

Ref. No.: 00.485
 Manual: Human Resources
 Section: HR Forms
 Subject: Mandatory Orientation Checklist –
 Students / Work Experience - ACHA

Issue Date: July 2011
 Revision No.: 6
 Last Review: Nov 2021
 Next Review: Nov 2024
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ACHA Mandatory Orientation Checklist for Students

Checklist must be completed within 48 hours of commencement of Placement

Student's Name:		Training Organisation:		
ACHA Site <input type="checkbox"/> Ashford <input type="checkbox"/> Flinders <input type="checkbox"/> Memorial		Placement Date(s): comm. / / comp. / /		
Department student is working in –		Orientation Date :		
Site Orientation Completed as below	YES	NO	N/A	Comments
Contact information for student- name, phone number, email				
Safety Induction Checklist completed				
Confidentiality agreement completed				
Provided with ACHA Infection Control Orientation pamphlet				
Information pertaining to the National S & Q Healthcare Standards				
General Information – <ul style="list-style-type: none"> • Key Personnel • Shift Times & Meal Breaks • Sick Leave • Dining Facilities • Car Parking • Allied Health Services • Patient Facilities • Documentation • Medication Administration & safety • Uniforms discussed • Admission & Discharge Processes • Assessment process discussed /meetings • Rosters • Clinical Facilitators • Preceptors • Quality & Safety • Incident reporting • Scope of Practice • Privacy & Confidentiality 				
Evidence Sited & Correct; <ul style="list-style-type: none"> <input type="checkbox"/> Police Clearance Ref number _____ <input type="checkbox"/> Working with Children ref number _____ <input type="checkbox"/> Student ID (Copy retained in record) <input type="checkbox"/> Evidence of drug Calculations (100%) <input type="checkbox"/> Basic Life Support Assessment /CPR expiry date ___/___/___ <input type="checkbox"/> Hand Hygiene eLearning Certificate <input type="checkbox"/> Bloodsafe eLearning Certificate 				Instructions given to student if evidence not complete
Evidence of Immunisations sited;(circle evidence provided) <ul style="list-style-type: none"> <input type="checkbox"/> Polio – Vac certificate / Statutory declaration <input type="checkbox"/> Diphtheria / Tetanus / Pertussis Vaccination within 10 yrs <input type="checkbox"/> Hepatitis B – Serology result >10 mmol – result _____ <input type="checkbox"/> Influenza – Vac certificate <input type="checkbox"/> Measles - X2 vaccinations/ Serology <input type="checkbox"/> Mumps - X2 vaccinations/ Serology <input type="checkbox"/> Rubella – X2 vaccinations/ Serology <input type="checkbox"/> Tuberculosis - Survey evidence / Chest clinical certificate <input type="checkbox"/> Varicella – Vac certificate / Serology <input type="checkbox"/> COVID Vaccination x2 doses – Vac certificate 				Instructions given to student if evidence not complete
Students have read or 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 –				

THIS IS A CONTROLLED DOCUMENT	
APPROVED	Paul Evans
DESIGNATION	CEO, Hospital Operations
DATE	December 2021

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Business Visitors ACHA policy 0.030 Code of Conduct				
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	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>Comments</u>
Tour of the hospital				
Department Orientation Completed as below				
Orientation to area of work: <ul style="list-style-type: none"> • Introduction to staff & Preceptors • Area Environment <ul style="list-style-type: none"> - Managers Office, Nurses Station, Handover area, Stores, Sluice Room, Linen, Document locations, Staff Toilets & Lunch Room, PPE etc - Secure area to store personal belongings • Fire & Emergency Equipment & Exits • Phone System & Numbers • Patient Environment & Call Bell System • Operation of beds • Manual Handling Equipment & Use • Oxygen and suction equipment and daily checking • Medications & DDA's • BGL Monitoring Equipment Location & Use • Pharmacy Process • Education Resources • ACHA Intranet/Policies & Procedure and other Guidelines • Roster Folder & Allocations • Documentation • Admission, Clinical Handover & Discharge processes • Specific patient care procedures /risk assessments/minimal observations etc. • Monitoring equipment • Medication storage processes and locations 				
Comments:				

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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