

HOST EMPLOYER
INDUCTION CHECKLIST
1MEDICAL

PURPOSE

This checklist is a guide to assist the host employer (person conducting a business or undertaking (PCBU) in the induction process of labour hire workers, group training apprentices and trainees.

The host PCBU must provide labour hire workers, group training apprentices and trainees with a workplace specific induction. This will usually cover all the work health and safety elements particular to the workplace and the tasks they will be performing.

NOTE: Please be advised this information has been sourced by a Health and Safety Regulator and will act as a reference guide.

MANAGING SAFETY

	Yes	No	Action required if 'no'
Has the worker been inducted on work health and safety policies and procedures?			
Has the worker been provided with detailed information about the type of work they will be doing, including any health and safety risks?			
Has someone appropriately skilled or knowledgeable shown the worker how to do the job and ensured instructions were satisfactorily understood?			
Has the worker been shown where to safely and securely store their personal property?			
Has the worker been shown around the workplace, the entry and exit points, amenities and meal room?			
Has the worker been shown the location of first aid facilities and provided with the details of the first aid officer?			
Has the worker been shown any places they should not go and told why they should not go there?			
Has the worker been advised to speak to their supervisor if they do not understand the instructions they are given, or are unsure of what to do or need help?			
Has someone suitably skilled and knowledgeable shown the worker any machinery or equipment that they may be required to operate? Are they aware of the safe operating procedures?			
Has someone suitably skilled and knowledgeable shown the worker any materials and/or substances to which they may be exposed and the safe systems of work to manage the risk of exposure?			
Has the worker been provided with information on hazard identification including but not limited to pre-start safety checks, damaged or faulty equipment and how to report any issues?			
Has the worker been provided with training on any relevant safety manuals or procedures, including but not limited to standard operating procedures (SOPs), safe work procedures (SWPs) and safe work method statements (SWMS)?			

EMERGENCY MANAGEMENT

	Yes	No	Action required if 'no'
Has the worker been informed of what to do in case of an emergency including but not limited to what the evacuation alarm sounds like, where the evacuation assembly point is and how to identify the wardens?			
Has the worker been provided with details and informed how to call the fire brigade, police or ambulance, and the location to provide emergency services?			

PERSONAL PROTECTIVE EQUIPMENT

	Yes	No	Action required if 'no'
Does the worker have all the required personal protective (PPE) including, but not limited to, hard hat, goggles or safety eye glasses, gloves, boots, aprons, and hearing protection? PPE such as P2/N95 masks must be fit tested before a worker wears them. It is recommended to document and keep evidence of all training and fit testing records.			
Has the worker been provided with instruction on how to use the PPE and wear it correctly, including where to store it, discard it, and when and how to get replacements?			

RAISING AN ISSUE

	Yes	No	Action required if 'no'
Has the worker been informed that all physical and psychological safety issues are to be reported?			
Has the worker been advised of the hazard and incident reporting and documentation mechanisms in place?			
Has the worked been informed what to do and who to tell if they are injured or are unwell at work, and where to get help and first aid?			
Has the worker been informed who to contact if they are unable to come to work due to illness or injury and to report to the supervisor if they cannot continue their shift due to illness or injury?			
Has the worker been told what the procedure is for resolving grievances and issues?			

CONSULTATION

	Yes	No	Action required if 'no'
Has the worker been informed of the work health and safety consultation arrangements in place?			
Has the worker been introduced to the Health and Safety Representative, if available?			

INTRODUCTION AND KEY CONTACTS

	Yes	No	Action required if 'no'
Introduction to unit staff (multidisciplinary) and any ancillary/supporting staff?			
Introductions to/advise who is in the hierarchy (positions and people) through to Executive Director relevant to requirements?			
Phone lists/directories?			
Health and Safety Representative/contact for the work unit?			
Introduction to allocation of patients?			

ENVIRONMENT

	Yes	No	Action required if 'no'
Car parking arrangements for your facility/work unit?			
Location of shared facilities (tea room, staff toilets, staff lockers/photocopiers/stationery supplies)?			
Location of handwashing facilities (soap, water and alcohol-basedhand rub)?			
Protocols for replacing/ordering handwashing supplies = reinforce work unit commitment to hand hygiene?			
Location of patient rooms, bathrooms, bed numbering system, nurse call system?			
Location of PPE and isolation signage?			

Document Owner: Managing Director Document Approver: Managing Director Version A. Date 07/06/2023



COMMUNICATION

	Yes	No	Action required if 'no'
Overview of communication systems used by work group as relevant to their role: Phones Computers Communication books/boards Mailing Lists Network drive access relevant to work unit and role			
General referral pathways?			
Patient care meetings?			
Overview of ward daily routine including clinical handover at the bedside and clinical documentation requirements?			
Hourly rounding?			
Process for wards person assistance?			
Paging systems (if applicable)?			
Pathology collection system (if applicable)?			