

Orientation Checklist – Service Area Specific

COORDINATOR/SUPERVISOR

Employee: _____

Service Area: _____

<u>Employee</u>	<u>Designate</u>		<u>Employee</u>	<u>Designate</u>
_____	_____	Tour of administration buildings	_____	_____
_____	_____	Who is my supervisor / Organizational Structure	_____	_____

Mistreatment and Abuse P&P
Behavioural P&P (refer to Commencement Package)

HUMAN RESOURCES

_____	_____	Position description	_____	_____
_____	_____	Review requirements	_____	_____
_____	_____	Probationary period	_____	_____
_____	_____	Confidentiality P&P	_____	_____

Children at Place of Work P&P
Hours of work / overtime authorization
Statutory holiday entitlement
Timesheets

HEALTH & SAFETY

_____	_____	Infectious Disease Transmission Prevention P&P ➢ Universal precautions ➢ Personal protective equipment	_____	_____
-------	-------	--	-------	-------

Health & Safety Commitment Responsibility to:
➢ refuse unsafe work
➢ report unsafe work cond'tns
➢ report workplace safety incidents

MANDATORY IN-SERVICE REGISTRATION

_____	_____	Proactive Behaviour Intervention (PBI)	_____	_____
_____	_____	Positive Behaviour Supports (PBS)	_____	_____
_____	_____	ASC Responding to Behaviours of Concern Policy Training	_____	_____
_____	_____	Medication Administration	_____	_____
_____	_____	Abuse Protocol	_____	_____

First Aid / CPR
*Applied Suicide Intervention Strategy Training (ASIST)
*Cultural Awareness
Food Handling (as applicable)

MISSION, VISION, PRINCIPLES & GOALS

_____ ASC (Adults & Children's) _____ Area Specific

*** Mandatory for Children's Services Only**

Completion Date: _____

Program Area:	All Areas							Page:	1 of 5
Section:	Human Resources	A	Nov 23/05	R/R	Oct 19/09	Apr 23/13			
Sub-section:	Terms and Conditions of Employment								

Orientation Checklist – Service Area Specific

FIRST DAY

INTRODUCTION TO PEOPLE RECEIVING SERVICE AND SERVICE AREA

<u>Employee</u>	<u>Designate</u>		<u>Employee</u>	<u>Designate</u>
_____	_____	Meet clients	_____	_____
_____	_____	Area tour	_____	_____
_____	_____	Method of communication	_____	_____
<u>HEALTH & SAFETY</u>				
_____	_____	Identified hazards and assessments	_____	_____
_____	_____	Engineering, administrative and personal protective controls	_____	_____
_____	_____	Telephone numbers ➢ Emergency ➢ Other resources ➢ Employees	_____	_____
_____	_____	Cell phones ➢ ASC owned ➢ Personal	_____	_____
_____	_____	Working Alone Safety	_____	_____
_____	_____	Life Line	_____	_____
_____	_____	Prevention of Violence in the Workplace	_____	_____
_____	_____	First Aid Kit	_____	_____
_____	_____	Travel FA Kit	_____	_____
_____	_____	Winter Car Kit (Children's Services only)	_____	_____

Completion Date: _____

Program Area:	All Areas							Page:	2 of 5
Section:	Human Resources	A	Nov 23/05	R/R	Oct 19/09	Apr 23/13			
Sub-section:	Terms and Conditions of Employment								

Orientation Checklist – Service Area Specific

PRIOR TO ASSUMING RESPONSIBILITY

INTRODUCTION TO PEOPLE RECEIVING SERVICE

<u>Employee</u>	<u>Designate</u>		<u>Employee</u>	<u>Designate</u>	
_____	_____	Guardianship	_____	_____	Personal Profile
_____	_____	Trusteeship	_____	_____	Support Plans
_____	_____	Daily routine			

INTRODUCTION TO SERVICE AREA

_____	_____	Shift routines	_____	_____	Employee Meetings ➤ Explanation ➤ Location of minutes
_____	_____	Employees' Schedules ➤ Noting changes	_____	_____	Safe Water Temps & Bathing P&P Safe Water Temp Orientation Checklist Completion

DOCUMENTATION / COMMUNICATION

_____	_____	Extra forms (location)	_____	_____	Client Incident Reports
_____	_____	Log Notes	_____	_____	Seizure Reports
_____	_____	Contact Notes	_____	_____	Documentation P&P
_____	_____	Medical Notes			
_____	_____	Occupancy Reports			

MEDICATION

(Refer to Medication Orientation Checklist)

_____	_____	Medication P&P	_____	_____	Med keys (area specific)
_____	_____	Medication binder	_____	_____	Medication storage

CLIENT SPECIFIC MEDICAL INFORMATION

_____	_____	AT-EI and Specialized Procedures	_____	_____	Healthy eating / menu guide
_____	_____	Seizures	_____	_____	Medical conditions
_____	_____	Texture modified diets Special diets (e.g., low fat, allergies, diabetic, caffeine free)	_____	_____	Medical treatments / procedures

Program Area:	All Areas							Page:	3 of 5
Section:	Human Resources	A	Nov 23/05	R/R	Oct 19/09	Apr 23/13			
Sub-section:	Terms and Conditions of Employment								

Orientation Checklist – Service Area Specific

PRIOR TO ASSUMING RESPONSIBILITY CONTINUED . . .

HUMAN RESOURCE INFORMATION

<u>Employee</u>	<u>Designate</u>		<u>Employee</u>	<u>Designate</u>	
_____	_____	Human Resources P&P Binder	_____	_____	Conflict of Interest P&P
_____	_____	Time sheets	_____	_____	Mistreatment & Abuse P&P
_____	_____	Pay periods	_____	_____	Code of Ethics
_____	_____	Pay day procedure	_____	_____	Travel and related expenses:
_____	_____	Overtime authorization	_____	_____	➤ Clients
_____	_____	➤ What constitutes as overtime	_____	_____	➤ Employee
_____	_____	Sick time	_____	_____	Transportation with agency-owned vehicles
_____	_____	Telecommunication and Technology Devices P&P	_____	_____	➤ *Class 4 licensing
_____	_____	Consents P&P	_____	_____	➤ *Q-strait
					Personal vehicle insurance
					Non-Smoking P&P

FINANCE PROCEDURES & BUDGETS

_____	_____	Handling of Individual Funds P&P	_____	_____	Financial designate / alternate
_____	_____	Clients Funds	_____	_____	Documentation
		➤ Storage			➤ Verify cash
		➤ Budget			➤ Record transaction
_____	_____	House Expense / Grocery Account	_____	_____	➤ Balance cash
		➤ Storage			➤ File receipts
		➤ Budget			

RESPONDING TO SITUATIONS OR BEHAVIOURS OF CONCERN

(To be completed by Behaviour Coord/Designate only)

_____	_____	AT-EI and Specialized Procedures P&P	_____	_____	Individual Planned Procedure (as applicable)
_____	_____	Responding to Situations or Behaviours of Concern P&P			

Completion Date: _____

Program Area:	All Areas							Page:	4 of 5
Section:	Human Resources	A	Nov 23/05	R/R	Oct 19/09	Apr 23/13			
Sub-section:	Terms and Conditions of Employment								

Orientation Checklist – Service Area Specific

PRIOR TO COMPLETION OF PROBATIONARY PERIOD

HUMAN RESOURCES

<u>Employee</u>	<u>Designate</u>		<u>Employee</u>	<u>Designate</u>	
_____	_____	Professional Development Calendar	_____	_____	Holidays
		➤ Location of duo tang			
		➤ Registration procedure			
		➤ Follow-up	_____	_____	Solving Problems P&P
_____	_____	Grievance and Appeal			

DOCUMENTATION / COMMUNICATION

_____	_____	Files / filing	_____	_____	Photocopying
-------	-------	----------------	-------	-------	--------------

INTRODUCTION TO PEOPLE RECEIVING SERVICE

_____	_____	Individual Service Plans	_____	_____	Person Centered Planning
_____	_____	Assessments			➤ Maps
					➤ Paths
					➤ Calendars
					➤ Planning
			_____	_____	Reviews

Completion Date: _____

Employee: _____

Manager/Designate: _____

Coordinator: _____

Program Area:	All Areas						Page:	5 of 5
Section:	Human Resources	A	Nov 23/05	R/R	Oct 19/09	Apr 23/13		
Sub-section:	Terms and Conditions of Employment							