

Orientation Checklist Private Nursing Homes

<i>Name</i>		<i>Designation</i>	
Discuss	Specific Criteria	Y or N/A	Completed
Environment	Layout of the premises /access codes		Signature
	Visitors reception/facilities		
	Utilities: e.g. linen/stores; sluice		
	Medicines Room including Controlled Drugs		
	Staff Facilities including green changing room		
	Panic buttons (if applicable)		
Staff Uniform & Roles	Registered Nurses		Signature
	Healthcare Workers		Date
Fire Policy/Procedure	Location of fire panels/break glass points		Signature
	Fire exits		
	Hoses and Fire Extinguishers		
	Evacuation Policy and Procedure		Date
	Fire Alarm Tests		
	Emergency Telephone Numbers		
Emergency Equipment	Location of Resuscitation Trolleys		Signature
	Content of trolley		
	Checking Procedure		Date
	Restocking procedure		
	Emergency Telephone Numbers		
	Location of portable oxygen		
	Checking/Ordering O ₂ cylinders		
Policies and Procedures	Location of all policies including Intimate Care Policy		Signature
	Location of COVID-19 resource and Business Continuity Plan		
	Disposal of Sharps		
	Disposal of Clinical Waste		Date
	Care of Substances Hazardous to Health		
	Use of Equipment e.g. Hoists, steady, transfer equipment		
	Access to and use of PPE		
	CSSD procedures		
	Documentation & stationary		
	Medicines management		
	Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)		
	Management of incidents and accidents		
Visitors	Visiting Hours		Signature
	Number of visitors to room		
	Visitor information leaflets		Date
<i>Person who is doing the Induction</i>			
<i>Name</i>	<i>Signature</i>	<i>NMC Number</i>	<i>Date</i>
<i>New Staff member</i>			
<i>Name</i>	<i>Signature</i>	<i>NMC Number(if applicable)</i>	<i>Date</i>

**The checklist must be completed fully and signed by both yourself and the person doing the orientation.
A copy must be given to the Unit Manager to be kept in your personal file.**