |  |
| External Care Providers |  |  |  |
| Resident File & Documentation |  |  |  |
| Resident Incidents |  |  |  |
| Resident Lifestyle Reviews |  |  |  |
| Infection Control |  |  |  |
| Influenza Readiness |  |  |  |
| Census Forms |  |  |  |
| Tray Service |  |  |  |
| Resident Notes |  |  |  |
| Medication |  |  |  |
| Bathing |  |  |  |
| Transfer Forms |  |  |  |
| Communication Notes |  |  |  |
|   |  |  |  |
| **Recreation Department [list all that apply for your organization below are some examples]** |  |  |  |
| Special Events |  |  |  |
| Bar Management |   |   |   |
| Exercise Programs  |   |   |   |
| **Applicable Legislation [list all that apply for your organization below are some examples]** |  |  |  |
| Public Health Inspections |   |   |   |
| Fire Code |   |   |   |
| Building Code |   |   |   |
| Ministry of Labour |   |   |   |
| Occupational Health and Safety |   |   |   |
| Landlord and Tenant Act |   |   |   |
| PHIPA legislation |   |   |   |
| Liquor License Act |   |   |   |
| WHMIS |  |  |  |
| Workers Compension Board |  |  |  |
| Coroners Act |  |  |  |
|   |   |   |   |
| **QUALITY IMPROVEMENT [list all that apply for your organization below are some examples]** |  |  |   |
| Qola |   |   |   |
| Quality Improvement Activities |   |   |   |
| Annual audit schedule |   |   |  |
| Corrective Action Forms |   |   |   |
| Resident Satisfaction survey |   |   |   |
| Risk Forms |   |   |   |
| **Resident Information [list all that apply for your organization below are some examples]** |  |  |   |
| Multi Purpose Room Bookings and Agreements |   |   |   |
| Room Availability Lists |   |   |   |
| Physician Services |   |   |   |
| Pharmacy Services |   |   |   |
| Lab Services |   |   |   |
| Complaints Procedure |   |   |   |
| Smoking |   |   |   |
| **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]** |  |  |   |
| Private Nursing Care  |   |   |   |
| CCAC |   |   |   |
| Physio programs |   |   |   |
| Hairdressing |   |   |   |
| Physician Offices  |   |   |   |
| Lab |   |   |   |
| Pharmacy |   |   |   |