## New Peer/Experiential Worker Orientation Checklist

Peer/Experiential Worker name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date hired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person providing orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These action items must be completed within the first three shifts or first two weeks of the start date of the peer/experiential worker, whichever comes first. They are listed in no particular order.

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Initials (trainer) | Initials (worker) | Comments |
| 1. Supervisor name:

 Contact Info:  |  |  |  |
| *Position-specific duties and responsibilities* |
| 1. Review contract, including fitness for duty requirements, penalty procedures, break policies, and codes of ethics & confidentiality.
 |  |  |  |
| 1. Position Description
 |  |  |  |
| 1. Parameters of probation period, if applicable
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| 1. Timesheet/clocking in & out systems
 |  |  |  |
| 1. Shift scheduling procedures
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| 1. Salary and Payment procedures
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| 1. Vacation and sick time
 |  |  |  |
| 1. Benefits and medical leave
 |  |  |  |
| 1. Review opening and locking-up procedures
 |  |  |  |
| 1. Indicate break room and storage for personal belongings
 |  |  |  |
| 1. Review periodic training to be completed
 |  |  |  |
| 1. Review schedule and structure of staff meetings
 |  |  |  |
| 1. Review location-specific guidelines
 |  |  |  |
| 1. Review technology procedures (e.g: computer databases, iPads, cellphones… etc.)
 |  |  |  |
| 1. Introduce worker to relevant coworkers
 |  |  |  |
| *General rights and responsibilities* |
| 1. General duties of employers, workers and supervisors
 |  |  |  |
| 1. Worker right to refuse unsafe work and procedure for doing so
 |  |  |  |
| 1. Worker responsibility to report hazards and procedures for doing so
 |  |  |  |
| *Workplace health and safety guidelines* |
| 1. Review smoking policies & safer smoking basics
 |  |  |  |
| 1. Review safer cleaning techniques for OPS and SIS
 |  |  |  |
| 1. Review safe sharps management procedures
 |  |  |  |
| 1. Review needle-stick injury risk reduction, response and follow-up
 |  |  |  |
| 1. Overdose prevention response manual
 |  |  |  |
| 1. Review HIV transmission basics
 |  |  |  |
| 1. Review HCV/HepC transmission basics
 |  |  |  |
| 1. Safer injecting basics
 |  |  |  |
| *Known hazards and how to deal with them* |
| 1. Review latest information from the BC Centre for Disease Control about fentanyl exposure and managing risk
 |  |  |  |
| *Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations* |
| 1. Review basics of cultural safety
 |  |  |  |
| 1. Review respectful workplace policy
 |  |  |  |
| 1. Introduce verbal de-escalation techniques
 |  |  |  |
| 1. Review criteria for banning individuals from the premises
 |  |  |  |
| 1. Review policies for interacting with emergency responders (firemen, police, paramedics)
 |  |  |  |
| 1. Review protocol for documentation of emergencies
 |  |  |  |
| 1. Review policies for police entry
 |  |  |  |
| 1. Review procedures for receiving a complaint from the community
 |  |  |  |
| 1. Review system for accessing support after-hours, when no manager is on site
 |  |  |  |
| *Personal protective equipment – what to use, when to use it, where to find it* |
| 1. Indicate location of: Gloves, eyewear, masks
 |  |  |  |
| *First Aid* |
| 1. Indicate location of first aid kits
 |  |  |  |
| 1. Specify primary response contacts
 |  |  |  |
| *Emergency procedures* |
| 1. Indicate locations of emergency exits and meeting points
 |  |  |  |
| 1. Indicate locations of fire extinguishers and fire alarms
 |  |  |  |
| 1. Review how to use fire extinguishers
 |  |  |  |
| 1. Review emergency protocol
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| 1. Review power outage policy
 |  |  |  |
| 1. Review earthquake policy
 |  |  |  |
| 1. Review policy for the reception of a violent threat
 |  |  |  |
| *Contacts for the occupational health and safety committee* Name: Phone Number: |
| *Support* |
| 1. Review development goals that the worker has that the supervisor could help them achieve
 |  |  |  |
| 1. Establish worker accessibility needs and any associated supports needed
 |  |  |  |
| 1. Establish known boundaries and triggers with supervisor
 |  |  |  |
| 1. Share supports available to the worker (e.g: support groups, team outings, art therapy, peer debriefing… etc.)
 |  |  |  |
| *Training modules to be completed before shifts start (if appropriate as per health authority)*  |
| [Organization to list training modules here] |  |  |  |
| *Complete 3 paid shadow shifts* |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have completed each action item on this orientation checklist with the assistance of my supervisor.

Signature of new worker Signature of supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date:

**Note:** This checklist was created by peers/experiential workers that currently work in similar roles, in consultation with their managers. Organizations are welcome to tailor the checklist as per their needs.