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<b>Manual:</b> Human Resources	<b>Revision No.:</b> 7
<b>Section:</b> HR Forms	<b>Last Review:</b> Nov 2024
<b>Subject:</b> Mandatory Orientation Checklist – Students / Work Experience - ACHA	<b>Next Review:</b> Nov 2027
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## ACHA Mandatory Orientation Checklist for Students

*Checklist must be completed within 48 hours of commencement of Placement*

<b>Student's Name:</b> _____		<b>Training Organisation:</b> _____		
<b>ACHA Site</b> <input type="checkbox"/> Ashford <input type="checkbox"/> Flinders <input type="checkbox"/> Memorial		<b>Placement Date(s):</b> comm. / / comp. / /		
<b>Department student is working in –</b> _____		<b>Orientation Date :</b> _____		
<b>Site Orientation Completed as below</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
<b>Contact information for student- name, phone number, email</b>				
Safety Induction Checklist completed				
Confidentiality Agreement completed				
General Information – <ul style="list-style-type: none"> <li>• Key Personnel</li> <li>• Shift Times &amp; Meal Breaks</li> <li>• Sick Leave</li> <li>• Dining Facilities</li> <li>• Car Parking</li> <li>• Allied Health Services</li> <li>• Patient Facilities</li> <li>• Documentation</li> <li>• Medication Administration &amp; safety</li> <li>• Uniforms discussed</li> <li>• Admission &amp; Discharge Processes</li> <li>• Assessment process discussed /meetings</li> <li>• Rosters</li> <li>• Clinical Facilitators &amp; Preceptors</li> <li>• National Safety &amp; Quality Healthcare standards</li> <li>• Incident reporting</li> <li>• Scope of Practice</li> <li>• Privacy &amp; Confidentiality</li> </ul>				
Evidence Sighted and Correct: <ul style="list-style-type: none"> <li>• Student ID</li> <li>• Working with Children (&lt;4 years) – Ref. No. _____</li> <li>• Drug Calculations (100%) (&lt;3 months) – Date _____</li> <li>• Basic Life Support Assessment/CPR (HLTAID010 (3 years) &amp; HLTAID009 (annual), OR comparable annual Hospital/Institution Based Evidence) – Date _____</li> <li>• HHA eLearning Certificate (annual) – Date _____</li> <li>• Bloodsafe eLearning Certificate (annual) – Date _____</li> <li>• Manual Handling Certificate (annual) – Date _____</li> </ul>				
Evidence of Immunisations Sighted (circle evidence provided) <ul style="list-style-type: none"> <li>• Diphtheria / Tetanus / Pertussis (&lt;10 years) – Date _____</li> <li>• Hepatitis B – Serology Result (&gt;10IU/ml) _____</li> <li>• Measles – x2 vaccinations OR Serology _____</li> <li>• Mumps – x2 vaccinations OR Serology _____</li> <li>• Rubella – x2 vaccinations OR Serology _____</li> <li>• Tuberculosis screening – Chest Clinic Certificate or MO/IPC Manager clearance _____</li> <li>• Varicella – x2 vaccinations OR Serology _____</li> <li>• COVID (recommended) – Date _____</li> <li>• Influenza (recommended annually) – Date _____</li> <li>• Polio – self report of vaccination _____</li> </ul>				Instructions given to student if evidence not complete.

<b>THIS IS A CONTROLLED DOCUMENT</b>	
<b>APPROVED</b>	Paul Evans
<b>DESIGNATION</b>	CEO, ACHA Health
<b>DATE</b>	November 2024



	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>Comments</u>
Students have read and signed these policies as appropriate: ACHA policy 0.21 Privacy ACHA policy 2.510 Privacy Guidelines for Students/Work Experience ACHA policy 2.505 Confidentially Agreement Student Placements – Business Visitors ACHA policy 0.030 Code of Conduct				Instructions given to student if evidence not complete.
<b>Tour of the hospital</b>				
<b>Department Orientation Completed as below</b>				
<b>Orientation to area of work:</b> <ul style="list-style-type: none"> <li>• Introduction to staff &amp; Preceptors</li> <li>• Area Environment               <ul style="list-style-type: none"> <li>- Managers Office, Nurses Station, Handover area, Stores, Sluice Room, Linen, Document locations, Staff Toilets &amp; Lunch Room, PPE etc</li> <li>- Secure area to store personal belongings</li> </ul> </li> <li>• Fire &amp; Emergency Equipment &amp; Exits</li> <li>• Phone System &amp; Numbers</li> <li>• Patient Environment &amp; Call Bell System</li> <li>• Operation of beds</li> <li>• Manual Handling Equipment &amp; Use</li> <li>• Oxygen and suction equipment and daily checking</li> <li>• Medications &amp; DDA's</li> <li>• BGL Monitoring Equipment Location &amp; Use</li> <li>• Pharmacy Process</li> <li>• Education Resources</li> <li>• ACHA Intranet/Policies &amp; Procedure and other Guidelines</li> <li>• Roster Folder &amp; Allocations</li> <li>• Documentation</li> <li>• Admission, Clinical Handover &amp; Discharge processes</li> <li>• Specific patient care procedures /risk assessments/minimal observations etc.</li> <li>• Monitoring equipment</li> <li>• Medication storage processes and locations</li> </ul>				
<b>Comments:</b>				

**Facilitator /Preceptor Signature:** ..... **Date:** .....

I have received and understand the above information.

**Student Signature:**..... **Date:** .....

**Please return this signed form to your Clinical Facilitator.  
Form to be filed in the Student's file kept on site.**

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