This form is to be completed and signed by all new team members and transferring team members within the first ten days. Completed form remains in team member’s department file.

Name ___________________________________________ Employment/Transfer Date ___________________

Department ____________________________________________________________________________________

Location _______________________________________________________________________________________

A. Tour pertinent areas of the facility and department
   □ Cafeteria and/or Break area
   □ Team member entrances/exits
   □ Introduction to teammates
   □ Parking
   □ Restrooms

B. Location and content of manuals
   □ Administrative Policy and Procedure
   □ Department Specific Manuals
   □ Safety Management Program

C. Carolinas HealthCare System and department policies, procedures, and forms
   □ Attendance Policy (HR-5.13)
   □ Communications Environment Acceptable Use Policy/Computer Login/Software
   □ Confidentiality Requirements
   □ Department Meetings/Communication
   □ Standards of Appearance (HR-5.01)
   □ Resolution Procedure (HR-5.16)
   □ Inclement Weather
   □ Job Description/Licensure/Certification
   □ Performance Reviews (HR-6.05)
   □ Organizational Chart
   □ Corporate Compliance/HIPAA Programs
   □ Procedure for Notification of Absence
   □ Performance Management Process
   □ Team Member Ethical & Religious Rights (HR-5.02)

D. Communication
   □ Electronic (email, internet, intranet)
   □ Fax/Copier/Scanner
   □ Interdepartmental Mail/U.S. Mail
   □ Online Phone Directory
   □ Paging/Beeper Systems
   □ Telephones/Emergency Telephones (telephone etiquette, voice mail, and long distance calls)

E. Emergencies
   □ Alarms
   □ Emergency Outlets and Switches
   □ Exits
   □ Extinguishers
   □ Fire Pull Stations
   □ Fire Doors
   □ Internal/External Disaster Procedures
   □ Power Failure
   □ Emergency Codes (e.g., Code Red, Code Green)

F. Safety/Risk Management/Environment of Care (review policies and individual safety responsibilities for each)
   □ Ergonomics/Body Mechanics
   □ Electrical Safety
   □ Fire Safety
   □ Hazard Communication
   □ Care Event Forms
   □ Hazardous Waste Disposal Protocol
   □ Reporting Safety/Environment of Care Risks
   □ Material Safety Data Sheets
   □ Mandatory Safety Education (ACE Modules)
   □ Age Specific/Patient Population
   □ Sentinel Events (as applicable)
   □ Department Special Security/Safety
   □ ID Badge

G. Performance Improvement
   □ Carolinas HealthCare System approach to Performance Improvement
   □ Facility/Departmental Performance Improvement Plan
H. Service Excellence
   □ Carolinas HealthCare System Goals and Key Drivers
   □ Carolinas HealthCare System Mission Statement
   □ Core Values and Supporting Standards
   □ Schedule Uncompromising Excellence-Acute Care/PACS Facilities (attendance required within 60 days)
   □ Team Member’s Role in Service Excellence
   □ Key Words at Key Times
   □ Service Recovery
   □ AIDET

I. Compensation/Benefits
   □ Holidays (observed by Carolinas HealthCare System)
   □ Hours of Work
   □ Leaves of Absence
   □ Breaks and Meal Periods
   □ Paydays/Paycheck Distribution
   □ LiveWELL
   □ Requests for PTO
   □ Recording Worked Time
   □ Performance Based Merit
   □ Performance Plus

J. Team Member Health/Infection Prevention/Workers’ Compensation
   □ Airborne and Bloodborne Pathogens
   □ Exposure Control Plans (must be reviewed prior to any patient contact)
   □ Flu Vaccine Program
   □ Infection Prevention
   □ Infectious Disease or Exposure
   □ Standard Precautions
   □ Hepatitis Vaccine
   □ PPE Hazard Assessment & Training Form
   □ Report of Occupational Injury/Illness (ROI)
   □ TB Tests
   □ Transmission-Based Precautions

K. Career Development
   □ Individual Development Plan (IDP)
   □ Continuing Education
   □ Educational Assistance Plan
   □ Education Profile

L. Carolinas HealthCare System NorthEast Facility Specific Items:
   □ Administration Manual
   □ Infection Prevention & Control Manual
   □ Utility/Equipment Failures & Basic Staff Response (Laminated Sheet)
   □ Emergency Procedures & Basic Staff Responses (Laminated Sheet)

M. Team members working in a clinical setting/facility:
   □ Pain Assessment and Management
   □ Cultural Diversity
   □ Patient Rights/Ethics
   □ Team Collaboration/Communication/Coordination of Care

List below additional department policies, procedures, forms, record keeping systems, documentation requirements, emergency procedures, etc., covered with the new team member.

□ ________________________  □ ________________________

I have completed the Orientation Form and I have been given the opportunity to clarify any questions I have.

Team Member Signature________________________________________ Date__________________________________

I verify that the above content has been reviewed with the team member.

Team Member orienting the new Team Member __________________ Date__________________________________

I verify that the above content has been reviewed with the team member.

Leader______________________________________________________ Date___________________________________

Please keep this record in the team member’s department file.