**NURSELine Shift orientation checklist**

For completion by NURSELine staff during initial orientation to a facility. Please forward a completed copy

to [clinicalfacilitator@nurseline.com.au](mailto:clinicalfacilitator@nurseline.com.au)

Please contact your immediate supervisor with concerns during your shift. If unavailable, please contact

NURSELine on 1800 688 180

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE:** | **FACILITY:** | | |
| **Orientation criteria** | **Yes** | **No** | **Comments** |
| Welcome & introduction to relevant staff & ascertain I/C |  |  |  |
| Tour of facility including amenities |  |  |  |
| Informed of number of patients/residents on ward/facility |  |  |  |
| Fire exits/plan and evacuation procedure and responsibilities – especially I/C |  |  |  |
| Shift responsibilities including: handover process, staff allocation, shift time-line, break times and tasks to be completed |  |  |  |
| Orientation to staff roster & staff contact list for staff replacements e.g. for sick leave |  |  |  |
| Use of telephone system and location of emergency and on-call numbers |  |  |  |
| Relevant keys, codes and passwords for computers /  medication systems / security doors |  |  |  |
| Emergency codes, policies & procedures;  Orientation to resus trolley |  |  |  |
| Safety & Risk Management, i.e. incident reporting, manual handling, infection control |  |  |  |
| Medication administration systems & documentation /  pharmacy ordering process |  |  |  |
| Patient/resident documentation expectations, care plans and NFR orders / procedures. |  |  |  |
| Resident/patient call system |  |  |  |
| Escalation / assistance procedures for behavioural management (including aggression management) |  |  |  |
| **END OF SHIFT RESPONSIBILITY** |  |  |  |
| Ensure completion of placement slip, signed by I/C nurse  **White copy →** client  **Blue copy →** email to NL to be paid |  |  |  |
| Return Keys, swipe cards/codes |  |  |  |
| Ensure you notify the I/C nurse that you have finished and are leaving facility. |  |  |  |

I have been provided with the information above, understood what is required and been given the opportunity to ask questions:

**NurseLine staff member: Signature:**

I have provided the information above to the NurseLine staff member and confirm that they demonstrate satisfactory understanding:

**Orientator: Signature:**

Version: October 2018

