

NHCCC DEPARTMENTAL 48- HOUR ORIENTATION

NAME: _____ **RANK:** _____

DEPARTMENT ASSIGNED: _____

POSITION ASSIGNED: _____

A. COMMAND INDOCTRINATION (Command Level)

Command Indoctrination Date: _____

BLS Certification Date: _____ (If Applicable)

B. DEPARTMENTAL SPECIFIC ORIENTATION (Unit Level)

Content	Date	Supervisor Initials	Member Initials
Department Scope of Services			
Age specific Scope of Care, Policies, Procedures			
Identification of Internal / External Customers			
Position Description, Job scope, Responsibilities			
Performance Expectations			
Department Procedures/Policies (SOP, Manuals)			
General Safety Management:			
Individual role in safety management			
Specific job related hazards			
Handling hazardous materials (specify)			
Accident / incident reporting			

**** EXAMPLE - ADAPT TO SPECIFIC DEPARTMENT AS APPROPRIATE ****

Content	Date	Supervisor Initials	Member Initials
Patient Safety:			
Understanding National Patient Safety Goals as they apply to the department.			
Understanding department-specific Patient Safety Goals and PI initiatives.			
Fire Protection:			
Understanding of R.A.C.E. Protocol			
Location of alarms and emergency numbers			
Location and use of fire extinguishers			
Department fire bill and evacuation procedures			
Disaster Plan:			
Dept / individual role in disaster plan			
Emergency code names / emergency numbers			
Bomb threat response			
Destructive Weather conditions and protocols			
Mass casualty assignment and responsibilities			
Hazardous Materials:			
Location of hazardous materials / listing			
Location of MSDS sheets			
Chemical storage and disposal			

**** EXAMPLE - ADAPT TO SPECIFIC DEPARTMENT AS APPROPRIATE ****

Equipment Management / Safety:			
Departmental equipment orientation			
Content	Date	Supervisor Initials	Member Initials
- Specific equipment: _____			
Location of operator manuals			
Equipment maintenance procedures/checklists			
Customer Service:			
Professionalism, courtesy, and respect			
Being knowledgeable and prompt			
Willingness to assist others			
Performance Improvement Activities:			
Command Mission, Vision, Guiding Principles			
Department Mission, Vision, Guiding Principles			
Department Performance Improvement Plan			
Individual role in department / command PI			
Management Information Systems:			
Departmental ADP security policies			
CHCS system			
Confidentiality			
HIPPA Training			
Completed <i>initial</i> On-line HIPPA training modules.			
Completed <i>annual</i> refresher training modules.			

**** EXAMPLE - ADAPT TO SPECIFIC DEPARTMENT AS APPROPRIATE ****

STATEMENT OF COMPLIANCE

I have reviewed the above listed competencies and feel that I am adequately trained and fully capable of properly executing them in my daily performance activities.

Member's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Department Head review: _____ Date: _____

PERIODIC/ANNUAL REVIEW

Member's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Department Head review: _____ Date: _____

PERIODIC/ANNUAL REVIEW

Member's signature: _____ Date: _____

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**** EXAMPLE - ADAPT TO SPECIFIC DEPARTMENT AS
APPROPRIATE ****