# UCLA Health

**UCLA Health**
## DEPARTMENT SPECIFIC ORIENTATION

## Department of Nursing

Employee Name: _____     Department Hire Date: _____

Classification: _____     Dept. of Nursing Orientation Date: _____

Supervisor: _____     Department/Unit: _____

| Please complete all sections before employee independently provides care or service and no later than the *first thirty days* of employment. | Evaluator Initials | Date |
|---|---|---|
| **I.   PERFORMANCE RESPONSIBILITIES** | | |
| ⋅   Job Description Review | | |
| ⋅   Competency Assessment Instrument / Process Review | | |
| ⋅   Performance Expectation/Evaluation Process Review | | |
| **II.   MANAGEMENT OF ENVIRONMENT OF CARE** | | |
| 1.   **Safety Management** | | |
| ⋅   Body Mechanics (ergonomics) | HO/NO | |
| ⋅   Safe Patient Handling | HO/NO | |
| ⋅   Safe Patient Handling Online Module | | |
| ⋅   Unit Specific Safe Patient Handling Equipment: | | |
|        ⋅   Dependent Lifts / Fall Recovery:   Maxi Move | | |
|        ⋅   Dependent Sit to Stand Lifts:   Sara Plus | | |
|        ⋅   Assisted Transfers:   Sara Stedy | | |
|        ⋅   Bed Repositioning Flite, TAP | | |
|        ⋅   Lateral Transfers:   Maxi air, Slide Board, Roller Board | | |
|        ⋅   *Indicate N/A if the equipment is not present on your unit* | | |
|        ⋅   *Refer to unit "user's manual" and equipment Tip Sheets which outlines the steps to use each lift.* | | |
| ⋅   Office / Unit / Department Safety | | |
| ⋅   Department/Unit procedures for reporting unsafe conditions | | |
| ⋅   Safety / security hazards in your work area | | |
| 2.   **Security Management** | | |
| Reporting Crimes | HO | |
| ⋅   Locate Keys, Security Alarm, Panic Button | | |
| ⋅   Prox Cards and Omni Locks | | |
| ⋅   Pyxis | | |
| ⋅   Video Entry Security System (ICUs Only) | | |
| ⋅   Location of securing personal belongings | | |

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| **3.** **Hazardous Materials Management** |  |  |
| · Types of hazardous materials (chemical, infectious, radioactive) found in their area |  |  |
| · Locations of material safety data sheets (MSDS) |  |  |
| · Procedures for a hazardous material spill / location of spill kits |  |  |
| · Procedures for disposing of hazardous waste |  |  |
| · Gas cylinder storage areas |  |  |
| · Procedures that require personal protective equipment (i.e. gloves, goggles, etc.) |  |  |
| **4.** **Fire Prevention** | HO |  |
| · Steps to take in an event of a fire (Code Red Procedures) |  |  |
| · Types of Fires / Reporting a Fire |  |  |
| · Types of Fire Extinguishers / Location of Fire Extinguishers |  |  |
| · Locations of manual fire alarm pull stations (alarm box) |  |  |
| · Nearest stairwells / exit routes |  |  |
| · Participation in fire drills (patient care areas) |  |  |
| **5.** **Emergency Management** |  |  |
| · Location of Disaster Plan, Location of Emergency Supplies / First Aid Kit |  |  |
| · Evacuation Procedures (telephone numbers, evacuation assembly areas) |  |  |
| **6.** **Medical Equipment Management** | HO |  |
| · Introduction for office / department equipment |  |  |
| · Procedures for malfunction | HO |  |
| · Medical Equipment and Storage Location |  |  |
| · Equipment Owners Manual |  |  |
| **7.** **Utilities Management** |  |  |
| · Location of Medical Gas shut-off Valves (Zone Valve) |  |  |
| · Unique Fire Hazards (i.e. Oxygen, Chemicals) |  |  |
| · Temperature Control |  |  |
| · Response to Unplanned electrical outage |  |  |
| **III. PATIENT SAFETY & ERROR REDUCTION** |  |  |
| · Patient Safety Plan | NO |  |
| · Restraints/Seclusion Policy |  |  |
| · Medication Errors |  |  |
| · Event Reporting |  |  |
| · Infection Control |  |  |
|  |  |  |

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| IV. | DEPARTMENTAL POLICIES, PROCEDURES AND NURSING GUIDELINES | | |
|---|---|---|---|
| | · Department Mission/Vision Statement (if applicable) | NO | |
| | · Work Rules: Attendance (sick calls), Scheduling, Uniform, Email communication<br>· Personnel Contracts/Policies<br>· Diet Manual (located in policy stat, search "diet manual")<br>· General Nursing Guidelines<br>· Identifies Payroll (HBS), Department of Nursing, Forms Portal, Micromedex, Lexi-Comp, and library resources | | |
| **V.** | **Complete Online Requirements** | | |
| | . Review how HIPAA regulations apply to the position | | |
| | . Completed exam on-line for CICARE, Compliance, Ethics, HIPAA and Others | | |
| **VI.** | **PERFORMANCE IMPROVEMENT** | | |
| | . Department PI Projects | NO | |
| | . Unit PI Projects | | |
| **VII.** | **OTHER** | | |

Required Competencies:

**Age Specific (*see below and complete item number 4*)\***

Initial Department of Nursing

Initial Service * ✔

Initial Unit *

*\* Excluded for non-clinical staff ✔ Excluded for Clinical Care Partners*

| KEY ACTIVITIES | < 30 days Neonate | | >=30 days & < 1 YR Infant | | > = 1 yr & < 13 yrs Pediatric | | > = 13 yrs & < 18 yrs Adolescent | | > = 18 yrs & < 65 yrs Adult | | > 65 yrs Geriatric | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Meets Expectations:* | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1. Demonstrate knowledge of growth and development. | ■ | o | ■ | o | ■ | o | ■ | o | ■ | o | ■ | o |
| 2. Assess (RN) data collection (LVN and Unlicensed personnel) age-specific data. | ■ | o | ■ | o | ■ | o | ■ | o | ■ | o | ■ | o |
| 3. Report age-specific data. | ■ | o | ■ | o | ■ | o | ■ | o | ■ | o | ■ | o |
| 4. Provide age-specific care needed. | o | o | o | o | o | o | o | o | o | o | o | o |

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Revised 4/17/03, 6/18/03, 2/19/04, 08/07, 07/2008, 7/2009, 8/2009, 2/2010, 7/2010, 8/2010, 4/2011, 1/27/2015, 8/26/2016, 8/30/2016, 9/26/2017

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| | Evaluator Initials | Date |
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| **GENERAL ITEMS & AREAS** | | |
| **LOCATE**: | | |
| Entrances & Exits (staff & public), Hours open | | |
| Elevators (Visitor / Core / Critical Care Transport) | | |
| Nursing Stations / Reception desk (computers, printers, copiers) | | |
| Family Waiting Rooms | | |
| Break Areas / Staff Lounge / Mailboxes | | |
| Bulletin Boards | | |
| Patient Education Material | | |
| Conference Room – Educational / Reference Materials, Manuals | | |
| Staff and Public Restrooms | | |
| Smoking Areas | | |
| Family Consultation Rooms | | |
| Tour of other areas utilized by department | | |
| • Clinical Labs & Blood Bank<br>• Central Service<br>• Main Pharmacy & Out-patient Pharmacy<br>• Cashier Office<br>• Radiology Areas – X-Ray, CT, MRI, Ultrasound<br>• Emergency Room<br>• Dining Commons & Cafe<br>• Operating Room & PACU<br>• Interventional Radiology / Cath Lab / MPU<br>• Satellite Pharmacy<br>• Surgical Wait Area<br>• Discharge Lobby<br>• Nursing Office<br>• Patient Relations<br>• Admitting<br>• Tunnel<br>• Morgue/Viewing room<br>• Procedure Room on Floor – if applicable | | |

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|  |  |  |
| **KNOWLEDGE OF:** |  |  |
| Room Numbering System |  |  |
| Family Access |  |  |
| Paging System |  |  |
| Phones - VoIP, handhelds, POTS, ELS Phones |  |  |
| Telephone Numbers –Numbering System |  |  |
| Telemetry Coverage on Unit **(ACPs omit)** |  |  |
| Travel Pathways |  |  |
| Unit Address |  |  |
| Visitor Parking |  |  |
| **NURSING UNITS – Locate & Knowledge** |  |  |
| **A. Nurses Station** |  |  |
| Physiologic Monitoring Laser printer and Strip printer |  |  |
| **B.  Medication Rooms** |  |  |
| Pyxis & Pyxis Tower |  |  |
| Medication Refrigerators |  |  |
| Narcotics **(ACPs & CCPs omit)** |  |  |
| Cassettes |  |  |
| **C.  Clean Utility Room** |  |  |
| Supply Bin System |  |  |
| Blanket Warmers **(pods only)** |  |  |
| Accu-cheks / chargers / downloading station **(pods only)** |  |  |
| Other POCT devices (i.e. Hemocue - if applicable) |  |  |
| **D.  Soiled Utility Room** |  |  |
| Used Equipment |  |  |
| **E.  Reception Desk** |  |  |
| ACP Desk |  |  |
| Chart Location |  |  |
| Forms Location |  |  |
| **F. Other Areas or Items in Units** |  |  |
| Ice Machine for Specimen |  |  |
| Unit Director / CNS / AN II/Hoteling Office Space |  |  |
| Negative Pressure Isolation Rooms |  |  |
| Nourishment Station / Patient Food Refrigerator |  |  |
| Physician Dictation Areas or Rounding Rooms |  |  |
| Physician On-Call rooms |  |  |
| Code Cart / Defibrillator –Red Emergency Power Outlet **(ACPs omit)** |  |  |

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| Equipment Storage Rooms **(ICU only)** | | |
| Thinned Charts | | |
| Scales-bed and standing | | |
| Dialysis Hook Up **(ICU & CCU only)** | | |
| **G.  Patient Room**<br>**Locate:** | | |
| Code Blue Buttons | | |
| Computer on Wheels | | |
| Accu-chek / Chargers / Downloading Station **(ICUs only)** | | |
| Whiteboard | | |
| Utility Cart **(ICU only)** supply par levels | | |
| Ceiling Mounted Exam Light **(ICU only)** | | |
| Swivette and Bedpan Hose **(ICU & PACU only)** | | |
| Patient Phones | | |
| TV / DVD | | |
| Patient Restroom | | |
| Family Daybed | | |
| **Locate & knowledge: (ACPs omit this section)** | | |
| **Booms** – Red Emergency Power Outlets **(ICU & L/D only)-NICU/CCU omit**<br>• Compressed Air Movement<br>• O2, Suction, Air<br>• Data Ports<br>• Auxiliary Ports – vent Alarm<br>• Accessories<br>• Transport Trolley<br>• IV and Transducer Poles | | |
| **Headwalls** – Red Emergency Power Outlets **(pods and PICU only)**<br>• O2, Suction, Air | | |
| Physiologic Monitor  **(L&D both)** | | |
| **H. Equipment**<br>**Locate:** | | |
| Telemetry Boxes | | |
| 12 Lead EKG Machine Storage, Downloading Port & Cables | | |
| Cisco Handheld Phone Chargers | | |
| Doppler | | |

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| | | |
| **I.  Delivery Systems** | | |
| **Knowledge of:** | | |
| Highlights | | |
| Central Service | | |
| Linen | | |
| Nutrition Services | | |
| Patient Rooms Critical Equipment Program | | |
| Pharmacy | | |
| Nursing Processes and Workflow<br>• Admission Procedure<br>• Discharge<br>• Huddle/Shift Report<br>• Medication Administration **(Non ICU)**<br>• Medication Administration **(ICUs)**<br>• Order Communication **(non ICU)**<br>• Order Communication **(ICUs)**<br>• Pneumatic Tube System Blood Product Retrieval<br>• Pneumatic Tube System Medication Retrieval<br>• Staff Lockers<br>• Others | | |

_____  _____        _____  _____
Employee Signature                     Date                           Evaluator Signature                     Date


_____  _____        _____  _____
Evaluator Signature                     Date                           Evaluator Signature                     Date


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