

Induction Form



Name of Staff: _____ Grade: _____ Date: _____

Name of Home: _____ Nurse-in-Charge: _____

- This form is to be completed by all Staff Nursing Care Assistants and Registered Nurses at the start of their first shift in any Nursing or Residential Home, if possible with the Nurse-in-Charge
- Complete all sections relevant to your grade

Emergency Procedures:

- Fire Panels
- Emergency Exits
- Evacuation procedure
- Meeting place in event of fire
- Emergency contacts & phone numbers
- Resuscitation equipment
- Telephone # out OR Code for Front Door and any other codes

Tick	Charge Nurse Initial

Shift Handover:

Resident Handover:

- Special diets e.g. Diabetic, Soft diet, Purée, Supplements
- Identification of Residents requiring hoisted
- Residents on peg feed / syringe driver
- Residents with colostomy / urinary catheter
- Residents with tracheostomy

Identification of medicine cupboards including controlled drugs

- **Checking Controlled Drugs**

- Identification of Resident care plans
- Identification of Policies & Procedures
- Swipe card procedure (if applicable)

Layout of Home :

- Linen store
- Pad store
- Toilets / Bathrooms
- Sluices
- Dining rooms
- Buzzer panel
- All staff areas
- Other(specify):

