THIS INFORMATION IS MANDATORY! It is mandatory that shaded items be completed PRIOR TO	STUDENT DEPARTMENT ORIENTATION – Required Checklist				
EMPLOYEE/STUDENT BEGINNING JOB DUTIES. Indicate date					
reviewed in boxes at right.	NAME			EXTERNSHIP START DATE	
(MGR) indicates the information that must be given by	DEPARTMENT	E/	ACILITY	ANTICIPATED END DATE	
manager to new Employee/Student.	DEFARIMENT	F7	Cleff	ANTICIPATED END DATE	
ENVIRONMENT OF CARE (MGR)	THE FOLLOWI	NG INFORMATION MU	ST BE COMPLETED AN	ND FAXED TO	
GENERAL SAFETY (related to assigned duties)					
Reporting Safety Hazards to Manager/Designee	(510) 675-6673 <u>WITHIN 3 DAYS</u> OF EXTERNSHIP STARTING.				
Reporting Industrial Injuries to Manager/Designee within 24 hrs.	Indicate date reviewed in boxes – Student and Manager/Assistant must sign at bottom.				
Reporting Unusual Occurrences to Manager/Designee	DEPARTMENT ORGANIZATION/SERVICES (MGR)		WORK ENVIRONMENT		
Reviewed Environment of Care Manual & Rainbow Chart	Department Mission		Restroom/Water Fountains		
Workplace Safety Program:	Department Goals for Year		No Smoking Policy Storing Personal Effects		
Ergonomic Practices/Policy	Department Hours/Services Provided	Department Hours/Services Provided			
Reducing your risks-stretch breaks		Department Customer Service Expectations		DATE REVIEWED	
Sign/symptoms & getting help DATE REVIEWED	Current Customer Service Issues		Parking		
	Tour of Department				
DEPARTMENT HAZARDOUS MATERIALS – RIGHT TO KNOW	Outline of Department Organization		EMPLOYEE/STUDENT'S RESPONSIBILITIES (MGR)		
Presence of hazardous materials in work area	Relationship of Department to other Departments		Job Description & Performance Expectations		
Location/availability of Hazard Control Program	in the Medical Center		Introductory period/Probationary Period		
List to hazard substances, MSDS sheets/labeling of hazard products-	People Pulse-current results and plan		Introduction to Co-Workers	-	
review content - include physical, health hazard		DATE REVIEWED	Working Relationship with o	ther Employees (Teamwork)	
Safe work practices – use of PPE, engineering controls, detecting hazards in					
your work area (i.e. monitoring devices, odors, spills etc.)					
DATE REVIEWED				DATE REVIEWED	
	DEPARTMENT POLICIES (MGR)				
DEPARTMENT INFECTION CONTROL POLICIES/PRACTICES	Attendance/Punctuality Professional Conduct/Appearance Guidelines		DEPARTMENT EQUIPMENT Policies & Procedures Safe & Effective Use (Function of Equipment and Potential Risks) Use of Medical Equipment / Equipment Alarms		
Prevention & control of infections					
Transmission of infection between staff & patient	Telephone Courtesy				
Hand Hygiene/Artificial Nail policy	EEO/AAP Safety Policies/Practices				
Knowledge of universal/standard precautions	Safety Policies/Practices	DATE REVIEWED	Location of Emergency Equip		
Knowledge of isolation used in dept.				DATE REVIEWED	
Knowledge of exposure control plans	DEPARTMENT WORK PRACTICES (MGR)		Emergency Power Source Biomed Service Request	DATE REVIEWED	
Bloodborne pathogens	Hours of Work/Work Schedule		*		
Location of personal protective equip (PPE), engineering controls	Lunch/Breaks (approval for missed breaks)		DEPARTMENT QUALITY	ASSESSMENT &	
Use of sharps safety devices, sharps containers, PPE	TIME Reporting System		IMPROVEMENT ACTIVITIES (MGR)		
Knowledge of post exposure procedures	Overtime Policy Request for Time Off		Focus PDCA/Current Department Activities		
Tuberculosis	(Vacation, Holidays, Education)		Employee/Student Role in Current Activities		
Respirator fit testing required Y/N DATE REVIEWED	Sick Leave/Leave of Absence		HIPAA (Health Insurance Po	rtability	
(complete prior to pt. care)	Personal Telephone Calls		And Accountability Act)	DATE REVIEWED	
	Emergency Calls				
DEPARTMENT DISASTER PLAN (MGR)	Communication Systems		INFORMATION SYSTEM	S (MCD)	
Employee/Student's Role/Response to Disaster	(Staff Mtgs., Mailboxes, etc.)		Confidential Handling of Information		
Department Recall	Phones (Phone Mail) Internal phone system			Check system(s) used by Employee/Student:	
Location of Equipment (i.e. bypass phones, evacuation chair) Review of	Security Awareness/Practices (Wearing Name Badge,		PARRS REGPLUS		
	Secured Areas, Keys, Access Cards, etc.)		Lotus Notes ADT		
Codes/Procedures DATE REVIEWED	Escort Services		OTHERS		
DEPARTMENT LIFE SAFETY/FIRE PLAN	- Г	DATE REVIEWED	Electronic Usage Policy		
Location of Fire Alarm Boxes, Fire Extinguishers. PASS				DATE REVIEWED	
Department Evacuation Route/Map-where to meet. RACE Employee/Student's Role/Response to Fire/Drills DATE REVIEWED			MANAGED / DEGIGNEE GIGNATURE		
Employee/Student's Role/Response to Fire/Drills DATE REVIEWED	EMPLOYEE / STUDENT SIGNATURE		MANAGER / DESIGNEE SIGNATURE		
FACILITY TOUR	-				
PACILITY TOUR DATE COMPLETED					
				REV .06/11: DEPARTMENT ORIENTATION	