

NAME

SIGNATURE

DATE

Aged Care Orientation Checklist

- | | |
|--|--|
| <input type="checkbox"/> Air Viva | <input type="checkbox"/> Sharps Containers |
| <input type="checkbox"/> Allied Health Staff | <input type="checkbox"/> Shredding Box |
| <input type="checkbox"/> Bedpans / Urinals | <input type="checkbox"/> Slide Sheets |
| <input type="checkbox"/> Blank Charts | <input type="checkbox"/> Staff amenities |
| <input type="checkbox"/> Blood Spill Kit | <input type="checkbox"/> Staff Diary |
| <input type="checkbox"/> Care Plans | <input type="checkbox"/> Staff Kitchen |
| <input type="checkbox"/> Dressing Trolley | <input type="checkbox"/> Store Room |
| <input type="checkbox"/> Drug Room | <input type="checkbox"/> Telephone Numbers |
| <input type="checkbox"/> Drug Fridge | <input type="checkbox"/> Wheel Chair |
| <input type="checkbox"/> Emergency Buzzers | <input type="checkbox"/> Wound care |
| <input type="checkbox"/> Emergency Exits | |
| <input type="checkbox"/> Emergency Procedure Paging Instructions | |
| <input type="checkbox"/> Evacuation Devices (mats) | |
| <input type="checkbox"/> Fax / Photocopier | |
| <input type="checkbox"/> Fire and Evacuation Plan | |
| <input type="checkbox"/> Fire Extinguishers | |
| <input type="checkbox"/> Glucometer | |
| <input type="checkbox"/> Handover Room | |
| <input type="checkbox"/> Handover Sheets | |
| <input type="checkbox"/> Ice Machine | |
| <input type="checkbox"/> Intranet | |
| <input type="checkbox"/> Infectious Waste Bins | |
| <input type="checkbox"/> Lifting Machines | |
| <input type="checkbox"/> Linen Room | |
| <input type="checkbox"/> Linen Skips | |
| <input type="checkbox"/> Medication Trolley | |
| <input type="checkbox"/> MIMS / Injectable Drugs Book | |
| <input type="checkbox"/> Nurses Station | |
| <input type="checkbox"/> Nurse Unit Managers Office | |
| <input type="checkbox"/> Oxygen / Suction | |
| <input type="checkbox"/> Obs machine | |
| <input type="checkbox"/> Pan Room | |
| <input type="checkbox"/> Resident Medical Record | |
| <input type="checkbox"/> Pat Slide | |
| <input type="checkbox"/> Pharmacy Ordering Process | |
| <input type="checkbox"/> Policy & Procedure Manuals | |
| <input type="checkbox"/> Resident Dining Room | |
| <input type="checkbox"/> Resident Activity Room | |
| <input type="checkbox"/> Roster Requests | |
| <input type="checkbox"/> Scales | |

Please return to Development & Learning Department when completed

