

## Environmental Orientation Checklist

<i>Name</i>		<i>Designation</i>	
Discuss	Specific Criteria	Y or N/A	Completed
<b>Environment</b>	Layout of the ward /check access		Signed
	Visitors reception/facilities		
	Sluice		Date
	Linen Store		
	Stores		
Staff Facilities			
<b>Staff Uniform &amp; Roles</b>	Doctors		Signed
	Registered Nurses		
	Healthcare Assistants		Date
	Physiotherapists		
	Pharmacists		
	Dietician		
Ward Clerks			
<b>Fire Policy/Procedure</b>	Location of fire panels		Signed
	Location of break glass points		
	Fire exits		Date
	Hoses and Fire Extinguishers		
	Evacuation Procedure		
	<ul style="list-style-type: none"> <li>• equipment</li> <li>• evacuation area</li> </ul>		
	Fire Alarm Tests		
<b>Resuscitation Equipment</b>	Location of Resuscitation Trolleys		Signed
	Content of trolley		
	Location of airway trolleys		Date
	Content of trolley		
	Checking Procedure		
Restocking procedure			
<b>Other Emergency Equipment</b>	Location of portable oxygen		Signed
	Checking/Ordering O <sub>2</sub> cylinders		
	Location of transfer equipment		Date
	Emergency procedure trays/trolleys		
<b>Emergency Procedures</b>	Emergency call bell		Signed
	Equipment Alarms to be aware of		
	<ul style="list-style-type: none"> <li>• monitors</li> <li>• Infusion pump</li> <li>• Other (please state)</li> </ul>		Date
	Emergency Bleep System		
<b>Storage Areas</b>	Equipment		Signed
	CSSD procedures		
	Documentation & Stationary		Date
<b>Visitors</b>	Visiting Hours		Signed
	Number of visitors to bed		
	Visitor information leaflets		Date
<i>Person who is supporting the Induction</i>			
<i>Name</i>	<i>Signature</i>	<i>NMC Number</i>	<i>Date</i>
<i>New Staff member</i>			
<i>Name</i>	<i>Signature</i>	<i>NMC Number(if applicable)</i>	<i>Date</i>

**The checklist must be completed fully and signed by both yourself and the person doing the orientation.**