

Manager: The Local Area Induction should be completed on the initial deployment of a casual staff or pool member to each individual unit. Tick off each topic as they are discussed, shown and or completed.

Employee: Read Induction form carefully. Actively participate in the Local Area Induction. Unit specific Induction should be completed by a permanent staff member. On completion of the Local Area Induction, declaration is to be signed.

# Generic Information (bank/agency staff member to read)

#### **General Health and Safety:**

- All policies and procedures are found on Austin Health Intranet 'Workforce Health Safety & Wellness'
- "DeBug" to be utilized as first defence in hand hygiene. Found throughout all departments

#### **Emergency Information:**

- Internal Emergency Number is 7777
- . In the event of an emergency the person in charge of the department will be the Area Warden and can be identified by a yellow hat. The Area Warden will take control in the event of an evacuation & will direct you to assembly points

Emergency response code descriptors are posted in all departments

#### Safe Work practices:

- All incidents to be reported to person in charge and then recorded on RIskman (VHIMS). Staff member in charge can assist.
- All clinical policies are found on Austin Health Intranet ePPIC

### **Emergency Information**

#### Topic for discussion:

**√** X Emergency Exits and Assembly Points (incl. Internal exits) Fire Alarm /Break Glass Alarm (BGA) locations Safe Work Practices √ Х Topic for discussion: Location and correct use (if likely to utilise during shift) of Manual Handling Equipment Location and correct use (if likely to utilise during shift) of Personal Protective Clothing & Equipment Location and correct use (if likely to utilise during shift) of any ward specific Dangerous Goods & Hazardous Substances Other relevant information **√** X Topic for discussion: Staff introduction, including Area Warden Unit layout and amenities Unit specific cleaning procedures (applicable for PSA's) Specific hazards related to the unit

## Worker Declaration My signature below indicates that I have read this form and participated in local area induction for this unit Pool/Bank / Agency & designation: Worker Name: Worker Signature: Department / Location: Signature of person providing orientation: Date:

This Checklist shall be retained in the department / area where induction is completed.