



NORTHWEST COMMUNITY HOSPITAL ORIENTATION CHECKLIST

ALL FIELDS ARE REQUIRED

NEW PROFILE: YES	NO	SS#: _____
ASSIGNMENT: TRAVEL	PER DIEM	DOB: _____
AGENCY: _____	GENDER: MALE	FEMALE
FIRST NAME: _____	LAST NAME: _____	
LIC/CERT: R.N.	L.P.N.	C.N.A. ALLIED
SPECIALTY:		

ORIENTATION REQUIREMENTS

- _____ Orientation Checklist
- _____ New Employee Orientation - Acknowledgement
- _____ New Employee Orientation - Exam
- _____ New Employee Orientation - Code of Conduct
- _____ New Employee Orientation - Checklist

REQUIREMENTS BY SPECIALTY

	NURSING	ALLIED	CLERICAL
Orientation Checklist	X	X	X
New Employee Orientation - Acknowledgement	X	X	X
New Employee Orientation - Exam	X	X	X
New Employee Orientation - Code of Conduct	X	X	X
New Employee Orientation - Checklist	X	X	X

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NORTHWEST COMMUNITY HOSPITAL
NEW EMPLOYEE ORIENTATION – ACKNOWLEDGEMENT

First Name: _____ Last Name: _____

Agency: _____ Date: _____

SECTION 1

I acknowledge that I have read and will adhere to the Policies and Procedures provided within the Northwest Community Hospital - New Employee Orientation.

Signature: _____

SECTION 2

I acknowledge that it is my responsibility, in conjunction with the hospital, to have performance evaluations completed on the first 10 shifts, at 3 months and then on an annual basis.

Signature: _____

SECTION 3

Please check **one** of the following:

_____ I am not currently, nor have I ever been, an employee of Northwest Community Hospital or an Northwest Community Hospital affiliate.

_____ I was employed by Northwest Community Hospital from _____ to _____.

Signature: _____

SECTION 4

I understand that I may only work at Northwest Community Hospital through **one** healthcare staffing agency.

I declare that _____ is my preferred agency.

I am aware that I must Northwest Community Hospital OneSource Program in writing, if I choose to change my preferred agency selection.

Signature: _____



**NORTHWEST COMMUNITY HOSPITAL
NEW EMPLOYEE ORIENTATION – EXAM**

Name: _____ Date: _____

Discipline: _____ Agency: _____

1. Define the RACE acronym for fire safety.

R _____ A _____ C _____ E _____

2. To report a fire at Northwest Community Hospital:

- a. Shout "fire"
- b. Pull the alarm and call 3333
- c. Dial 0
- d. None of the above

3. Name three risky body fluids that can contain bloodborne pathogens.

4. What is the most important infection control procedure that can be performed?

5. Name three types of personal protective equipment that can help guard you from an exposure to bloodborne pathogens.

6. If a patient emergency (e.g. cardiac pulmonary arrest or any kind of severe distress) occurs within Northwest Community Hospital, the following code is to be called:

- a. Code Red
- b. Code Purple
- c. Code Blue
- d. Code Orange

7. Pulmonary tuberculosis is spread by:

- a. Direct contact (touching)
- b. Oral-fecal route (ingesting)
- c. Air-borne route (breathing)

8. Information related to the patients at NCH can be shared with

9. If you see your neighbor as a patient at NCH, should you share this information with your family?

YES NO



**NORTHWEST COMMUNITY HOSPITAL
NEW EMPLOYEE ORIENTATION – CODE OF CONDUCT**

Name: _____ **Date:** _____

Discipline: _____ **Agency:** _____

Code of Conduct

Acknowledgment

My signature on this form acknowledges that I have received, reviewed and understand the Code of Conduct for Northwest Community Healthcare (NCH) and its subsidiaries and affiliates.

I understand that as an NCH employee, I have an obligation to fully comply with the standards contained herein.

In particular, I hereby acknowledge and affirm that:

1. The NCH Code of Conduct governs my behavior as an NCH employee and I will comply with its standards.
2. When I have a concern about a possible violation of the Code of Conduct, I will promptly report the concern in accordance with the standards.
3. Except as may be necessary in the course of my responsibilities during my employment with NCH, I agree that I will not at any time disclose, use or copy, directly or indirectly, either during or subsequent to my employment, any Proprietary information.

I also acknowledge that the Code of Conduct is only a statement of principles for individual and business conduct and does not, in any way, constitute an employment contract or an assurance of continued employment.

Signature: _____



**NORTHWEST COMMUNITY HOSPITAL
NEW EMPLOYEE ORIENTATION – CHECKLIST**

Name: _____ Date: _____

Discipline: _____ Agency: _____

Department: _____

PLEASE INITIAL THE FOLLOWING

- 1. New Employee Orientation Manual Reviewed _____
 - Hospital Mission/VisionValues
 - Emergency Codes
 - Hazardous Materials
 - FireSafety
 - Infection Control
 - Radiation Safety
 - Corporate Compliance
 - Code of Conduct
 - HIPAA & Confidentiality
 - Code of Care
 - Service Recovery

- 2. New Employee Orientation Acknowledgement Signed _____

- 3. New Employee Orientation Quiz Completed _____

- 4. Explanation of Human Resource Policy & Procedure Manual
and Review of Selected Policies – *Located on Intranet* _____
 - Confidentiality (#303)
 - Dress Code, Uniforms, and Personal Appearance (#301)
 - Attendance Guidelines (#302)
 - Corrective Action Policy (#304)
 - Fitness for Duty (#308)
 - Performance Evaluation (#311)
 - Harassment-Free Workplace (#309)
 - Time and Attendance (#511)

- 5. Code of Conduct Acknowledgment Signed _____

Signature: _____



**NORTHWEST COMMUNITY HOSPITAL
NEW EMPLOYEE ORIENTATION – DEPARTMENT CHECKLIST**

Name: _____ Date: _____

Discipline: _____ Agency: _____

Department: _____ Designee: _____

SECTION 1 - UNIT-BASED ORIENTATION - reviewed with staff/student on the **FIRST** day of service. *(Please initial)*

1. Explanation of the duties and responsibilities as outlined in the contract or the job description/KRA's. Review of existing orientation and competency checklists. _____
2. Performance Management Process: NCH provides input to agency/school, regarding performance on an ongoing basis, at three (3) months and annually. _____
3. Explanation of schedule and call-in procedure when unable to report as scheduled. _____
4. Explanation of specific departments policies/procedures:
 - Code of Caring Standards, including appearance _____
 - Bloodborne pathogens exposure control plan *(if applicable)* _____
 - Fire and Safety department plan _____
 - Right-to-know policies (MSDS, Hazard Communication Policy, Hazardous Materials training – *(if applicable)*) _____
 - Evacuation Plans _____
 - Location of the HR and Administrative Policies and Procedures Manuals _____
 - Break and lunch periods/eating in department _____
5. Problem resolution process – encouragement to feel free to discuss any job-related problems with team facilitator, director and/or Human Resources _____
6. Department Code of Conduct/Compliance issues _____

SECTION 2 - UNIT-BASED SAFETY ORIENTATION – locate and become familiar with the following: *(Please initial)*

1. Code of Conduct _____
2. HIPAA _____
3. Emergency Codes & notification procedures *(Department specific)* _____
4. Fire Alarms/Fire Extinguishers/Fire Exits/Fire Doors _____
5. Hazardous Material Plan *(Kept in the Emergency Management Plan Manual)* _____
6. Infection Control Policies and Personal Protective Equipment _____

Signature of Contract/Agency Personnel

Signature of Designee