

# ORIENTATION FORM

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 Manual
- Department Specific Manuals
- Human Resources Policy Manual
- Safety Management Program

**C. CHS 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 Beliefs (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, voicemail 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 Alert Types and Responses

**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)
- Sentinel Events (as applicable)
- Department Special Security/Safety
- ID Badge

**G. Performance Improvement**

- Carolinas HealthCare System approach to Performance Improvement
- Facility/Department Performance Improvement Plan

**H. Carolinas HealthCare System Vision, Mission and Values**

- Carolinas HealthCare System Goals and Key Drivers
- Carolinas HealthCare System Mission Statement
- Core Values and Supporting Standards

**I. Patient Experience**

- Schedule Uncompromising Excellence-Acute Care/ PACS Facilities (attendance required within 60 days)
- Teammate's Role in Patient Experience
- Key Words at Key Times
- Service Recovery
- Our Atrium Health Way (with G.R.E.A.T. customer service standards)

**J. Compensation/Benefits**

- Holidays (observed by Carolinas HealthCare System)
- Hours of Work
- Leaves of Absence
- Breaks and Meal Periods
- Paydays/Paycheck Distribution
- CHS LiveWELL
- Requests for PTO
- Recording Worked Time
- Performance Based Merit
- Performance Plus
- Your Health and Retirement at CHS

**K. 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

**L. Teammate Life**

- eXtras
- PerkSpot
- Recognition and Rewards Platform
- VIA, KEAP, eCards
- CHS Proud
- Recognition Events
- CHS LiveWELL Events

**M. Career Development**

- Individual Development Plan (IDP)
- Continuing Education on PeopleLink
- Educational Assistance
- Complete iLink Profile on PeopleLink

**N. 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)

**O. 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 teammate's department file.**