



Fax to:  
1-888-439-2979  
(attention: Educator)  
when complete.

# CANADIAN HEALTH CARE AGENCY

*EXPERIENCE THE NORTH*

## ORIENTATION CHECKLIST – AGENCY COMMUNITY HEALTH NURSE

Upon arrival into a community for the first time, it is expected that the agency nurse will be provided with a clinic orientation, in order to familiarize themselves with the day-to-day operation and function of the health centre. The NIC may delegate this task to another colleague who is also familiar with the operations and functions of the health centre.  
Agency Nurse: \_\_\_\_\_ Community: \_\_\_\_\_ Date: \_\_\_\_\_

	<input checked="" type="checkbox"/> Checkmark Orientation Topic/ Area	NIC Initials	RN Initials
Arrival	<b>INTRODUCTIONS</b> <input type="checkbox"/> Introduced to NIC, nursing colleagues and clinic admin/ support staff. (and MD if applicable)		
	<b>ACCOMMODATIONS:</b> <input type="checkbox"/> Obtained and signed for keys to accommodations and clinic <input type="checkbox"/> Operation/ Forwarding of telephone system for on-call use (where applicable) <input type="checkbox"/> Emergency Telephone list <input type="checkbox"/> Drinking water (where applicable) <input type="checkbox"/> Staff Laundry and cleaning equipment (Vacuum/ Mop) <input type="checkbox"/> Garbage Disposal		
	<b>BASIC CLINIC TOUR AND LOCATION OF:</b> <input type="checkbox"/> Exam Room(s) <input type="checkbox"/> Emergency Room <input type="checkbox"/> Holding/ Obstetrical Room <input type="checkbox"/> Pharmacy <input type="checkbox"/> NIC Office <input type="checkbox"/> Laboratory <input type="checkbox"/> Patient / Staff Washrooms <input type="checkbox"/> Supply and Inventory Room <input type="checkbox"/> File Room <input type="checkbox"/> Charting Room <input type="checkbox"/> Linen Room/ Patient Laundry <input type="checkbox"/> Kitchen/ Break room		
	<b>CONTROLLED SUBSTANCES</b> <input type="checkbox"/> Narcotic Count done ASAP upon arrival. <input type="checkbox"/> Familiarization with narcotic locks/keys <input type="checkbox"/> Location of Narcotic Record <input type="checkbox"/> Narcotic Count done immediately prior to departure from community.		

<b>Clinic Orientation</b>	<b>CLINIC ORIENTATION:</b> <b>General:</b> <input type="checkbox"/> Oriented to Fire exits, all points of entry/exit, location of fire extinguishers, and fire alarms. <input type="checkbox"/> Location of Safe room (if applicable) <input type="checkbox"/> Location of Policies and Procedures manuals <input type="checkbox"/> Location of Clinical Practice Guidelines (FNIHB) <input type="checkbox"/> Location of Laboratory Manual <input type="checkbox"/> Location of Drug Formulary <input type="checkbox"/> Familiarization with Pharmacy layout / equipment <input type="checkbox"/> Oriented to vehicle policy, log and location of keys (if applicable)		
	<b>Clinic Room:</b> <input type="checkbox"/> Computer log-on (if applicable) <input type="checkbox"/> Telephone list, clinic staff numbers, community contact numbers <input type="checkbox"/> On-Call phone procedure (transferring/ call forwarding/ security answering etc.) <input type="checkbox"/> Call schedule for both CHNs and MDs <input type="checkbox"/> Oriented to assigned programs <input type="checkbox"/> Oriented to MD/ Specialist referral procedure <input type="checkbox"/> Location of extra forms, requisitions, consents etc. <input type="checkbox"/> Oriented to Obstetrical cart and neonatal warmer		
	<b>Laboratory</b> <input type="checkbox"/> Familiarization with Specimen handling, shipping procedures <input type="checkbox"/> Familiarization with centrifuge <input type="checkbox"/> Location of vaccine refrigerator thermometers and record <input type="checkbox"/> Location of Quality Control record and equipment for Point-of-Care testing		
	<b>Emergency Room:</b> <input type="checkbox"/> Familiarization with Emergency Room layout/ equipment (IV pump, nebulizer, ECG, BairHugger etc.) <input type="checkbox"/> Medevac protocol/ procedure reviewed <input type="checkbox"/> Crash Cart check done on arrival <input type="checkbox"/> Defibrillator check done on arrival <input type="checkbox"/> Extra Oxygen tanks, wrenches, tubing,		
Comments:			