

**WASHINGTON HOSPITAL ORIENTATION CHECKLIST
FOR TEMP AGENCY/CONTRACT STAFF & STUDENT/INTERNS**

INSTRUCTIONS: Complete with staff/student, sign and keep in department file.

STAFF/STUDENT NAME: _____ **DATE:** _____

DEPARTMENT: _____ **POSITION:** _____

<i>ORIENTATION TASK</i>	<i>COMPLETED</i>
ORIENTATION PACKET	
Give copy of Orientation Packet; allow time to read then sign acknowledgement	
INTRODUCTION TO ENVIRONMENT	
Tour of department and facilities; introduction to staff members	
Location of restrooms, cafeteria, other locations needed to do job tasks	
SAFETY & SECURITY	
Access to Security (x7000) and any departmental security protocol	
Department-specific emergency code response procedures	
Location of fire alarms and fire extinguisher	
Departmental evacuation plan and relocation levels 1-4	
Department-specific procedures for use, storage, disposal and spill containment/clean-up for hazardous materials and infectious waste	
Location of department's MSDS Binder, eye wash station	
Job-specific hazards & safety precautions; sign "Worker's Right to Know"	
Location of Emergency Operations Manual & review when it is used	
Safe use of departmental equipment, including specific hazards	
Departmental infection control policies and procedures, if applicable	
DEPARTMENTAL RESOURCES	
Use of departmental equipment (phones, computers, fax, tube, etc.)	
Location & content of departmental procedure manual(s)	
Location and use of forms needed for this job's tasks	
Other resources – people, job aids, online information, etc.	
PERSONNEL	
Work hours, breaks, dress code, ID badge, paperwork for agency/hospital	
PROFESSIONAL CONDUCT	
Courtesy, cooperation, customer service, Patient First ethic	
HIPAA & job-specific regulatory/compliance; sign "Confidentiality Agreement"	
JOB-SPECIFIC	
Tasks to be performed by this employee & performance standards to be met	
Technical skills check (hands-on training on equipment, patients, etc.)	

STAFF/STUDENT SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Washington Hospital Healthcare System Hazardous Materials Program

“Workers Right to Know” Law Acknowledgment

INSTRUCTIONS:

*Show staff/student the department’s MSDS binder and review how to read.
Review hazardous materials that may be encountered in this job,
PPE to be used and any other job-specific precautions.
Then have staff/student read and sign this form. Keep in department file.*

STAFF/STUDENT NAME: _____

SUPERVISOR NAME: _____

I have read and understand the following information as it relates to the "Worker's Right To Know" Law:

- Those substances used in this workplace which are classified as hazardous and/or toxic.
- How to read a Material Safety Data Sheet (MSDS).
- Location of MSDS information within this workplace.
- Personal protective equipment to be used in the performance of my job.

Staff/Student Signature

Date

WASHINGTON HOSPITAL HEALTHCARE SYSTEM

Confidentiality Agreement

I, _____, as a Washington Hospital Healthcare System (WHHS) employee, contracted employee, member of the medical staff, allied health professional, volunteer, student intern, business associate or other non-employee recognize that I will have access to patient and business information which WHHS and its Administrative, Nursing and Medical Staff consider to be confidential and private. I have read and understand in its entirety WHHS's Memorandum No. 1-141, "Privacy, Security and Confidentiality of Information," which states the following policy:

Any patient protected health information or business related information is confidential. Washington Hospital acknowledges both a legal and ethical responsibility to protect the privacy of this information. The indiscriminate or unauthorized review, use or disclosure of such information from any source is prohibited. Unauthorized disclosure is subject to disciplinary action, including termination, and/or legal action.

As a condition of my employment/service with WHHS, I agree to abide by WHHS's policies, this Confidentiality Agreement, and the following rules. I will ...

- not leave papers containing protected health information (PHI) or confidential information where public can view,
- not leave areas with PHI or confidential information unattended unless the area is locked,
- keep my voice low when discussing PHI or confidential information so others cannot overhear,
- only look at the minimum necessary amounts of PHI or confidential information to do my job,
- not disclose PHI or confidential information to anyone except in the furtherance of tasks or specifically assigned duties,
- shred PHI or confidential materials that need to be discarded,
- turn computer screens so public cannot view,
- log out of the application(s) I am using before departing any computer workstation,
- protect and not share my system password(s),
- choose passwords that are difficult for others to guess,
- change my password(s) as necessary and whenever I suspect they may have been breached, and
- respect and maintain the confidentiality of all disclosures, deliberations, records, and other information generated in connection with medical staff activities, and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of Medical Staff Affairs.

ACKNOWLEDGEMENT AND ACCEPTANCE: I understand that violation of this Confidentiality Agreement will be subject to disciplinary action up to and including termination of my employment/service or medical staff privileges. I understand that in the performance of my duties at WHHS, I must hold patient, employee, business and proprietary information, and WHHS financial information in confidence. I understand that any unauthorized disclosure may have legal consequences to the person disclosing it, meaning that, if WHHS or any individual suffers legal damage as the result of any unauthorized disclosure, the person making the unauthorized disclosure may be sued and may be held liable for damages resulting from such disclosure. Further, I understand that any violation of confidentiality, privacy and security is a violation of WHHS policy, HIPAA (Health Insurance Portability and Accountability Act) and the State of California standards and regulations. I agree that confidentiality will be preserved even after terminating my services with WHHS.

Signature _____ Date _____

Name (Please Print) _____

Manager/Dept Head Signature _____ Date _____

If the terms of this Confidentiality Agreement or appropriate action are not clear to you, seek advice from your Manager/Department Head.

**WASHINGTON HOSPITAL ORIENTATION ACKNOWLEDGEMENT
FOR TEMP AGENCY/CONTRACT STAFF & STUDENT/INTERNS**

INSTRUCTIONS:

***Have staff/student sign this form after reading entire Orientation Packet, taking
Post-Test (in packet), and receiving departmental orientation.
Keep this signed form in department file.***

I have read the Orientation Packet and received department-specific training (if applicable to my job/department) on the following topics:

- Emergency Preparedness
- Hazardous Materials & Waste Management
- Safe Use of Equipment/Utilities
- Fire Safety
- Handling Security Risks/Incidents
- Infection Control (including Blood Borne Pathogens)
- Injury/Illness Prevention Program (IIPP)
- EMTALA
- Communicating with the Hearing-Impaired
- HIPAA/Confidentiality
- Mandatory Reporting of Abuse, Assault and Neglect
- Harassment-Free Workplace (including Sexual Harassment)
- Complaint Management Process

Staff/Student Signature

Date

**WASHINGTON HOSPITAL COMPETENCY APPRAISAL
FOR TEMP AGENCY/CONTRACT STAFF & STUDENT/INTERNS**

INSTRUCTIONS: *Supervisor should complete after staff/student's first day and keep in department file. Using this key, put a number under Outcome for every Performance Element:
1 = Observed and Meets Standard 2 = Does Not Meet 3 = Did Not Observe*

STAFF/STUDENT NAME: _____ **DATE:** _____

DEPARTMENT: _____ **POSITION:** _____

PERFORMANCE ELEMENT	OUTCOME
ENVIRONMENT	
Able to find what or who is needed in order to complete job tasks	
SAFETY & SECURITY	
Adheres to hospital and departmental policies related to safety. Responds safely and effectively to any hazards.	
Responds appropriately to any audible codes during shift	
Maintains Infection Control Standards, if applicable	
Safely uses departmental equipment	
DEPARTMENTAL RESOURCES	
Demonstrates ability to use departmental equipment as required for job	
Follows departmental procedures	
Completes forms/documentation consistently and accurately	
Uses appropriate resources to complete tasks or asks for help if needed	
PERSONNEL	
Adheres to dress code and personnel policies	
Treats other staff with respect; uses appropriate behavior and language	
PROFESSIONAL CONDUCT	
Demonstrates courtesy, cooperation and excellent customer service when working with employees, patients and visitors	
Maintains confidentiality of all patient and hospital information. Complies with all regulatory requirements.	
Demonstrates adherence to patient rights, as applicable to job	
JOB-SPECIFIC	
Performs all job tasks to standards that have been set	
Demonstrates competence in all technical skills required for job assignment	
Demonstrates problem-solving skills when needed for task completion	

OVERALL: I would recommend this person to work at WHHS again. (Circle One) **Yes** **No**

SUPERVISOR SIGNATURE: _____ **DATE:** _____