

County of Los Angeles – Department of Health Services

MARTIN LUTHER KING, JR., - OUTPATIENT CENTER

Area/Unit Orientation Checklist

County Employee Non-County Staff

Staff Name: _____ Start Date: _____

Employee/Contract Number: _____ Area/Unit: _____

Agency: _____ Position Title: _____

Please complete Area/Unit Orientation for topics below as they relate to the Department and/or Area/Unit.

Orientation Checklist Must Be Completed Within 30 Days of Hire or New Assignment	N/A	Date	Initials of Trainer/ Preceptor	Initials of Staff Member
Department /Unit services/Tour				
Tour of Work Area / Facilities				
New Scope of Services				
New or Revised Unit Policies/Procedures & Guidelines				
Area Policies & Procedures				
Skills Validation Checklist				
Note: Must include population specific competencies.				
Other				
Area Fire/Life Safety / Emergency Preparedness / Security				
Fire Extinguishers Types and Locations				
Fire Alarm Location and Location of Emergency Equipment				
Disaster / Emergency Telephone Numbers / Emergency (HEICS) Phone Location				
Evacuation Plan / Evacuation Equipment				
Procedure for Reporting Unsafe Condition				
Crash Carts				
ERT/AMBU Bags				
Medical Gas Shut Off				
Area Security Issues-Card Swipes, Cameras, Building Access				
Other (i.e. Evacuation Devices or Equipment-Evacuation Chairs)				
Hazardous Materials / Waste Management				
Disposal of Sharps and Biological Wastes				
Disposal of Chemical and Pharmaceutical Wastes				
Location of MSDS Information-Policy change to new Safety Data Sheets (SDS). SDS to replace MSDS 12/1/13.				
Hazardous Waste Spill Clean-up (Chemo, Mercury, etc.)				
Area Infection Prevention Protocols				
Hand Hygiene and Personal Protective Equipment (PPE) Locations				
Disinfection of Environment & Blood/body Fluid Spill Clean Up				
Airborne Precautions, Negative Pressure Rooms, Respiratory Hygiene Stations				
Reporting & Follow up of Exposures (BBP, ATD, etc.)				
Storage/Handling of Clean and Dirty Equipment/Supplies				
Food Storage and Consumption				
Principles of Information Management				
Area Protocols to Protect Patient Confidentiality				

Staff Name: _____ ID. No.: _____ Start Date: _____

Agency: _____ Position Title: _____

Orientation Checklist Must Be Completed Within 30 Days of Hire or New Assignment	N/A	Date	Initials of Trainer/Preceptor	Initials of Staff Member
Other				
Use and Maintenance of New Equipment - Skills Validation				
Shared System and Office Equipment				
Other				
Patient Safety / Risk Management				
Sentinel/Adverse Events / Patient Safety Net (PSN) Staff Critical Reporting				
Safe & Just Culture				
Fall Prevention, Other Patient Safety Initiatives				
Specialty Requirements & Training (as applicable)				
Other				

Area/Unit Orientation Completed:

Staff Signature

Date

Trainer/Preceptor Signature (If Applicable)

Date

Supervisor Signature

Date

Complete within 30 (thirty) business days and file copy in Area File