

# DEPARTMENT ORIENTATION CHECKLIST – **TEMPORARY STAFF**

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

Hire Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Department Managers have the responsibility to ensure their new employees receive the information and training necessary to efficiently, safely and effectively perform the requirements of their position and to support the key values, goals and initiatives of Cincinnati Children's Hospital Medical Center.

Please **check the boxes** below to indicate that each topic has been discussed and both the manager and employee understand and/or have met their responsibility.

## SECTION I. THE FOLLOWING WAS COMPLETED BY THE MANAGER PRIOR TO THE START DATE.

☐ **System Access Request Form**

☐ **Secured equipment necessary to perform job** (workspace, keys, phone, computer, PPE, etc.)

## SECTION II. THE FOLLOWING TOPICS WERE ADDRESSED WITH THE TEMPORARY EMPLOYEE. CONFIRM THE EMPLOYEE HAS A FULL

UNDERSTANDING OF THESE AREAS as related to their position and job responsibilities by checking each block that has been reviewed. If a block is not checked, please explain.

☐ **Strategic Plan** – Mission, Vision, and Core Values

☐ **Policies and Practices**

- Safety
- Family Centered Care
- Evidence Based Decision Making
- Transformation
- Professionalism
- Performance Improvement
- Ethics
- Blood borne Pathogen/Infection Control
- Electrical Safety
- Fire safety
- OSHA Regulations
- Hazard Communication/MSDS
- Emergency Preparedness
- Safety College training requirements
- HIPAA regulations, procedures and responsibilities
- Telecommuting Agreement (as appropriate)

☐ **Overview of CenterLink and the Electronic Learning Management (ELM) system**

☐ **Complete online training courses listed in the Organization Required Training for CCHMC Employees and Non-CCHMC Personnel. Can be found on the Learning tab in CenterLink under Required Courses.**

- ☐ Integrity & Compliance (OI\_07823)
- ☐ My Role in Safety
  - o 101 – (OI\_07827)
  - o 102 – (OI\_07829)
  - o 103 – (OI\_07831)
  - o 104 – (OI\_07833)
- ☐ OSHA required training (OI\_07825)
- ☐ Accountability in Action (OI\_07835)
- ☐ Hazardous Drug Attestation
- ☐ Discrimination Awareness & Prevention (OI\_07806)
- ☐ PAPR e-learning, specific to type used (clinical roles only)
- ☐ SaferTogether Everyone's Role Summary & Commitment (OI\_07412)
- ☐ Collaborative Institutional Training Initiative (CITI)–Human Subject Researchers only
- ☐ **Employee Health** -- TB testing and inoculations
- ☐ **Protective Services** -- Security badge, parking assignment
- ☐ **Explanation of unchecked items:**

## SECTION III THE FOLLOWING ITEMS WILL BE ACCOMPLISHED WITH THE EMPLOYEE **DURING THE FIRST WEEK OF EMPLOYMENT IN THE DEPARTMENT.**

☐ **Tour of Department and Medical Center**

- Introduce department personnel and explain his/her responsibilities
- Explain how department functions in respect to all of CCHMC
- Discuss departmental objectives and mission
- Discuss organizational structure and chain of command

☐ **Inform employee of:**

- ☐ Position duties (including their role in Patient and Employee Safety)
- ☐ Performance standards
- ☐ Discuss occurrences during temporary assignment

☐ **Update Personal Information in MyHub**

- ☐ Work Phone
- ☐ Home Phone
- ☐ Cell Phone \*required to receive emergency notifications\*
- ☐ Work Location
- ☐ MLC (Mail Location Code)

☐ **Department Orientation, review all that are applicable:**

- ☐ EMP-07 Orientation and Continuing Education and Training
- ☐ Work Schedule and Time Recording (WE-03 Schedules and Assignments, COMP-06 Time Recording, COMP-08 Shift Differential)
- ☐ Overtime (COMP-07 Pay Practices)

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- ☐ Meal and Break Periods (WE-03 Schedules and Assignments)
- ☐ Supplies
- ☐ Dress Code (WE-04 Uniform and Dress Code)
- ☐ Location of Dept Personnel Policy Manual
- ☐ No Smoking Policy
- ☐ Work Related Injury (ESOH-04 Workers' Compensation; Safety 102)
- ☐ Attendance and Punctuality (WE-01 Attendance, WE-02 Severe Weather)
- ☐ Pay Periods (COMP-07 Pay Practices)
- ☐ Confidentiality
- ☐ Patient Rights

Access any of the policies listed  
on the left using the [HR Policy Manual](#)

- ☐ Reporting of Sexual and Other Forms of Harassment (DOE-02 Harassment-Free Workplace)
- ☐ Phone and Paging System and Policy for Personal Calls (WE-06 Personal Business)

☐ **Safety and Security procedures:**

- ☐ Location of Yellow Emergency Preparedness Binder
- ☐ Fire Evacuation Plan for Area
- ☐ Internal Disaster Plan
- ☐ External Disaster Plan
- ☐ Name Badge (WE-05 Identification Badges)
- ☐ Safety Compliance
- ☐ Incident Reports
- ☐ Use of Latex

☐ **Importance of notifying Supervisor and Human Resources of changes:**

- Demographic Information (name, address, and or telephone number) which may affect such areas as income tax status or health and life insurance benefits (e.g. marital status, additions of dependents to health care coverage, etc) WITHIN 31 DAYS OF THE CHANGE.

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### SECTION IV. Employee – Manager Accountability Agreement

- ☐ My Supervisor/Manager is \_\_\_\_\_
- ☐ Scheduled absences must be arranged and approved by Supervisor/Manager \_\_\_\_\_ (circle one) *Days / Weeks* in advance.
- ☐ In case of unscheduled absence, the proper procedure is to call (person) \_\_\_\_\_ @ (extension) \_\_\_\_\_ by not later than (time) \_\_\_\_\_ the day of the occurrence.
- ☐ During the noted introductory period, unscheduled absences exceeding \_\_\_\_\_ will result in disciplinary action to include termination.
- ☐ The department Kronos time clock is located at \_\_\_\_\_. Failure to wear identification badge and appropriately account for scheduled work hours will result in disciplinary action.
- ☐ My scheduled shift is \_\_\_\_\_ to \_\_\_\_\_. This department (circle one) *does / does not* have flexible hours.
- ☐ My lunch is \_\_\_\_\_ minutes.
- ☐ Departmental policies are kept \_\_\_\_\_ and I have read them.

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Department Orientation Date \_\_\_\_\_

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

Supervisor's Signature \_\_\_\_\_

**Supervisor: Scan and email the completed Department Orientation Checklist to [HR4U@custhelp.com](mailto:HR4U@custhelp.com), giving 1 copy to the employee and retaining the original.**