

# Departmental Orientation Checklist

Employee Name		Employee #
Department	Division	
Position Title		

Please submit the completed form to Human Resources Employment Manager, 833 Chestnut Street, Suite 900, within 30 days of the employee's hire/transfer date and retain a copy in the department files. If an item is not applicable to the employee's job responsibilities, please note NA in the "date" column.

Human Resources Department	Date	Introduction (continued)	Date	Department Specific Infection Control	Date
Employment – Offer letter/ Tax Form/ Wage & Hour Law		Topics to be covered within 1st week		Topics to be covered within 1st week	
Benefits – Briefing (Non-Bargaining Unit employees only)		Dress Code/Uniform/ID Badge		Standard Precautions	
New Employee Orientation Program		Meal/Break Times/Atrium/ Cafeteria/FastPass		Dept. Tasks/Activities w/Potential Blood/Infection Exposure	
New Employee Orientation Information Packet (if applicable)		Smoking Regulations		Safe Work Practices and Use of Personal Protective Equipment	
Employee Handbook		Telephone: directory/standards/ call transfer/general use		Annual PPD	
TJUH Service Standards Endorsed		Keys		Fit Testing	
Confidentiality Responsibility Statement		Change in Status		Exposure Protocols – Bloodborne/TB	
Jefferson "Notes" given to employee		Hourly Rate/Paydays/Pay Periods/Paychecks		Biohazards Signs/Labels/Color Coding	
<b>HR Signature</b>		Security for employees: safe corridor/escorts/ securing personal belongings		Latex Precautions	
<b>Security Department</b>	Date	Other:		Communicable Disease/Isolation: signs/codes/label	
Identification Badge				Location of Infection Control Manual	
<b>Security Signature</b>				Department Specific Tasks	
<b>University Health Services</b>	Date	<b>Department Specific Safety</b>	Date	Other:	
Physical examination completed		Topics to be covered within 1st week		<b>Policies</b>	Date
Needs immunization documentation prior to start date		Emergency Codes - Reporting and Responding		Vacation/Holiday Requests/Overtime/ Call Out Procedure	
Needs PPD on start date:		Role in Fire/Evacuation/RACE/PASS		Department Policies/Procedures	
PPD to be checked on:		Work Area Hazards/ Emergency Procedures		Annual Mandatory/ Regulatory Requirements	
Other vaccines or follow-up needed		Role in Internal/External Disaster (Code D)		Confidentiality/HIPAA: Electronic & Verbal Patient Information	
* Please excuse employee for above follow-up on the specified date(s)		Procedures in Utility Failure		Violence in the Workplace	
<b>UHS Signature</b>		Procedures for Security Incidents		Sexual Harassment	
<b>Introduction</b>	Date	Procedures for Equipment Failure		Grievance Policy	
Topics to be covered within 1st week		Employee Incident Reporting/ Patient-Visitor Incident Reporting/ Obtaining Treatment		Corporate Compliance	
Orientation Objectives		Infant Abduction (Code I)		Staff Rights Policy	
Scope of Services Defined		Radiation Safety		Other:	
Work Group Relation to Mission/Vision/Values/Strategic Initiatives/Service Standards		Bomb Threat		<b>Job Duties</b>	Date
Work Group Goals and Objectives		Medical Emergency Response		Review of the Job Description including:	
Introduction to Key Personnel		Location of Emergency Conditions/ Emergency Code Summary Sheet		• Core Competencies	
Review of Organizational Chart		Safety Hazards: Correcting and Reporting		• Age Specific Competencies	
Commuter Services		MSDS		Customer Service and Service Standards	
Common Methods of Organization/ Dept Communication		Turning off O2/Shut-Off Valve (training required if applicable)		Your Job and its Importance to Jefferson	
Layout of Facility/Tour of Work Area		Other:		Manager's Expectations of Employee's Performance	
Hours of Work/Attendance/Punctuality				Performance Evaluation/Review Dates	
				Other:	

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<b>Patient Rights: Review Of Policies</b>	Date
Patient Bill of Rights/Responsibilities	
Advanced Directives – DNR	
Handicap Services	
Abuse Victims: Identification/Reporting	
Restraints: Application/ Policies/Documentation	
Pain Management	
Ethics: Role of Committee/ How to Contact	
Cultural Diversity and Sensitivity: Issues/Considerations	
Privacy/Confidentiality	
Adaptive Devices	
Spiritual and Emotional Support/ Pastoral Care Consultation	
Visitor Guidelines	
Other:	

<b>Physical Environment/Tour</b>	Date
Layout – Department	
Emergency Equipment Location/ Use of	
Fire Exits	
Fire Extinguishers	
Fire Call Boxes	
Emergency Phones	
Potential Safety Hazards	
Location of Supplies	
Eye Wash/Showers	
Other:	

<b>Reference/Resource Material</b>	Date
Dept./Unit Policy/Procedure Manual	
Disaster Plan	
Material Safety Data Sheets	
RTK -Right to Know	
Equipment Manual(s)	
Staff Meeting Minutes	
Other Resources Available (who to go to for questions)	
Intranet: <a href="http://tjuh.jeffersonhospital.org">http://tjuh.jeffersonhospital.org</a> <a href="http://is.jeffersonhospital.org">http://is.jeffersonhospital.org</a> <a href="http://intranet.jeffersonhealth.org">http://intranet.jeffersonhealth.org</a> <a href="http://www.myrequests.tjuh.org">http://www.myrequests.tjuh.org</a>	
Other:	

<b>Daily Operations/Communication Systems</b>	Date
Care Delivery System	
Department Records/Documentation	
Patient Education Resources	
Interdisciplinary Plan of Care	
Clinical Paths	
Shift Reports	
Computer Functions/Use of Systems	
Beepers/Paging	
Mail – Mailboxes/Interdepartmental Mail Services	
Posting Areas/Communication Books/ Logs/Bulletin Boards	
Staff Meetings	
E-mail	
Where to Direct Service Requests	
Other:	

<b>Equipment Orientation/Supplies</b>	Date
Ordering	
Repair of	
Maintenance of	
Other:	

<b>Performance/Quality Improvement</b>	Date
TJUH Model – PDMAI	
Work Group Quality Improvement Initiatives	
Overview of JCAHO/DOH/CMS Regulatory Agencies and Employee Responsibility	
Patient Satisfaction	
Department/Employee Role in Performance Improvement	
Patient Safety Goals	
Other:	

<b>Staff Education</b>	Date
Staff Requests for Education	
Continuing Education Programs from Jefferson Providers	
Continuing Education Programs from Outside Providers	
Documentation of Education	
Individual Staff Development Plan for each employee	
In-Service Attendance	
Health Stream	
Other:	

**Comments**

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<b>Orientation Completed by</b>	
Name	Date
Signature	
Employee Signature	Date
Manager Signature	Date

**Please submit the completed form to Human Resources Employment Manager,  
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and retain a copy in the department files.**

Placement Assistant Signature	Date
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