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Employee Health and   
Safety Orientation Checklist

**For Use in the Health Sector**

**Updated: January 22, 2025**

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# For Use in the Health Sector

## How to Use This Document

1. Use this checklist to ensure new employees are thoroughly oriented to workplace health and safety policies and practices.
2. This document is customizable; adjust it to align with your organization's specific processes and regulatory requirements.
3. Supervisors or HR personnel should complete the checklist with the employee during the orientation process.
4. Keep a signed copy in the employee’s personnel file as a record of completion:

# Employee Details

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orientation Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Orientation Checklist

**1. General Health and Safety Information**

* Review of **Occupational Health and Safety Act (OHSA)** and employee rights under the law.
* Introduction to the Joint Health and Safety Committee or Health and Safety Representative.
* Explanation of the organization's Health and Safety Policy.
* Overview of **Workplace Hazardous Materials Information System (WHMIS)** training requirements.
* Review of emergency contact numbers and procedures.

**2. Workplace Hazards and Controls**

* Identification of specific hazards in the healthcare environment (e.g., biological, chemical, ergonomic).
* Training on hazard control measures, including proper use of personal protective equipment (PPE).
* Overview of infection prevention and control protocols, including hand hygiene practices.
* Explanation of handling, storage, and disposal of hazardous substances.
* Guidance on safe patient handling procedures to prevent musculoskeletal injuries.

**3. Emergency Procedures**

* Familiarization with emergency exits, routes, and assembly points.
* Training on fire prevention and response, including use of fire extinguishers.
* Overview of procedures for medical emergencies (e.g., cardiac arrest, needlestick injuries).
* Explanation of protocols for dealing with violent or aggressive behavior.
* Location and use of emergency equipment (e.g., eyewash stations, spill kits, AED).

**4. Incident Reporting and Investigation**

* Process for reporting workplace injuries, illnesses, and near misses.
* Overview of accident investigation procedures.
* Explanation of forms and documentation required for reporting incidents.

**5. Workplace-Specific Training**

* Orientation to specific equipment and tools used in the workplace.
* Training on proper body mechanics for lifting and moving patients.
* Explanation of work schedules, shifts, and break times.
* Introduction to policies on working alone, if applicable.
* Familiarization with security measures and access protocols.

**6. Policies and Procedures**

* Review of workplace harassment and violence prevention policies.
* Overview of infection control procedures, including vaccination requirements.
* Explanation of privacy and confidentiality policies.
* Overview of return-to-work programs following injury or illness.

# Employee Acknowledgment

I acknowledge that I have received and understood the Health and Safety Orientation as outlined above. I understand my responsibilities to comply with workplace health and safety policies and procedures.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** [Insert Date]

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** [Insert Date]

***Disclaimer:*** *This document is provided as a template to assist employers in Ontario’s health sector. It is not a substitute for legal advice. Employers should consult with a legal or HR professional to ensure compliance with applicable laws and regulations. ProSupport HR Partners assumes no liability for the use of this document.*

**Please delete the last page once you are done.**

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