

County of Los Angeles – Department of Health Services

Harbor-UCLA High Desert LAC+USC MLK/MACC OVMC Rancho JCHS CHC/Clinic _____

**Area/Unit Orientation Checklist
Component III**

County Employee Registry/Contract Resident/Fellow Student Volunteer Voluntary Attending Staff

Workforce Member Name: _____ Employee/C#: _____

Area/Unit: _____ Position/Title: _____

Assignment Start Date: _____ End Date: _____ Agency: _____

	N/A	Date	Initials of Trainer/Preceptor	Initials of Staff Member
Department Facilities and Services				
Introduction to Staff & Tour of Work Area/Facilities				
Department's Mission, Vision, and Values				
Scope of Service and Staff's Role in Unit				
Department's Mission, Vision, and Values				
Department Goals & Objectives				
Work Schedule & Work Guidelines				
Timekeeping/Time Records				
Area Policies & Procedures				
Dress Code – Uniforms/Laundry				
Outside Employment				
Parking				
Other				
Job Performance Expectations				
Performance-based Job Description (MUST be given upon start of assignment)				
Skills Validation Checklist/Initial Competency Assessment (must be initiated by 2 nd shift after orientation). Note: Must include patient population-specific competencies.				
Performance Evaluation (at 6 months or end of assignment and yearly thereafter) Note: Must include patient population-specific competencies.				
Licensure / Certification / Registration / Permit (Primary Source Verification)				
Maintenance of: License/Certificate/Registration/Permit(s) Cardiopulmonary Resuscitation (BCLS, ACLS, ATLS, NRP, PALS), and Mandated Continuing Education Requirements/Training				
California License/Registration/Certification/Permit (photocopy)				
Type	Number	Expiration Date		
CPR Certification, as required (photocopy)				
Staff Rights				
New Staff Area Fire/Life Safety/Emergency Preparedness/Security				
Fire Extinguishers (Types and Locations)				
Fire Alarms and Emergency Equipment (Location)				
Disaster/Emergency Telephone Numbers/ Emergency (HEICS) Phone Location				
Evacuation Plan (Horizontal & Vertical Evacuation)				
Procedure for Reporting Unsafe Condition				
Other				

Workforce Member Name: _____ Employee/ID#: _____

Area/Unit: _____ Position/Title: _____

Assignment Start Date: _____ End Date: _____ Agency: _____

	N/A	Date	Initials of Trainer/Preceptor	Initials of Staff Member
Personal Security and Safety				
Crime Awareness and Prevention				
Workplace Violence/Zero Tolerance				
Workforce Member Behavioral Standards				
Other				
Injury/Illness Prevention Program				
Procedures for Reporting Occupational Illness or Injury				
Other				
Hazardous Materials/Waste Management				
Disposal of Sharps and Biological Wastes				
Disposal of Chemical and Pharmaceutical Wastes				
Location of MSDS Information				
Other				
Utility Management				
Area Infection Control Protocols				
Area Safety Procedures				
Use of Hand Sanitizers & Hand Hygiene				
Use of Gloves/Personal Protective Equipment				
Other				
Principles of Information Management				
Information Technology Resources				
Use of Computer (Internet & E-mail)				
Compliance Update Training 2012: Privacy & Confidentiality				
Area Protocols to Protect Patient Confidentiality				
Other				
Code of Conduct/Compliance Awareness Training – Module & Certificate				
Use and Maintenance of Equipment (Office and Clinical)				
Patient Education				
Patient Rights and Organizational Ethics				
Patient Care Practices				
Population-specific Guidelines/Care of Special Patient Populations				
Pain Assessment and Reassessment (e.g., Nursing, Respiratory, Radiology, Rehab. Services)				
Other				
Patient Safety/Risk Management				
Patient Safety Program				
National Patient Safety Goals				
Sentinel/Adverse Events/Patient Safety Net (PSN) Staff Critical Reporting				
Abuse Reporting/Prevention				
Fall Prevention				
Deteriorating Patient Condition				
Other Patient Safety Initiatives				

Workforce Member Name: _____ Employee/ID#: _____

Area/Unit: _____ Position/Title: _____

Assignment Start Date: _____ End Date: _____ Agency: _____

	N/A	Date	Initials of Trainer/Preceptor	Initials of Staff Member
Performance Improvement Activities				
Department's PI Projects				
Staff Person's Role				
Communication				
Dissemination of Information				
Departmental Hierarchy				
Departmental Forms				
Teambuilding				
Accessing Interpreter Services				
WERC Training				
Other Customer Service/Cultural Competence Training				
Specialty Requirements & Training (as applicable)				
Education Record (if applicable)				
Qualifications (CV/Resume and/or Diploma) if required				
Labor & Delivery – Fetal Monitoring				
Critical Care Certification date (ICU & CCU)				
MAB/CPI/ProACT Certificate – Psychiatry Emergency Medicine, Medical/Surgical/Medical Health Nursing, Respiratory and Dietary				
Acute Care Work Experience Verification				
Date of Medication Calculation Exam Passed (RN, LVN)				
Medication Error Reporting Training				
ER – ACLS Expiration Date				
Bilingual Certificate (if applicable)				
Other				

Area/Unit Orientation Completion Date: _____

Staff Signature

Date

Trainer/Preceptor Signature (if applicable)

Date

Supervisor Signature

Date

Return within thirty (30) business days to: Facility HR Office, file copy in Area File

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Harbor-UCLA High Desert LAC+USC MLK/MACC OVMC Rancho JCHS CHC/Clinic _____

**Human Resources Checklist
Workforce Member On-Boarding Checklist - Component I**

County Employee Registry/Contract Resident/Fellow Student Volunteer Voluntary Attending Staff

Workforce Member Name: _____ Employee/C#: _____

Area/Unit: _____ Position/Title: _____

Assignment Start Date: _____ End Date: _____ Agency: _____

General Information	Date	Initials of HR Rep
PAR/NCPR		
Received Approved PAR or Non-County Personnel Requisition (NCPR)*		
Identity Verifications		
Identity Verification (Picture identification) and make copy		
Contingent Offer of Employment (County employees)		
Parental Authorization for Minors (Do not process applicant under 18 w/o authorization)		
DHS Criminal Background Investigation Policy Statement		
Conviction Disclosure Instructions		
Information Sheet (full-time employment must be terminated prior to full-time County employment)		
"Do Not Send" Status Verification		
Licensure / Certification / Registration / Permit (Primary Source Verification)		
California License/Registration/Certification/Permit (photocopy)		
Type	Number	Expiration Date
CPR Certification, as required (photocopy)		
On-line Exclusion List Verifications		
Office of the Inspector General/List of Excluded Individuals and Entities(OIG/LEIE) –printout		
General Services Administration/Excluded Parties List System (GSA/EPLS) – printout		
Medi-Cal Suspended and Ineligible Provider List (S&I List) Clearance - printout		
◆ NOTE: IN-PROCESSING STOPS HERE IF "DO NOT SEND STATUS", PRIMARY SOURCE VERIFICATION(S) AND/OR EXCLUSION LISTS ARE NOT CLEARED.		
Criminal Background Check		
Health Clearance (Received Employee Health Services Clearance)		
2 nd Primary Source Verification (If final check-in is more than 5 days from initial primary source)		
I9 Verification (County employees and Independent Contractors only)		
Outside Employment Policy (Collect completed form)		
Conflict of Interest Policy (Collect completed form)		
County Rules/Regulations/Policies (Comprehensive Policy Statement)-Non-County Staff Only		
Acknowledgment of Conditions of Assignment (Non-County Staff Only) – collect signed doc		
Issue Badge		

Human Resources Checklist

Workforce Member On-Boarding Checklist - Component I

Workforce Member Name: _____ Employee/ID#: _____

Area/Unit: _____ Position/Title: _____

Assignment Start Date: _____ End Date: _____ Agency: _____

General Information	Date	Initials of HR Rep
DHS Handouts/Handbooks		
Facility Orientation/Re-orientation Handbook		
Employee Patient Safety Handbook		
Universal Precautions – What employees need to know		
Risk Management Employee Handbook		
County Policy of Equity		
Domestic Violence Victims Handbook		
APR 09.02.01 (formerly APR 17)		
Code of Conduct Handbook & Study Guide (collect acknowledgment)		
Privacy & Security Survival Guide: Protecting Patient Information (Handbook and Policy Packet)		

*NCPD only required if non-County individual was not on-boarded through Contractor/Agency link to EHS Database

Signature: Human Resources Office / _____ Date _____ Workforce Member Signature / _____ Date _____

IDENTIFICATION BADGE WILL BE ISSUED UPON COMPLETION OF ON-BOARDING