This checklist is to assist supervisors/managers to induct all personnel to the School of Health Clinical Simulation Lab. This includes:

* ‘Workers’ (including permanent, fixed term, casual, volunteer);
* Visitors;
* Students; and
* Contractors.

|  |  |  |  |
| --- | --- | --- | --- |
| **Induction Details** | | | |
| Induction year group |  | Name of Inductor |  |
| Trimester |  | Position |  |
| UNE Work Location |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Induction Items** | | | |
| **Item Discussed** | **Yes** | **No** | **n/a** |
| Welcome/Introduction |  |  |  |
| Self |  |  |  |
| Assistant |  |  |  |
| Office |  |  |  |
| Email, practice appointments etc. |  |  |  |
| Individual Responsibilities | | | |
| Students understand their responsibility to watch the WHS video and undertake the Quiz (found in all HSNS units that have a lab component) once a year. Compliance will be monitored. |  |  |  |
| Students understand their responsibility to read and sign the Student Conduct Policy,(found in Units 162, 264 & 206) and ensure compliance at all times in regard to:  • Shoes  • Uniforms  • Hair  • Jewellery  • Bags  • Phones |  |  |  |
| Inductee understands their duty to ensure health and safety of self and others, and their duty to cooperate and follow reasonable WHS instructions |  |  |  |
| Sharps | | | |
| Inductee understand they must dispose of all sharps in Yellow Sharps containers ONLY |  |  |  |
| Inductee understand they are NOT to dispose of Sharps in any other container, garbage bin or linen skips, and take note of NO SHARPS signs |  |  |  |
| Reporting | | | |
| The requirement and method for reporting incidents, injuries and hazards is understood i.e. direct to supervisor/manager. More information on reporting is found at Safety Hub: <http://www.une.edu.au/safety/report-all-injuries-and-hazards> |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Discussed** | **Yes** | **No** | **n/a** |
| Emergency Procedures | | | |
| The evacuation routes are known |  |  |  |
| The assembly area is known |  |  |  |
| Emergency Warden/s is/are known |  |  |  |
| First Aid Officer is known |  |  |  |
| The location of first aid kits are known |  |  |  |
| Emergency contact numbers are known i.e. 000 in any emergency and 6773 2099 for UNE Safety and Security |  |  |  |
| Inductee has been advised that fire doors may close without warning in the event of a drill or actual evacuation |  |  |  |
| Amenities | | | |
| Inductee has been shown where the amenities are including toilets and kitchen, along with drinking water |  |  |  |
| Inductee is aware of lockers for their use |  |  |  |
| Waste disposal practices have been explained |  |  |  |
| Procedure Compliance | | | |
| Inductee understand they are not to use equipment until instructed to do so |  |  |  |
| Inductee understand they are to pack away all equipment & chairs and leave lab clean and tidy at the end of all sessions |  |  |  |
| Inductee understand the requirement to book lab practice sessions with the Lab Tech |  |  |  |
| Hazardous Chemicals (if relevant to job role) | | | |
| Inductor to explain UNE subscription to ChemWatch and access to Safety Data Sheets (SDSs). Relevant training to be organised. |  |  |  |
| Specific induction required for use of Liquid Nitrogen or Dry Ice |  |  |  |
| Risk Management |  | | |
| Inductee is to participate in additional training specific to the work area or job tasks to be performed |  |  |  |
| Relevant Job Safety Analysis’ (JSA) have been reviewed |  |  |  |
| Please list additional induction and training requirements or JSA details/requirements here | | | |
| Personal Protective Equipment (PPE) requirements have been explained and PPE supplied to the inductee that is fit for purpose |  |  |  |
| Specific licenses or qualifications have been sighted and recorded, relevant to the job tasks to be performed by the inductee |  |  |  |
| Special Needs | | | |
| Does the Inductee have special needs relating to mobility, language, hearing impairments? If yes, please contact the WHS Team on x4269 or [whs@une.edu.au](mailto:whs@une.edu.au) if assistance is required. |  |  |  |
| Does the Inductee believe they could have difficulty evacuating in the event of an emergency? If yes, a Personal Emergency Evacuation Plan (PEEP) can be developed with assistance from the WHS Team. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Discussed** | **Yes** | **No** | **n/a** |
| Volunteers | | | |
| If the inductee is a volunteer please ensure WHS F034 Volunteer Acknowledgement Form is completed. The volunteer inductee understands that they are not covered by the UNE Workers Compensation Insurance |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sign off** | | | |
| Inductor name |  | Inductor signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sign off – participant/s** | | | |
| Name | Signature | Name | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| ***Records Storage Instructions*** |
| *This completed form must be recorded in TRIM Container A17/3408 utilising a TRIM license in the School of Health.* |