

**Facility Orientation Checklist**

**To be initialed by trainer and trainee as each segment is successfully completed, understood, and appropriate documents are signed by new employee if necessary.**

Student Name:

Date of Hire: / /20 Total Number of Hours:

Dates of Training with Total Training Hours:

1. Date: / /

Hours:

1. Date: / / Hours:

2. Date: / /

Hours:

1. Date: / / Hours:

3. Date: / /

Hours:

1. Date: / / Hours:

4. Date: / /



5. Date: / / Hours: 11. Date: / / Hours: 6. Date: / / Hours: 12. Date: / / Hours: **Demonstrated Competencies** (Trainer and Trainee to initial each item when completed)

Hours:

1. Date: / / Hours:

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| **Date** | **Trainer** | **Trainee** | **Employee Orientation** |
|  |  |  | **EMPLOYEE MANUAL - read and sign** |
|  |  |  | Time Sheets: Where kept, how to fill out |
|  |  |  | Absence: What to do in case of illness, injury, requesting time off and vacation |
|  |  |  | Where to park, what to wear, where to keep personal belongings |
|  |  |  | What doors are locked, locked from inside and how to open |
|  |  |  | Keys, keeping the medicine closet locked, and chemicals closet |
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**Initials: Trainee:**

(Print Full Name)

**Initials: Trainer:**

(Print Full Name)

**Initials: Trainer:**

(Print Full Name)

**Caregiving Orientation – Resident Specific (Interactive)**

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|  |  |  | Care Setting reviewed by Applicant | 388-112A |
|  |  |  | The characteristics and special needs of the population served | 388-112A |
|  |  |  | Reviewed nurse-delegated tasks in this home | |
|  |  |  | Have read each Resident’s Care Plan, general understanding of each resident’s medical diagnosis | |
|  |  |  | Familiar with each resident’s medications, where and how stored | |
|  |  |  | Introduced to each resident | |
|  |  |  | Familiar with each resident’s daily routine, bath schedule and activity each enjoys | |
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**Caregiving Orientation - General**

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|  |  |  | Skills checklist: hand washing, mouth care, dental care, dressing residents, turning resident, repositioning resident, peri-care, disposal of soiled linen and undergarments, making unoccupied and occupied bed, assisting in eating, assisting in ambulating |
|  |  |  | Safe transfers, how our residents transfer |
|  |  |  | Location of general reference books for information |
|  |  |  | How to shower residents, setup, safety and cleanup. Bed baths, sponge baths |
|  |  |  | Keep wheelchairs, walkers and commodes out of sight in bedrooms when not in use |
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**Emergency Procedures / Fire and Life Safety**

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| --- | --- | --- | --- | --- |
|  |  |  | Emergency communication/emergency phone  system, if one exists (portable phones do not work in an electrical outage) | 388-112A |
|  |  |  | Emergency Phone List | |
|  |  |  | Review Evacuation Plan | 388-112A |
|  |  |  | Fire Extinguishers - where located/how to use, fire alarms | 388-112A |
|  |  |  | How to turn off valves for gas, electrical, sewer and water | |

**Emergency Procedures / Fire and Life Safety**

(continued)

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|  |  |  | Electrical Outage | |
|  |  |  | Emergency Disaster Plan | |
|  |  |  | Ways to handle resident injuries, falls, other accidents | 388-112A |
|  |  |  | Emergency Protocol for Falls and Injuries | |
|  |  |  | Dialog for 911 call | |
|  |  |  | If Death Occurs | |
|  |  |  | Location of CPR masks, first aid kit, disaster kit/supplies | |
|  |  |  | Potential risk factors for residents and staff (for instance, aggressive residents’ behavior and how to handle them) | 388-112A |
|  |  |  | **POLICIES AND PROCEDURES - read and sign** | |
|  |  |  | The location of home policies and procedures | 388-112A |
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**Communications Skills and Information**

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|  |  |  | Methods for supporting effective communication among residents, staff and family members | 388-112A |
|  |  |  | Use of verbal and non-verbal communication | 388-112A |
|  |  |  | Review of written communications & documentation required, including resident’s care plan | 388-112A |
|  |  |  | Expectations about communications with other home staff | 388-112A |
|  |  |  | Who to contact about problems and concerns | 388-112A |
|  |  |  | Important phone numbers | |
|  |  |  | When to call or page Owners / Resident Manager | |
|  |  |  | Giving tours of the adult family home | |
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**Universal Precautions and Infection Control**

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|  |  |  | Proper handwashing techniques | 388-112A |
|  |  |  | Protection from exposure to blood, other body fluids | 388-112A |
|  |  |  | Appropriate disposal of contaminated/hazardous articles | 388-112A |
|  |  |  | Reporting exposure of contaminated articles, blood or other body fluids | 388-112A |
|  |  |  | What staff should do if they are ill | 388-112A |
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**All About Food Orientation**

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|  |  |  | Food preparation |
|  |  |  | Safe food handling, storage, leftovers |
|  |  |  | When something runs out, restocking, reordering |
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**Housekeeping and Laundry Orientation**

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|  |  |  | Standards of cleanliness (residents and house) |
|  |  |  | Day and Evening Chore Duties and Weekly Chores |
|  |  |  | Cleaning supplies – what is used on what and where it is kept locked |
|  |  |  | Laundry procedures, putting away residents’ clothing and labeling, special care |
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**Resident’s Rights**

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|  |  |  | Resident’s right to confidentiality of information about the resident | 388-112A |
|  |  |  | Resident's right to participate in making decisions about the resident's care and to refuse care | 388-112A |
|  |  |  | Staff's duty to protect and promote the rights of each resident, and to assist the resident to exercise his or her rights | 388-112A |
|  |  |  | How and to whom staff should report any concerns they may have about a resident's decision concerning  the resident's care. What to do and who to inform if resident refuses care/medication | 388-112A |

**Resident’s Rights**

(continued)

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|  |  |  | Staff's duty to report any suspected abuse, abandonment, neglect, or exploitation of a resident | 388-112A |
|  |  |  | Advocates that are available to help residents (LTC ombudsman, organizations) | 388-112A |
|  |  |  | Complaint lines, hot lines and resident grievance  Procedures (DSHS complaint hotline 1-800-562-6078; WA State LTC Ombudsman; WA State Dept of Health and local public health departments; local police | 388-112A |
|  |  |  | Facility grievance procedure | 388-112A |
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**Documentation Orientation**

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|  |  |  | What Information is in charts, location and proper documentation |
|  |  |  | Medication Charting (MAR) |
|  |  |  | How to read and use Negotiated Care Plans |
|  |  |  | Proper medication assistance and documentation |
|  |  |  | How to report and document incidents or changes in medication |
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**Activities Orientation**

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|  |  |  | Review residents’ individual needs and preferences for activities and learn how to facilitate activities |
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