



2012
**Volunteers, Students, & Contract Workers
Orientation In-service Checklist**

Name _____
Dept. _____

Start date: _____

DIRECTIONS: Please review the materials provided to you and return this checklist to the appropriate person listed for your area:

Volunteers: To the Director of Volunteer Services

Students: To your clinical Instructor or the Education office 4th Floor RSC Building

Contract Workers: To the department head responsible for your assignment at RPCI

Development/Alliance Foundation Staff: To the Executive Assistant, Development

Per Diem Employees: Post test to be returned to HR Training (separate document)

Corporate Compliance

- _____ HIPAA Confidentiality Guidelines
- _____ HIPAA IT Security Guidelines
- _____ Standards of Workplace Conduct
- _____ Corporate Compliance
- _____ Hotline Number and Use
- _____ Sexual Harassment/EEO
- _____ E-mail Usage Policy
- _____ Internet Access Policy
- _____ Use of Institute Resources Policy
- _____ Workstation Usage Policy
- _____ Laptop/Portable Computer Policy
- _____ Instant Messaging Policy
- _____ Electronic Data-Media Handling & Disposal Policy
- _____ Policy 126.1

Environment of Care

- _____ Emergency Codes
- _____ Patient Safety
- _____ Quality Improvement (IDEA)
- _____ Age Appropriate Care

Infection Control

- _____ Hand Washing
- _____ Blood borne Pathogens
- _____ TB
- _____ Standard Precautions

Security Management Plan

- _____ Valuable storage
- _____ Personal safety areas of concern
- _____ ID badge security and proper wearing
- _____ Workplace Violence Prevention

Life Safety Management Plan

- _____ General Safety Rules
- _____ Fire Safety R.A.C.E
- _____ General Workplace Cleanliness Guidelines

Emergency Codes

- _____ Code Red – Fire
- _____ Code Blue – Cardiac Respiratory Arrest
- _____ Code Pink – Person Abduction
- _____ Code White - Disaster

I have received the In-service materials. The above contents have been reviewed by me, and I understand the contents and will abide by them. If my term of employment/job assignment exceeds 6 weeks it is my duty to participate in the requirements of the New Employee Orientation Policy.

Signature

Date

Supervisor signature