

**UCLA HEALTH SYSTEM
TEMPORARY STAFF
DEPARTMENT SPECIFIC / JOB SPECIFIC ORIENTATION
DEPARTMENT / UNIT SPECIFIC COMPETENCIES**

Employee Name: _____

Department: _____

Classification / Title: _____

Dept. Hire Date: _____

Validator: _____

***Please complete all sections at the start of assignment
and before the end of the shift.***

***Reviewer/Preceptor
Initials/Date***

| I. MANAGEMENT OF ENVIRONMENT OF CARE | |
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| 1. Safety Management <ul style="list-style-type: none"> ◆ Unit/Office Safety ◆ Event Reporting | |
| 2. Security Management <ul style="list-style-type: none"> ◆ Dial 911 / 36 ◆ Reporting Crimes ◆ Security Alarm, Panic Buttons | |
| 3. Hazardous Materials Management <ul style="list-style-type: none"> ◆ Reporting Spills ◆ MSDS – Material Safety Data Sheet | |
| 4. Fire Prevention <ul style="list-style-type: none"> ◆ Fire Drills ◆ R.A.C.E. – Steps to do in event of fire ◆ Reporting a Fire ◆ Types of Fires ◆ Types of Fire Extinguishers / Location of Fire Extinguishers | |
| 5. Emergency Preparedness <ul style="list-style-type: none"> ◆ Location of Disaster Kit ◆ MedSled evacuation devices (as applicable) ◆ Evacuation Routes and Assemble Areas ◆ Command Center Location ◆ Labor Pool Location ◆ ICS Structure (who do you take direction from) ◆ Departmental Roles and Responsibilities in Disaster Activations ◆ Staff Roles and Responsibilities in Disaster Activations ◆ Communications in Disasters (notification/Call-tree location, updates) ◆ Where to find additional emergency management information ◆ Personal Preparedness | |
| 6. Medical Equipment Management <ul style="list-style-type: none"> ◆ Preventative maintenance stickers ◆ Red Outlets ◆ Procedures in a malfunction | |
| 7. Utilities <ul style="list-style-type: none"> ◆ Procedures in the event of a malfunction | |

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| <p>8. Department /Unit Specific Competencies</p> <ul style="list-style-type: none"> ◆ ◆ ◆ ◆ ◆ ◆ | |

Temporary Employee Signature

Date

Preceptor/Validator Signature

Date

Supervisor Signature

Date