

# HALO Induction checklist

Location / customer:	Date and time of induction:		
Mentor name:	Inducted by:		
<b>Participant specific items</b>			
Participant Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Behaviour Support Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Authorised Restrictive Practices</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical – _____, PRN/Routine			
Mechanical – _____, PRN/Routine			
Environmental – _____, PRN/Routine			
Chemical - _____, PRN/Routine			
OPA, PT and other guardianship orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular medication (where to find medication charts, signing, where to find, how the individual has medication(s) administered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRN medication and indications of use – what to look for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress notes – what to document, designation and sign off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charts – how to complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine information, pick up/drop off location, support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional data / documentation – where to access, how to complete (do you know who to send to?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Location specific information</b>			
Key location details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe details (access code, storage requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House access information (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle use procedures – odometer readings start and finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handover procedure (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency and medical support</b>			
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medication (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor, specialists, allied health – where to find this information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency services – Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>			
Access4u HALO Out of hours – number to contact in emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop access – login, location specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to access Y: drive (files, templates, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies and procedures – where to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read through 'Where to find document'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance records (where to find, process of recording and receipts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are any details you do not understand, ask for clarification before signing.

By signing below you confirm you have read the stated documentation. You acknowledge that you have reviewed all the documents referenced in the checklist and you have received details specified.

You confirm that you have been provided with all the information outlined in the document.

You acknowledge you are responsible for the implementation of authorised restrictive practices prescribed for [Click to enter customer name](#). as per routine and PRN (as required)

Mentor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Inducted by: \_\_\_\_\_

Date: \_\_\_\_\_