

Agency Staff Orientation Check-Off

Name _____ Agency _____

Date _____

Shift Mentor _____

Orientation Area	Agency Team Member Initials and Comments	Shift Mentor Initials and Comments
Policy/Procedure Review <ul style="list-style-type: none"> ○ COVID-19 policies ○ Infection Control policies; such as PPE, hand hygiene, cleaning of POC equipment, linen management ○ ANE policy and how/when to report ○ ADD policies specific to your team; such as elopement, Advanced Directives, fall prevention, policies specific to recent survey or active POC 		
Electronic Medical Records <ul style="list-style-type: none"> ○ Received login and password for EHR and/or POC documentation ○ Reviewed necessary documentation requirements <ul style="list-style-type: none"> ▪ CNAs- POC documentation, meal intake, showers, activities, etc. ▪ Nurses- Post fall and incident report documentation and notification guidelines, admissions, physician notification of status change, COVID assessments and screening, etc. 		
Facility Tour <ul style="list-style-type: none"> ○ Door Codes ○ Laundry/Dietary/Central Supply ○ Bathrooms/Breakrooms ○ Emergency Exits 		
Resident Orientation <ul style="list-style-type: none"> ○ Assignment Specific Resident Orientation 		

****Areas in red are to be adapted to fit your home's current process**

Any Questions or Follow up needed from Leadership?
