[PRIMARY CARE PRACTICE NAME AND/OR LOGO]

Nurse in Practice Program  
Hiring a Nurse into Practice Checklist

Use this checklist to review the new hire process at the practice. It guides onboarding and assists office staff in organizing the procedure. Feel free to adapt it to meet specific needs as necessary.

### Complete onboarding tasks – for Day 1 preparation

* Insurance and benefits enrollment (if applicable)
* Set up payroll and taxes (Direct Deposit Form)
* Make sure your [WorkSafe BC](https://www.worksafebc.com/en/health-safety/create-manage/rights-responsibilities) registration is up-to-date, including paid premiums and accurate employee numbers. Keeping a current clearance letter is a good practice to verify that your practice is in good standing. If you need help, email [SWTCH BC](mailto:CPHS@switchbc.ca).
* Access key(s) and parking (if applicable)
* Access to EMR and, healthcare technology platforms
* Other applicable administrative software (e.g. emails, texting)

### Share employment information – For Day 1 Orientation

Ensure a new employee understands the employment conditions and obligations specific to the practice:

* Hours of work and schedule, additional time, and overtime
* Vacation and holidays, absence from work
* Working remotely (if applicable)
* Workstation and computer use
* Team meetings and regular check ins
* Provide copy of the Orientation Plan

### Retain employment records – For First Week Orientation

Give the documentation to the new employee for their review and signature and collect other documents related to employment and qualifications. Keep their record in their employee file using this checklist:

* Clean copy of resume and cover letter
* Emergency contact information
* Qualifications and education (photocopies)
* Confidentiality Agreement ([see attached template](#_CONFIDENTIALITY_AGREEMENT))
* Conflict of Interest Declaration ([see attached template](#_CONFLICT_OF_INTEREST))
* Direct Deposit form ([see attached template](#_DIRECT_DEPOSIT_FORM))
* Criminal record check and vulnerable sector screening
* Vaccination Record (if applicable)
* Benefits enrollment form (if applicable)
* Health and Safety Orientation checklist to complete ([see attached checklist](#_Health_and_Safety))

\* Maintaining the privacy of employees is extremely important. All files must be kept in a locked location with strict access controls.

\* Payroll and other employment records must be kept for at least 36 months after the date the employment relationship has terminated.

[PRIMARY CARE PRACTICE NAME AND/OR LOGO]

# CONFIDENTIALITY AGREEMENT

**Purpose:** The purpose of this Confidentiality Agreement is to protect the identity and privacy of [ORGANIZATION]’s staff, board members, volunteers and members. Staff, board members and volunteers encounter personal and sensitive information about members and other colleagues. Therefore, it is very important to refrain from disclosing any information to third parties about our staff, board members, volunteers and members. This policy is not intended to prevent disclosure where disclosure is required by law.

**Confidential Information:** Confidential information must never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information must never be shared or released to third parties, except under the Terms outlined below.

Confidential information includes, but is not limited to, the following:

1. Identifying information about an individual, including name, address or phone number; or
2. Any other information that would identify the individual or potentially place the individual at risk.

**Terms:** By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between staff, board members, volunteers and members are confidential;
2. The staff, board or volunteers shall not disclose confidential information to a third party unless required by law and without informing the member of the legal requirement to do so;
3. The staff, board or volunteers shall not disclose confidential information to a third party without [ORGANIZATION]’s knowledge and consent;
4. I understand I have a duty to keep member information confidential throughout my term as a staff member, board member or volunteer as well as after my employment, board membership or volunteer status ends; and
5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff member, board member or volunteer at [ORGANIZATION].

First Name: Last Name:

Signature: Date:

[PRIMARY CARE PRACTICE NAME AND/OR LOGO]

# CONFLICT OF INTEREST DECLARATION

[ORGANIZATION] defines conflict of interest as: a situation where an employee, board member or volunteer has private interests that could improperly influence their performance of their official duties and responsibilities, or in which the employee, board member or volunteer uses their position at [ORGANIZATION] for personal gain. A real conflict of interest exists at the present time; an apparent conflict of interest could be perceived by a reasonable observer to exist, whether or not it is the case; and a potential conflict of interest could reasonably be foreseen to exist in the future.

Employees, board members and volunteers are required to arrange their private affairs to avoid conflicts of interest, which include real, apparent or potential conflicts, and to disclose possible conflict situations to the HR Department.

Name: Position:

* I have no conflict of interest to report.
* I have the following real, apparent or potential conflict(s) of interest to report (see below).

## Check all boxes that apply:

Personal Reporting: Corporate Reporting:

* Secondary Employment ☐ Gifts, Hospitality and/or Other Benefits
* Outside Activities ☐ Funding/Donations
* Personal Relationships ☐ Other
* Political Activities
* Other

## Declaration:

Description of the real, apparent or potential conflict(s) of interest.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: Date:

[ORGANIZATION LOGO]

# DEFINITIONS:

**PERSONAL REPORTING**

**Secondary Employment:** Employees, board members and volunteers may engage in employment outside of [ORGANIZATION], unless the employment is likely to give rise to a real, apparent or potential conflict of interest or would undermine the impartiality of [ORGANIZATION] or the objectivity of the individual.

**Outside Activities:** Employees, board members and volunteers may take part in outside activities, unless the activities are likely to give rise to a real, apparent or potential conflict of interest or would undermine the impartiality of [ORGANIZATION] or the objectivity of the individual.

**Personal Relationships:** No [ORGANIZATION] employee, board member or volunteer may initiate or participate in, directly or indirectly, decisions involving a direct benefit (e.g. initial hiring or rehire, promotion, salary, performance appraisal, work assignment or other working condition), to those related by blood, marriage, membership in the same household, including domestic partners or persons with whom employees have an intimate relationship. Hiring regular, term or casual employees within the same program unit is generally prohibited for individuals of the same family or for those who have a personal relationship.

If a situation arises where one employee becomes a family member of, or in a relationship with another employee, over whose work or employment they already have a real, perceived or potential influence, both employees must declare the conflict of interest to the HR Department so that steps may be taken to cease the conflict of interest.

**Political Activities:** Employees, board members and volunteers considering involvement in political activities will seek the advice of the [EXECUTIVE DIRECTOR/SENIOR STAFF LEAD].

Political activities are defined as:

* + Carrying on an activity in support of, within or in opposition to a political party;
  + Carrying on an activity in support of or in opposition to a candidate before or during an election period; or
  + Seeking nomination as or being a candidate in an election before or during the election period.

**CORPORATE REPORTING**

**Gifts, Hospitality and/or Other Benefits:** Employees, board members and volunteers are not permitted to accept any gifts, hospitality or other benefits that may have a real, apparent or potential influence on their objectivity in carrying out their official duties or that may place them under obligation to the donor.

**Funding/Donations**: If an outside individual or entity, with whom [ORGANIZATION] has past, present or potential official dealings, offers a benefit to the organization such as funding for a program or a donation of equipment, [ORGANIZATION] employees, board members and volunteers are to consider whether any real, apparent or potential conflict of interest exists, and report this matter to the HR Department.

[ORGANIZATION LOGO]

**EMPLOYER RESPONSE:**

Description of [ORGANIZATION]’s response to the employee’s conflict of interest declaration.

[ORGANIZATION LOGO]

# DIRECT DEPOSIT FORM

## YOUR INFORMATION:

First Name: Last Name:

Address:

City: Province: Postal Code:

## BANKING INFORMATION:

Branch Address:

City: Province: Postal Code:

Transit: Institution Number: Account Number:

Signature: Date: (Employee)

[ORGANIZATION LOGO]

# Health and Safety Orientation Checklist

Name of employee:

## **□** SAFETY RESPONSIBILITIES OF EMPLOYEES

I understand I am responsible for:

* + Understanding workplace health and safety requirements.
  + Inspecting the workplace and equipment regularly and being alert for hazards.
  + Immediately reporting unsafe work practices and hazards to my manager.
  + Reporting accidents, near accidents, injuries, or illnesses immediately to my manager.
  + Following safe work practices and procedures.
  + Cooperating with others on matters relating to occupational health and safety.
  + Reading [ORGANIZATION]’s policies and procedures on occupational health and safety.
  + Reading the *Workers Compensation Act*, Section 22 (General duties of workers).

## **□** INCIDENT REPORTING & INVESTIGATION

An incident is defined as “an accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease.”

I understand I am responsible for:

* + Reporting all incidents or near misses to my manager, regardless of severity
  + Reporting my injury or illness to my manager.
  + Completing and submitting the WSBC Form 6A: Worker Report of Injury to [ORGANIZATION] if requested.
  + Assisting the investigation team as necessary.

## **□** JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE & WORKER SAFETY REPRESENTATIVE

All BC workplaces with 20 or more workers require a JOHS Committee; and those with 9-19 workers, a Worker Safety Representative. A JOHS Committee is a team of both managers and employees that monitor workplace health and safety.

I understand I am responsible for:

* + Knowing who is on the JOHS Committee and where the meeting minutes are kept.
  + Knowing who is the Worker Safety Representative.

## **□** FIRST AID

I understand I am responsible for:

* + Knowing who is the First Aid Attendant and how to contact them.
  + Knowing where the First Aid room and/or supplies are located.
  + Calling 9-1-1 if there is an emergency and the First Aid Attendant is not available.

## **□** EMERGENCY RESPONSE & PREPAREDNESS

I understand I am responsible for:

* + Understanding and following the Emergency Preparedness and Response Plan including emergency procedures.
  + Participating in emergency drills and emergency preparedness activities.

## **□** WORKING ALONE OR IN ISOLATION

I understand I am responsible for:

* + Consulting with my manager, as necessary, to schedule work done in isolation and to maintain communication during these periods.
  + Using [ORGANIZATION]’s check-in procedures while working alone or in isolation.

## **□** VIOLENCE IN THE WORKPLACE

I understand I am responsible for:

* + Knowing how to recognize the potential for violence.
  + Understanding and following the policies, procedures and work arrangements in place to minimize the risk to employees, including procedures for working alone.
  + Knowing how to appropriately respond to incidents of violence and how to obtain assistance.
  + Reporting all incidents of violence to my manager.

## **□** BIO-HAZARDOUS MATERIALS

I understand I am responsible for:

* + Knowing the biohazards of the workplace.
  + Understanding and following the Exposure Control Plan.
  + Using any required personal protective equipment (PPE) as instructed.
  + Reporting any unsafe conditions or exposure incidents to my manager.

Employee signature: Date:

Manager signature: Date: