

New Employee Worksite Checklist

| Name | Title |
|--|-----------------|
| Employment Home (circle): AU Health System | |
| Department /Section | Employment Date |

Directions for Manager:

- You are responsible to ensure this checklist is completed for each new employee.
- You or your designee must initial and date each item, signifying discussion and clarification of each item as it applies to the employee's worksite.
- Mark items that do not apply as "NA" and initial.
- Complete and submit to Human Resources Records (<u>AUMC_Records@augusta.edu</u> or to our 699 Broad Street location) before or no later than the mid-year performance evaluation.

Directions for the Employee:

- You are responsible to confirm your understanding of each section and seek clarification to ensure you are aware of expectations and protocols.
- Your signature at the end signifies that you have been oriented and understand the items listed as they apply to your worksite.

Dates and signatures of those staff assisting in completion of the checklist.

| New Em | plovee V | Vorksite C | Drientation | Checklist | completed | on (date) | |
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| Signature of En | anlovee |
|-----------------|---------|
| Signature of En | ipioyee |

Signature of Manager_____





| SUBJECT | | Indicate either AUMC, AUHS AU or RELATED to ALL | DATE | Manager or Designee Initials |
|--|--|--|------|---------------------------------|
| Introduction to Depart | ment / Unit | | | |
| | ther departments (customers). | | | |
| | hart and reporting relationships. | | | |
| 3. Provide tour of departm | · · · · | | | |
| | ome – Augusta University (AU) or AUHealth System (AUMC | | | |
| or AUHS). Clarification of | f entity for payroll and benefits. | | | |
| 5. Show location of break | room, cafeteria, lockers and restrooms. | | | |
| 6. Review location of gene | ral office equipment and supplies. | | | |
| 7. Review TimeNet, and de | emonstrate clock-in and clock-out procedures. | | | |
| 8. Explain operating hours | , work schedule, and guidelines for OT, on-call, etc. | | | |
| 9. Discuss individualized tr | aining and orientation plan. | | | |
| 10. Setup and access for: | | | | |
| a. Building | | | | |
| b. Office | | | | |
| c. Email | | | | |
| d. Phone / fax | | | | |
| e. Computer systems | | | | |
| f. Shared drives | | | | |
| g. Internet – homepa | | | | |
| · · · · · | r questions or protocol clarification (Mentor/Buddy). | | | |
| | ds, name plate, badge, stationery, etc. | | | |
| 13. Review process for purc | hase requests. | | | |
| 14. Review of expense and | budget reports as necessary for role. | | | |
| 15. Provide examples of how a | n employee can get involved in Augusta University and AU Health | | | |
| activities (such as Employe | e Advisory Council, volunteer opportunities). | | | |
| 16. Review how to access p | ay stub (address, compensation, taxes, and benefits). | | | |
| Position Responsibilitie | S | | | |
| 1. Explain how the position | n ties into organizational mission, vision and values. | | | |
| Provide copy of compet standards and criteria. | ency-based job description and discuss job performance | | | |
| 3. Review location of Augu | sta University's strategic plan (Beyond Boundaries) on overview of goals and objectives. | | | |
| · · | the department's goals and objectives. Explain how they | | | |
| | expected contributions to help achieve goals. | | | |
| | n will contribute to support the principles of our Patient | | | |
| Family Centered Care cu | ilture. | | | |
| Explain signature autho and communications pr | rity associated with position. Discuss protocol for approvals ocess to inform others. | | | |
| 8. Explain the Importance | for licensures/certifications to be current. Review the need | | 1 | |





| to keep current in profession and career field. | | | |
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| Policy Review | | | |
| 1. Discuss personal conduct standards. | | | |
| Protocols for telephones, cell phones, fax machines, personal pagers, computers, | | | |
| use of internet, intercom systems, 2-way radios, and e-mail. | | | |
| Discuss expectations for call-in procedures and attendance policy. | | | |
| Explain the Introductory/Provisional period. | | | |
| Explain the introductory provisional period. Review protocol for meals and breaks. | | | |
| | | | |
| | | | |
| 7. Review dress code expectations for worksite. | | | |
| 8. Explain staff rights policy (relevant policies and HR contacts). | | | |
| Reinforce adherence to Tobacco-Free campus policy (covered in orientation). Review how to access all policies in Policy Tech on intranst. | | | |
| 10. Review how to access all policies in <i>Policy Tech</i> on intranet. | Indiants sites | DATE | Nama and a state |
| SUBJECT | Indicate either AUMC, AUHS, AU or ALL RELATED | DATE | Manager or Designee Initials |
| 11. Explain procedure for reporting accidents and/or injury; location of forms. | | | |
| 12. Review how to handle inclement weather and if position is <i>Essential Personnel</i> . | | | |
| 13. Review expectations for email and internet use. | | | |
| 14. Discuss staff meeting schedule and other communication channels (Jagwire). | | | |
| Safety and Risk Management | | | |
| 1. Location of fire alarm pull stations, fire extinguishers and two exit routes. | | | |
| 2. Review safeguards for email and information technology phishing incidents. | | | |
| 3. Location and operation of oxygen shut-off valves. | | | |
| 4. Location of area Safety and Emergency Operations Plan manuals. | | | |
| 5. Discuss role of department/position regarding called "Codes". | | | |
| 6. Review employee and customer security procedures for work area. | | | |
| 7. Explain role of department in a Code Pink. | | | |
| 8. Discuss work area specific safety procedures and accident prevention methods. | | | |
| Explain where to seek treatment for an occurrence. | | | |
| 9. Location and use of Personal Protective Equipment (PPE). | | | |
| 10. Location of Safety Data Sheets. | | | |
| 11. Location of lift equipment (if applicable). | | | |
| 12. Review worksite specific chemical safety training needs. | | | |
| 13. Location of OSHA "Right to Know Poster". | | | |
| 14. Use and precautions for hazardous chemicals/materials in the workplace. | | | |
| 15. Procedures for a chemical or hazardous material spill or leak. | | | |
| 15. Review worksite specific radiation safety training needs. | | | |
| 17. Procedure for equipment and electrical safety. | | 1 | |
| 18. Procedure for reporting safety concerns. | | 1 | |
| 19. If position requires driving of a state vehicle or personal vehicle for state business, | | | |
| review required Auto Liability Training, Driving Do's and Don'ts videos. submit Auto | | | |
| Safety Training Acknowledgement at: | | | |





| I 644 | p://www.augusta.edu/facilities/vehicleservices/autosafety.php | | | |
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| | ection Control | | | |
| - | Review job specific procedures to prevent exposure to infectious material. | | | |
| - | Review disposal, cleaning, and disinfection of supplies and equipment. | | | |
| | Location and use of Bio-hazardous waste containers for non-sharps/sharps. | | | |
| | Explain what to do when stuck with a sharp needle. | | | |
| 4. | ocation of hand-washing sinks, appropriate soaps, lotions and procedures. | | | |
| 5. | Process for reporting an acute or incubating infection. | | | |
| 6. | Procedures for patients with a Risk Indicator or Transmission Based Precautions | | | |
| Со | nfidentiality | | | |
| 1. | Explain particular concerns regarding confidentiality in your work area. | | | |
| | Ensure understanding of Protected Health Information. | | | |
| | Review steps to report a breach of confidentiality. | | | |
| | rformance Management | | | |
| | Discuss performance management and quality monitoring process for work area. | | | |
| | leview role to maintain accreditation standards (The Joint Commission/SACS). | | | |
| | Discuss opportunities for growth and development. | | | |
| | | | | |
| 4. E | xplain performance management program rating process/core competencies. | | | |
| 5. F | leview process for progressive disciplinary action. | | | |
| SL | BJECT | Indicate either AUMC, AUHS, | DATE | Manager or Designee Initials |
| | | AU or ALL RELATED | | |
| Co | mpliance Training – to be completed within thirty (30) days of hire | AU or ALL | | |
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| | Security staff working on the Health Sciences Compuse Assigned to all All Health | | |
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| | Security staff working on the Health Sciences Campus. Assigned to all AUHealth | | |
| | employees and AU Providers working on the Health Sciences Campus (to include | | |
| | AUHS employees at off-site locations) in HealthStream | | |
| | (www.healthstream.com/hlc/augustauniversity). | | |
| 5. | HIPAA Privacy and Security assigned in Workforce Learn Online | ALL | |
| | (https://train.augusta.edu/d2l/home) to AU employees working on the Health | | |
| | Sciences and Summerville Campuses, and at offsite locations. Contract Security | | |
| | staff working on the Health Sciences Campus are also assigned. Assigned to all | | |
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| | Providers working on the Health Sciences Campus in HealthStream | | |
| | (www.healthstream.com/hlc/augustauniversity). | | |
| 6. | MOAB (Management of Aggressive Behavior) MOAB (Management of Aggressive | AUMC,AUHS | |
| | Behavior) Training assigned in Workforce Learn Online | and AU | |
| | (https://train.augusta.edu/d21/home) to all Contract Security staff on the Health | Providers | |
| | Sciences Campus. Assigned to all AUHealth employees and AU Providers working | | |
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| 7. | New Employee Radiation Safety assigned in Workforce Learn Online | ALL | |
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