



PERSONNEL ORIENTATION CHECKLIST

Name: _____ Date: _____ Hire Date: _____

CHECKLIST	DATE COMPLETED	ORIENTATION BY WHOM	PERSONNEL INITIALS
1. Tour of office/Introduction of organization personnel			
2. Introduction to work stations			
3. Completion of all employment forms			
4. Personnel file			
A. Application			
B. Sign job description (copy to personnel)			
C. Professional license, certification, registration, CPR documentation, as appropriate			
D. Driver's license, as appropriate			
E. Proof of auto insurance, as appropriate			
F. Physical exam, drug test, as appropriate			
G. TB Screening, as appropriate			
H. Hep B vaccination, as appropriate			
I. Standard precautions orientation			
J. Criminal background check/National Sex Offender Registry check			
K. OIG Exclusion List check			
5. Name and Photo Identification			
6. The orientation content for all personnel will include the following as applicable and appropriate to the care and service provided:			
A. General orientation to organization, including philosophy, mission, and purpose, policies and procedures, environmental safety program			
B. Review of organizational chart and lines of authority and responsibility			
C. Hours of work			
D. Job related responsibilities			
E. Care and services provided by the organization			
F. Baseline skills assessments as applicable to job classification			
G. Infection prevention and control within the organization and home care setting			
H. Confidentiality of organization and patient information/HIPAA			
I. Documentation requirements (Record keeping and reporting)			
J. OSHA compliance			
K. Medical Device Reporting			

Staff Name: _____

Position Applied for: _____

Application Date: _____

Hire Date: _____



CHECKLIST	DATE COMPLETED	ORIENTATION BY WHOM	PERSONNEL INITIALS
L. Equal Employment Opportunity Act			
M. Ethical issue identification, resolution and boundaries			
N. Sexual Harassment Act			
O. Compensation and benefits			
P. Unemployment and workers compensation			
Q. Malpractice coverage, as applicable			
R. Collective bargaining information, as applicable			
S. Drug testing			
T. Family/State Medical Leave Act			
U. Cultural Diversity/Communication barriers			
V. Concepts of death, dying and bereavement			
W. Pain and symptom management			
X. Emotional support of staff and patient (Stress management)			
Y. Advance Directives			
Z. Conflict of Interest			
AA. QAPI Plan			
AB. Incident/Variance Reporting			
AC. Corporate Compliance Program			
AD. Intro to home health; philosophy, unit of service, emotional support, psychological and spiritual issues			
AE. Emergency Management Plan			
AG. Job specific: medical equipment, special populations			
AH. Patient/Client Rights and Handling of patient complaint			
AI. Dementia Training Program			
7. Orientation to job description and job responsibilities (list or cross-reference)			
8. Skills/Competency Assessment (list or cross-reference)			

Signature of Applicant

Date Signed

Witness Name & Signature

Date Signed

Staff Name:

Position Applied for:

Application Date:

Hire Date: