

## **Provincial Travel Nurse Team New Employee Orientation Checklist**

| Employee Information  |  |   |
|---|--|---|
| Employee Name:  |  |   |
| Orientation Date (DD/MMM/YY):   |  |   |
| Prior Surname(s) (if applicable):   | MS username:                                   |   |
| Checklist   |  | Date Completed  |
| Note: If not applicable based on job function write 'N/A' in Date Co  | ompleted column and initial                    | DD/MMM/YY   |
| 1.0 To Complete PRIOR to Onboarding Day   |  |   |
| Security Checks for Employment – (must be submitted to your manager within the first 6 months of employment)  Policy: <a href="http://home.wrha.mb.ca/corp/policy/files/20.30.040.pdfhttps://policies.sharedhealthmb.ca/document/10/human-resources/945/320-100-136-security-checks-for-employment.pdf">http://home.wrha.mb.ca/corp/policy/files/20.30.040.pdfhttps://policies.sharedhealthmb.ca/document/10/human-resources/945/320-100-136-security-checks-for-employment.pdf</a> |  | Date original or 'true copy' sent to Shared Health HR CRC CARC AARC |
| Proof of education (degree/diploma/license) sent to PTNT Clerical Team  SHProvincialTravelNurseTeam@sharedhealthmb.ca   |  |   |
| Shared Health photo identification  Send passport like photo to PTNT clerical team. ID will be mailed to home address in weeks following submission  SHProvincialTravelNurseTeam@sharedhealthmb.ca  |  |   |
| Create Learning Management System (LMS) account with work email (if you do not already have an account)  LMS: https://sharedhealthmb.learnflex.net/include/login.asp  |  |   |
| Set Up Multi-Factor Authenticator App If you have not already done so. Please reference Welcome email attachments   |  |   |
| Login to Shared Health Email: Outlook Web App   |  |   |
| Download Shift Link App on mobile device of choice  |  |   |
| Application is also available on a desktop computer. Account information for new +  | existing users will be reviewed in orientation |   |
| Shift Link App: Existing users must add a secondary employer to   | their account                                  |   |
| Employer: Provincial Shift Link Code: Reach out to our team for the code  |  |   |
| LMS- Link your SAP + QHIRS ID to LMS Account  |  |   |
| SAP ID is your WRHA/ Shared Health Employee ID, QHIRS ID is your employee ID for all other regions  |  |   |
| Submit all educational certifications, N95 Fit Tests & Safe Pat educators: PTNTEducators@SharedHealthMb.ca  Heart and Stroke BLS certification must be obtained as initial or subsequent renew will not be recognized by our program as an equivalent.  | _  |   |
| 2.0 To Complete Day of Orientation  |  |   |



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| Staff to Attend Virtual Orientation + Complete Emailed Evaluation of Orientation Presentation Staff must upload all continuing education certificates that have not yet been submitted to the educators and indicate the specific sites and units that they wish to have opened in ESP. Staff cameras must be on for the duration of the presentation for attendance. |                             |  |  |
| 2.1 LMS Modules to Be Completed on Onboarding Day   |                             |  |  |
| Please work through additional required LMS courses as able on orientation day  |                             |  |  |
| Blood Transporter- (20 minutes)   |                             |  |  |
| Renewal required every year   |                             |  |  |
| eChart Fundamentals- Online (40 minutes) Please select the ONLINE version as it is the latest version of eChart Manitoba  |                             |  |  |
| Fire Safety Code Red – eLearning-21 (30 minutes)  |                             |  |  |
| Renewal required every year   |                             |  |  |
| Hand Hygiene - eLearning-16 (15 minutes) Renewal required every 2 years   |                             |  |  |
| HSC- Safe Patient Handling- Theory Presentation (45 minutes)  |                             |  |  |
| Personal Protective Equipment – eLearning-17 (15 minutes) Renewal every 2 years   |                             |  |  |
| PHIA for Health Care - eLearning-20 (20 - 40 minutes) Renewal required every 3 years  |                             |  |  |
| Pyxis: Medstation Basics (15 minutes)   |                             |  |  |
| Respectful Workplace – PMH-201 (35 minutes)   |                             |  |  |
| Transfusion Medicine Best Practice- (45 minutes)  |                             |  |  |
|   | Renewal required every year |  |  |
| Workforce ESP: Employee Self Service (30 minutes)   |                             |  |  |
| 2.2 LMS Modules to Be Completed within your 3-month probationary period  Nurses ESP Workspace will NOT be activated/accessible until all modules have been completed and certifications submitted   |                             |  |  |
| Abuse and Neglect- Your Reporting Requirements- Revised as of April 1, 2025 (45 mins) If module was completed prior to April 1st, 2025, staff will be required to re-do it due to updated legislature   |                             |  |  |
| Accessibility for Manitobans – Customer Service - eLearning-7 (35 minutes)  |                             |  |  |
| Accessible Information and Communication standard- (35 minutes)   |                             |  |  |
| Active Offer in Healthcare (10-15 minutes)  • English: LMS-2016   |                             |  |  |
| French: LMS-2016  |                             |  |  |
| Active Shooter – Armed Intruder – PMH-239 (10 minutes)  |                             |  |  |
|   |                             |  |  |
| B. Braun Infusomat Infusion Pump [For Acute Care Nurses Only] (60 minutes)  | _                           |  |  |
| B. Braun Infusomat Infusion Pump [For Acute Care Nurses Only] (60 minutes)      *Intro to EPR (15 minutes)  |                             |  |  |
|   |                             |  |  |
| *Intro to EPR (15 minutes)  |                             |  |  |



| EPR Documents- Creating and Editing (25 minutes)  |  |
|---|--|
| Falls Prevention (30 minutes)   |  |
| Harm Reduction (60 minutes)   |  |
| Hazardous Medication and Waste Safe Handling (15 minutes) Renewal every 2 years   |  |
| Medication Reconciliation (MedRec) (45 minutes)   |  |
| NEWS2: National Early Warning System (30 minutes)   |  |
| OESH Orientation (30 minutes)   |  |
| Point of Care Risk Assessment – eLearning-18 (15 minutes)   |  |
| Safe Patient Handling- Hands on Presentation  Renewal required every 3 years - To be booked by educators at respective sites if you do not have an up-to-date certificate  Shared Health Safe Patient Handling Reference Videos: SH- Safe Patient Handling Reference Videos   |  |
| Shared Health - Virtual New Employee Orientation - LMS-1576 (150 minutes)  To be taken within the first six (6) months of employment. Sign up for the course through LMS.  If you have completed a Regional New Employee Orientation within the last 5 years and provide documented proof of attendance to the PTNT Educators, then you are not required to complete this module. |  |
| Suicide Assessment, Intervention + Monitoring (30 minutes)  |  |
| Violence Prevention: Cultural Safety & Trauma Informed Care - eLearning-15 (15 minutes)   |  |
| Violence Prevention: How the Brain Works – eLearning-14 (15 minutes)  |  |
| Violence Prevention Unit 1 – eLearning-8 (30 minutes)   |  |
| Violence Prevention Unit 2 – eLearning-9 (45 minutes)   |  |
| Violence Prevention Unit 3: WRHA/Shared Health - eLearning-10 (20 minutes)  |  |
| Violence Prevention Unit 4 - eLearning-11 (40 minutes)  |  |
| WHMIS – LMS-1207 (30 minutes) Renewal required every 3 years  |  |
| Wound Care Level 1-1: Wound Prevention (30 minutes) Renewal every 2 years   |  |
| Wound Care Level 1-2b: Types of wounds for health care professionals (30 minutes)  Renewal every 2 years  |  |
| Wound Care Level 1-3: Wound Assessment (30 minutes) Renewal every 2 years   |  |
| Wound Care Level 1-4: Wound Treatment (30 minutes) Renewal every 2 years  |  |
| 3.0 To Be Completed POST Orientation Day  |  |
| SOGICA Vault - Sign up for pay statements after your first pay period<br>Create Your Account and Log In   |  |
| Login to Workforce ESP Account – Kronos Workforce Central(R)  |  |
|   |  |



| New Users: Once sites have been added, staff must log in from a digital health computer in order to activate added sites and bid on shifts   |                                |
|--|--------------------------------|
| Nurses are responsible to verify the accuracy of their ESP portal prior to each pay period and notify team manager of any discrepancies  |                                |
| Review PTNT Sick Call Procedure  Nursing - Shared Health - Health Providers  |                                |
| Service Delivery Organization Logins   |                                |
| Ensure that you have received <u>all</u> your domain logins for each region [PMH, SHSS, IERHA, SH, & NRHA]. If not, contact PTNT clerical team at <u>SHProvincialTravelNurseTeam@sharedhealthmb.ca</u> |                                |
| Creating HEB Manitoba Portal Account   |                                |
| Create and log-in to account. Review and complete benefits, pension and life insurance package information if applicable. Tax statements available annually in your account                            |                                |
| Review the Shared Health- Provincial Travel Nurse Team Resources Webpage  Nursing - Shared Health - Health Providers  Staff must review the Sick Call Process document                                 |                                |
| Employee Declaration   |                                |
| I acknowledge that I have been provided a department specific orientation as outlined in this document and that my questions have been answered to my satisfaction                                     |                                |
| Employee Name (print):   |                                |
| Date (DD/MMM/YY):  |                                |
| Manager/Educator Declaration   | Employee<br>Signature:         |
| I confirm that the department specific orientation has been competed as outlined in this document and that the employee has received all necessary explanations where required                         |                                |
| Manager/Educator Name (print):   |                                |
| Date (DD/MMM/YY):  |                                |
|  | Manager/Educator<br>Signature: |
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