

Johns Hopkins Medical Institutions Laboratories
NEW EMPLOYEE ORIENTATION CHECKLIST AND
CONFIDENTIALITY REVIEW STATEMENT

Employee Name (print): _____

Social Security Number: _____

Hire Date: _____

Employer: **JHH** **JHU** **JHBMC** **JHHS** **JHMSC** **JHBP,PA**

Laboratory: Johns Hopkins Medical Laboratories
 600 N. Wolfe St.
 720 Rutland Ave.
 Bayview
 Greenspring
 Other. Please Specify: _____

Division / Section: _____

Purpose: The departmental / divisional orientation provides the new employee with an introduction to the work environment, departmental / divisional policies and procedures, job performance expectations, and specific laboratory safety information.

Directions: Please make certain all procedures and policies relating to the following items have been explained adequately and that you understand them. After reviewing each of the following, date and initial the right side of page. All exposure risk assessments must be dated and initialed. Not applicable (N/A) may be used to document items that do not apply. When completed, please sign and return the form to your Division Supervisor. Copies will be maintained in your departmental personnel file, and in the institutional Human Resources file. This form must be completed within 14 days.

I. General Introduction

	<u>Employee</u>	<u>Trainer</u>
A. Attended Institution's Orientation Date: _____	_____	
B. Institution's Mission/Goals	_____	
C. Dept./division Mission/Goals	_____	
D. Dept./division Organizational Chart	_____	
E. Tour of Department & Other Pertinent Areas	_____	
F. Introduction to Staff	_____	_____

II. Personnel Policies

A. Confidentiality Policy incl. Appropriate Computer use, secured access	_____	
B. Appearance	_____	
C. Attendance (Occurance) Policy	_____	
D. Work Schedule, Shift Assignment, Weekend Rotation, etc.	_____	
E. Meals/Breaks Protocol	_____	_____
F. Inclement Weather Policy	_____	
G. Telephone Etiquette	_____	
H. NO Smoking Policy	_____	
I. Staff Rights Policy	_____	
J. Discipline Procedure Progressive	_____	
K. Grievance Procedure	_____	
L. Faculty and Staff Assistance Program	_____	

III. Performance Expectations

	<u>Employee</u>	<u>Trainer</u>
A. Probationary Period	_____	
B. Job Description	_____	
C. Performance Management/ Annual Performance Review Process	_____	
D. Employee Educational Record	_____	
E. Competency Assessment Process	_____	
F. Customer / Quality Service Standards	_____	
G. Employee (Code of Conduct) Compliance: Standards of Conduct	_____	
H. Training		
1. Training Timeline		
2. Quality of work		
3. Work Flow/Data Processing		
4. Computer/Information Management	_____	

IV. Safety

A. General		
1. Safety Manual Contents and Location	_____	
2. Employee rights and responsibilities for safety	_____	
3. Standard (Universal) Precautions	_____	
4. Handwashing	_____	
5. Personal Protective Clothing	_____	
a. Types, selection, location, and proper use of gloves, lab coats, gowns, aprons, etc.		
b. Appropriate change intervals		
c. Removal, handling, disposal/cleaning, storage etc.	_____	
d. Laundry Services	_____	
6. Eye and Face Protection	_____	
a. Types, selection, location, and proper use of safety glasses, goggles, face shields, masks, etc.		
b. Removal, handling, decontaminating/cleaning, storage, disposal, etc.		
7. Location, Use, and Maintenance of Safety Equipment	_____	
a. Safety showers		
b. Eye wash stations		
c. Fume hoods		
d. Biological safety cabinets		
e. Fire extinguishers		
f. Wash sinks		
g. Chemical / Mercury spill kits		
h. Respirators		
i. Training date: _____		
ii. Fit testing date: _____		
8. Work Practice Controls	_____	
a. NO Smoking		
b. NO Mouth pipetting		
c. Food and Drink-appropriate areas		
d. Application of Cosmetics or lip balm-appropriate areas		
e. Handling of contact lenses-appropriate areas		
f. Appropriate clothing-safety (see also Appearance standards)		
g. Appropriate shoes-safety		
h. Hair, beards, and jewelry-safety concerns		

	<u>Employee</u>	<u>Trainer</u>
9. Good Housekeeping	_____	
a. Designated "clean" and "contaminated" areas		
b. Disinfection and cleaning of work surfaces and equipment		
10. Sharp Objects, Use/disposal in approved containers	_____	
11. Electrical Safety	_____	
12. Potential Hazards of HBV / HIV / CJD	_____	_____
13. Latex Sensitivity		
14. Ergonomics		
 B. Disaster / Emergency Preparedness	_____	_____
 C. Fire Preparedness		
1. Location in immediate area of:	_____	
a. Alarm Boxes		
b. Fire Extinguishers		
c. Fire Evacuation Routes		
2. Appropriate emergency fire telephone number	_____	
3. Building Alarm System	_____	
4. Frequency of Employee Training	_____	_____
 D. The Hazard Communication Standard		
1. Hazardous substances present in workplace	_____	
2. Material Safety Data Sheets (MSDS)	_____	
3. Employee rights and responsibilities	_____	
4. The Right-to Know Law	_____	

OSHA regulations require CHEMICAL MANUFACTURERS and DISTRIBUTORS of HAZARDOUS CHEMICALS to provide MATERIAL SAFETY DATA SHEETS to non-MANUFACTURING employers.

Has this law been explained to you? Y/N (circle one) _____

E. Hazardous Chemicals Occupational Exposure (The Laboratory Standard)		
1. Hazardous chemical definition	_____	
2. Exposure risk assessment	_____	
3. Chemical Hygiene Plan (content and location of Policy)	_____	
a. Availability of chemical information / resources (i.e. MSDS)		
b. Container labels and hazard identification		
c. Inventory List of Chemicals used		
d. Engineering and work practice controls		
e. Appropriate Personal protective equipment		
f. Reporting, medical evaluation, post follow-up of chemical exposures		
g. Transportation / handling of hazardous chemicals		
h. Chemical spill clean-up procedure		

Employee

Trainer

- 4. Chemical storage/Labels/Date
 - a. Flammable liquids
 - i. NFPA approved flammable storage cabinets _____
 - ii. Maximum allowable storage quantity
 - iii. Storage in domestic refrigerators prohibited
 - b. Acids and bases
 - i. Storage in flammable safety cabinets prohibited
 - ii. Acids segregated from bases
 - c. Incompatible chemicals _____
- 5. Carcinogens
 - a. Exposure risk assessment
 - b. Engineering and work practice controls
 - c. Appropriate Personal protective equipment
 - d. Location, handling, transport and storage _____
- 6. Compressed Gas
 - a. Secure cylinder when stored and transported (empty and full)
 - b. Proper use of Open/Close valves
 - c. Procedure for use and handling
- 7. Frequency of Employee training intervals _____
- 8. Disposal of excess chemicals
 - a. Identification of content
 - b. Proper Label

- F. UV Light _____

- G. Radiation Safety Scheduled training date: _____

- H. Formaldehyde Occupational Exposure Standard
 - 1. Exposure risk assessment _____
 - 2. Engineering and work practice controls _____
 - 3. Appropriate Personal protective equipment _____
 - 4. Good housekeeping _____
 - 5. Emergency spill procedure _____
 - 6. Hazard communication _____
 - 7. Reporting, medical evaluation and follow-up _____
 - 8. Frequency of Employee training _____
 - 9. Disposal of excess _____

- I. Bloodborne Pathogen Occupational Exposure Standard
 - 1. Exposure risk assessment _____
 - 2. HBV vaccinations available _____
 - 3. Engineering and work practice controls _____
 - 4. Appropriate Personal protective equipment _____
 - 5. Good housekeeping/Disinfect Work Surfaces _____
 - 6. Emergency biomedical spill procedure _____
 - 7. Reporting: Needle stick Hotline 5-STIX _____

	<u>Employee</u>	<u>Trainer</u>
8. Post exposure evaluation and follow-up	_____	
9. Frequency of Employee training	_____	_____
10. Disposal of waste		
a. autoclaved waste		
b. use of "Institutional approved" red bag-lined biohazard boxes		
J. Tuberculosis (TB) Occupational Exposure		
1. Exposure risk assessment	_____	
2. Personnel screening program for TB	_____	
3. Engineering and work practice controls	_____	
4. Appropriate Personal protective equipment	_____	
5. Good Housekeeping/Disinfect Work Surfaces	_____	
6. Emergency biomedical spill procedure	_____	
7. Post exposure evaluation and follow-up	_____	
8. Frequency of Employee training	_____	_____
9. Disposal of Waste		
a. autoclaved waste		
b. Use of "Institution Approved" red bag-lined biohazard boxes		
K. Employee Incident Reports (Accidents-Line of Duty)	_____	_____
1. Reporting		
2. Follow-up		
L. Isolation Precautions	_____	_____
M. Safe use / maintenance of Cryostats / Microtomes	_____	_____
N. CJD tissue processing procedures	_____	_____
O. Autopsy Performance Guidelines	_____	
<hr/>		
V. Performance Improvement Process	_____	_____
VI. Confidentiality		
A. Overview of HIPAA and PHI	_____	_____
B. On-Line Training Course(s) Completed (Attach training certificate)	_____	_____
C. Faxing/Paper Documents/Telephone Policy	_____	_____

VI. Medicare Billing Compliance

I have been informed of the laboratory compliance Standards of Conduct and accept my responsibility to document and communicate to my supervisor any suspicion of unnecessary or redundant test ordering practices so that appropriate investigation and consultation may be conducted. I understand that my failure to comply with the clinical laboratory's Standards of Conduct could result in the laboratory's non-compliance with Federal and State Laws, and could result in appropriate disciplinary action including suspension or termination.

Employee Signature

Date

CONFIDENTIALITY

I have been advised that patient confidentiality is one of my most critical responsibilities, and that breach of confidentiality is a critical disciplinary violation. Critical Disciplinary Violation - "Violation of Security Access - Patient Information Policy or deliberately releasing confidential information covering Hospital business, HIV information, patient information, employee information, etc.".

The importance of not seeking information which is not required for the performance of my work, or of discussing information I discover through my work, has been reviewed with me.

Employee Signature

Date

Sections I through VI of the New Employee Orientation Checklist and Confidentiality Statement have been shown/discussed with me, and I fully understand them. I have been made aware of who to ask and/or where to look should future questions arise. I understand that violation of any safety, fire prevention, health or health system security rule, policy or practice is unacceptable, requiring corrective disciplinary action as per Personnel Policy.

Employee Signature

Date

Supervisor / Designee Signature

Date