

Johns Hopkins Medical Institutions Laboratories  
**Clinical Education Student/Volunteer ORIENTATION CHECKLIST AND**  
**CONFIDENTIALITY REVIEW STATEMENT**

Name (print): \_\_\_\_\_

Dates in Lab: \_\_\_\_\_

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 student or volunteer with an introduction to the work environment, policies and procedures necessary by affiliate agreement, 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 or Education Coordinator. Copies will be maintained in your departmental file. This form must be completed the first week of a Lab rotation.

**I. General Introduction**

|  | <u>Initials</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                 | _____           |                |
| F. Hospital Tour                                       | _____           |                |
| G. Lab Tour and Introduction to Staff                  | _____           | _____          |

**II. Personnel Policies**

|   |       |       |
|---|-------|-------|
| A. Confidentiality Policy incl. Appropriate<br>Computer use, secured access | _____ |       |
| B. Appearance   | _____ |       |
| C. Attendance Expectations  | _____ |       |
| D. Work Schedule  | _____ |       |
| E. Meals/Breaks Protocol  | _____ |       |
| F. Inclement Weather Policy   | _____ |       |
| G. Telephone Etiquette  | _____ |       |
| H. NO Smoking Policy  | _____ | _____ |

**III. Performance Expectations**

|   | <u>Initials</u> | <u>Trainer</u> |
|---|-----------------|----------------|
| A. Customer / Quality Service Standards | _____           |                |
| B. Training                             |                 |                |
| 1. Training Timeline                    | _____           |                |
| 2. Quality of work                      | _____           |                |
| 3. Work Flow/Data Processing            | _____           |                |
| 4. Computer/Information Management      | _____           | _____          |

**IV. Safety**

|  | <u>Initials</u> | <u>Trainer</u> |
|--|-----------------|----------------|
| A. General   |                 |                |
| 1. Safety Manual Contents and Location   | _____           | _____          |
| 2. Rights and responsibilities for safety  | _____           |                |
| 3. Standard (Universal) Precautions  | _____           |                |
| 4. Handwashing   | _____           |                |
| 5. Personal Protective Clothing  | _____           |                |
| a. Types, selection, location, and proper use of gloves,<br>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<br>safety glasses, goggles, face shields, masks, etc. |                 |                |
| b. Removal, handling, decontaminating/cleaning,<br>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 Control   | _____           | _____          |
| 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   |                 | _____          |
| 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   | _____           | _____          |

Initials

Trainer

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

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D. The Hazard Communication Standard

1. Hazardous substances present in workplace
2. Material Safety Data Sheets (MSDS)
3. Rights and responsibilities
4. The Right-to Know Law

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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
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
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

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|  | <u>Initials</u> | <u>Trainer</u> |
|--|-----------------|----------------|
| 7. Disposal of excess chemicals                                  |                 |                |
| a. Identification of content                                     |                 |                |
| b. Proper Label  |                 |                |
| F. UV Light  |                 |                |
| G. Radiation Safety  |                 |                |
| 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. 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                        |                 |                |
| 8. Post exposure evaluation and follow-up                        |                 |                |
| 9. 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. 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. Disposal of Waste   |                 |                |
| a. autoclaved waste  |                 |                |
| b. Use of "Institution Approved" red bag-lined biohazard boxes   |                 |                |
| K. Incident Reports (Accidents)                                  |                 |                |
| 1. Reporting   |                 |                |
| 2. Follow-up   |                 |                |
| L. Isolation Precautions   |                 |                |
| M. Safe use / maintenance of Cryostats / Microtomes              |                 |                |
| N. CJD tissue processing procedures                              |                 |                |
| O. Autopsy Performance Guidelines                                |                 |                |

**V. Confidentiality**

- A. Overview of HIPAA and PHI \_\_\_\_\_
- B. On-Line Training Course(s) Completed \_\_\_\_\_  
(Attach training certificate) \_\_\_\_\_
- C. Faxing/Paper Documents/Telephone Policy \_\_\_\_\_

**CONFIDENTIALITY**

I have been advised that patient confidentiality is one of my most critical responsibilities, and that breach of confidentiality is a Johns Hopkins 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sections I through V of the 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 and that my privilege of a laboratory experience rotation may be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Designee Signature

\_\_\_\_\_  
Date

