

**McLaren Northern Michigan  
Department/Unit Orientation Checklist**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department/Unit \_\_\_\_\_ Date of Hire/Transfer: \_\_\_\_\_

**Instructions**

The following checklist must be completed and returned to Human Resources **within 30 days of hire or transfer** and prior to the employee independently performing his/her job responsibilities. It is completed by the preceptor (manager, supervisor, or designate of the department) with each new employee or newly transferred employee. Complete this form **by placing an "X" or "NA"** (not applicable) at the beginning of each topic.

Topic Content	Comments
<b>General Department Orientation</b>	
____ 1. Mission, goals, values of department	
____ 2. Overview of departmental services and functions	
____ 3. Departmental organization chart (Who's Who)	
____ 4. Department hours	
____ 5. Introductions/Tour/Work area	
____ 6. Patient/Customer Relations:	
a. Customer Identification	
b. Bay Pride (STARS)	
c. Responsibility to other departments	
d. Responsibility to co-workers	
e. Statement of Patient Rights & Responsibilities	
____ 7. Review of job description, duties, performance appraisal and performance expectations on an ongoing basis.	
____ 8. Discuss schedule for further departmental/unit specific orientation and competency program	
____ 9. Licensure and Certification requirements	
____ 10. Continuing Education requirements (CPR, Environment of Care, etc.)	
a. Conference/Seminar/Workshop Requests	
____ 11. Communications within the department/unit (meetings, memo's, bulletin boards, etc.)	

Topic Content	Verification and Comments
<p><b>General Policies and Work Rules</b></p> <p>___ 1. <b>Employee has reviewed organizational and Departmental policies and procedures. Discuss with the employee specific work rules such as:</b></p> <p>___ 2. Acceptable Use – Computers and Internet</p> <p>___ 3. Attendance and Tardiness</p> <p>    a. Swiping In and Out (Kronos)</p> <p>___ 4. Confidential Information/Privacy Rules/HIPAA</p> <p>___ 5. Corrective Action Program</p> <p>___ 6. Discrimination and Harassment</p> <p>___ 7. Dispute Resolution/Open Door Policy</p> <p>___ 8. Employee Assistance Program (EAP)</p> <p>___ 9. Employee Smoking</p> <p>___ 10. Identification Badge</p> <p>___ 11. Orientation/Probationary Period</p> <p>___ 12. Leave of Absence (FMLA, Personal, Educational)</p> <p>___ 13. Meals and Rest Periods</p> <p>___ 14. Personal Appearance and Behavior/Dress Code</p> <p>___ 15. Request for Time Off Procedure</p> <p>___ 16. Scheduling and Overtime</p> <p>___ 17. Solicitation and Distribution</p> <p>___ 18. Telephone Policy/Protocol (Cell Phones)</p> <p>___ 19. Work Related Injuries (Employee Occupational Incident Report)</p> <p>___ 20. Admin. Policy Review:</p> <p>    a. Assessment of Possible Victims of Abuse or Neglect</p> <p>    b. Cultural/Ethical/Religious Conflicts</p> <p>___ 21. Other</p>	
<p><b>Back Safety – Body Mechanics</b></p> <p>___ 1. Procedures to follow for moving and lifting</p> <p>___ 2. Equipment available (e.g., Diligent)</p> <p>___ 3. Back Care (posture, exercises, workstation, etc.)</p> <p>___ 4. Other</p>	

Topic Content	Verification and Comments
<p><b>Electrical Safety &amp; Equipment Management</b></p> <ul style="list-style-type: none"> <li>___ 1. Orientation to equipment used in the department/unit</li> <li>___ 2. Operator responsibilities</li> <li>___ 3. Extension cord policy/Unplugging procedure</li> <li>___ 4. Maintenance and inspection of cords and equipment: <ul style="list-style-type: none"> <li>a. Preventative Maintenance Program <ul style="list-style-type: none"> <li>→ Safety Check Sticker/Date Next Check</li> <li>→ Defective Sticker, “<u>Defective, Do Not Use,</u>” send equipment to Clinical Engineering in original position and sequester from use</li> <li>→ Injury or potential injury, complete improvement report</li> </ul> </li> <li>b. Corrective Maintenance Program</li> <li>c. Patient Owned Equipment</li> </ul> </li> <li>___ 5. Safe Medical Device Act <ul style="list-style-type: none"> <li>a. Responsibilities and reporting of device failure</li> <li>b. Removal of device from service</li> <li>c. Injury <ul style="list-style-type: none"> <li>→ Provide needed patient care</li> <li>→ Immediately impound the device in a safe, secure environment</li> <li>→ Contact Risk Management; preserve evidence; conduct investigation; report must be filed with FDA within 10 days</li> </ul> </li> </ul> </li> </ul>	
<p><b>Emergency Management</b></p> <ul style="list-style-type: none"> <li>___ 1. Location &amp; review of Emergency Management Plan and Disaster Manual</li> <li>___ 2. Location &amp; review of Emergency Kardex</li> <li>___ 3. Emergency overhead pages are preceded by the word “code” (e.g. code blue)</li> <li>___ 4. Emergency telephone #22222</li> </ul>	
<p><b>Fire Safety</b></p> <ul style="list-style-type: none"> <li>___ 1. Code Red</li> <li>___ 2. R.A.C.E.</li> <li>___ 3. Roles/Responsibilities in departmental/unit fire plan</li> <li>___ 4. Location of fire alarm pull stations</li> <li>___ 5. Location and use of fire extinguishers (P.A.S.S.)</li> <li>___ 6. Location of emergency exits</li> <li>___ 7. Evacuation procedures</li> </ul>	

Topic Content	Verification and Comments
<p><b>Hazardous Materials and Wastes</b></p> <p>_____ 1. Location of “Hazardous/Infectious Waste” policy No. 84 (Right-to-Know)</p> <p>_____ 2. Review departmental hazardous materials</p> <ul style="list-style-type: none"> <li>a. Handling</li> <li>b. Storage (labeling)</li> <li>c. Usage</li> <li>d. Disposal</li> <li>e. Health hazards</li> <li>f. Emergency procedures</li> </ul> <p>_____ 3. Location of Material Safety Data Sheets (MSDS)</p> <p>_____ 4. Incident reporting form – Improvement Report, responsibility for completion and location of form</p>	
<p><b>Prevention and Control of Infection</b></p> <p>_____ 1. Locate and review the Infection Control Manual (intranet)</p> <ul style="list-style-type: none"> <li>a. Bloodborne Pathogen Exposure Control Plan</li> <li>b. TB Infection Control Program</li> <li>c. Standard Precaution (SP) Policy</li> </ul> <p>_____ 2. Limiting exposure to blood and body fluids</p> <ul style="list-style-type: none"> <li>a. Personal protective equipment (PPE) – location types expected to wear <ul style="list-style-type: none"> <li>1) TB Mask Fit Testing – EOHS</li> <li>2) Latex Sensitivity – EOHS</li> </ul> </li> <li>b. Engineering controls (e.g., sharps containers, red bags, safe sharp devices)</li> <li>c. Location and use of negative pressure/isolation rooms</li> </ul> <p>_____ 3. Hand hygiene</p> <ul style="list-style-type: none"> <li>a. Review proper technique of hand hygiene</li> <li>b. Review when hand hygiene should take place</li> </ul> <p>_____ 4. Blood spill procedures</p> <p>_____ 5. Exposure procedures/reporting</p> <ul style="list-style-type: none"> <li>a. Report to immediate supervisor, EOHS or Nursing Supervisor</li> <li>b. Form: Employee Occupational Incident Report</li> </ul>	

Topic Content	Verification and Comments
<p><b>Performance Improvement/Risk Management</b></p> <ul style="list-style-type: none"> <li>___ 1. Incident reporting procedures</li> <li>___ 2. Fall prevention procedures</li> <li>___ 3. Visitor injury reporting procedures</li> <li>___ 4. Performance Improvement Methodology (PDCA)</li> <li>___ 5. Performance Improvement Initiatives (Departmental and Organizational)</li> <li>___ 6. Patient Safety Program <ul style="list-style-type: none"> <li>a. Improvement Reports</li> <li>b. Medication Improvement Reports</li> <li>c. Non-Punitive Error Reporting</li> </ul> </li> <li>___ 7. Confidentiality</li> <li>___ 8. Corporate Compliance/Departmental Representative</li> <li>___ 9. Service Recovery</li> <li>___ 10. HIPAA/Security Standards</li> <li>___ 11. Patient Satisfaction</li> </ul>	
<p><b>Security</b></p> <ul style="list-style-type: none"> <li>___ 1. Identification Badge</li> <li>___ 2. Process for minimizing security risks <ul style="list-style-type: none"> <li>a. Being the eyes and ears for security, watch for unusual behavior and report</li> <li>b. Keeping personal valuables locked up and out of sight (patients and employees)</li> <li>c. Other:</li> </ul> </li> <li>___ 3. Contacting Security</li> <li>___ 4. Aggressive/Violent behavior in the workplace</li> <li>___ 5. Parking</li> </ul>	
<p><b>Utility Management</b></p> <ul style="list-style-type: none"> <li>___ 1. Define utilities (water, electricity, oxygen, etc.)</li> <li>___ 2. Define employee's role and responsibilities in the event of a system failure or disruption</li> <li>___ 3. Full load generator test</li> <li>___ 4. Procedures in case of power failure <ul style="list-style-type: none"> <li>a. Red receptacles</li> </ul> </li> <li>___ 5. Water supply failure</li> <li>___ 6. Repair services/reporting</li> </ul>	

Topic Content	Verification and Comments
<p><b>General Safety</b></p> <p>___ 1. Departmental policies and procedures</p> <p>___ 2. Specific job-related hazards (not addressed above)</p> <p>___ 3. Wet floors and spills</p> <p>___ 4. General tidiness</p>	
<p><b>Department/Unit Specific</b> (Preceptor or Preceptee identified)</p> <p>___ 1.</p> <p>___ 2.</p> <p>___ 3.</p> <p>___ 4.</p> <p>___ 5.</p> <p>___ 6.</p> <p>___ 7.</p> <p>___ 8.</p> <p>___ 9.</p> <p>___ 10.</p>	

I have been oriented to the above information and know that I am obliged to follow these policies and procedures for the safety of myself, my colleagues, our visitors and patients. I also acknowledge that I have been informed of my responsibility to continuously meet the performance expectations of my position.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department/Manager or Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date