## SULLIVAN COUNTY PUBLIC HEALTH SERVICES

**POLICY**: ORIENTATION

**<u>PURPOSE</u>**: To ensure knowledge of agency, programs and job expectations, and

to maintain compliance with state and federal regulations

**RESPONSIBLE PARTY**: Director, Deputy Director, DPS, Supervisors

Original

Approval: 9/99

Reviewed: 9/99

Revised: 10/17, 10/18

## **EQUIPMENT:** Not applicable.

## PROCEDURE:

1. During first week of employment, all staff are oriented to the agency. This includes philosophy, mission statement, goals, policy & procedures, physical facility, programs, and job responsibilities.

- 2. All employees are in-serviced on confidentiality and HIV confidentiality during the first week of employment.
- 3. Those staff with potential exposure are in-serviced regarding Blood Borne Pathogens during the first week of employment.
- 4. Orientation plan for each employee will be individualized dependent on program assignment and staff needs.
- 5. Orientation plans will be signed by employee and staff member being oriented as completed.
- 6. Completed orientation plans will be maintained in employee's personnel record.

Please take this with you as you go to Orientations. When complete, please return to Cindy

## Sullivan County Public Health Services General Staff Orientation Plan/Checklist

| Introduction to Public Health Services                             | Date given<br>and/or<br>completed | Orienteer's signature | Employee's signature |
|--|-----------------------------------|-----------------------|----------------------|
| 1. Mission Statement / Philosophy                                  |                                   |                       |                      |
| 2. Organizational Structure  |                                   |                       |                      |
| 3. Phone Extension List / All Call                                 |                                   |                       |                      |
| 4. Programs and Services   |                                   |                       |                      |
| a) Certified Home Health Agency                                    |                                   |                       |                      |
| b) Accounting/Payroll/Statistical/Billing                          |                                   |                       |                      |
| c) WIC (Women, Infants & Children) Program                         |                                   |                       |                      |
| d) Children w/ Special Health Care Needs Program                   |                                   |                       |                      |
| e) Healthy Families of Sullivan                                    |                                   |                       |                      |
| f) Maternal Child Health Programs                                  |                                   |                       |                      |
| -  |                                   |                       |                      |
| g) Epidemiology  |                                   |                       |                      |
| h) Health Emergency Planning                                       |                                   |                       |                      |
| i) Health Education  |                                   |                       |                      |
| j) Bilingual Outreach Worker                                       |                                   |                       |                      |
| 5. Policies:   |                                   |                       |                      |
| a) Calling out policy  |                                   |                       |                      |
| b) Evaluation policy   |                                   |                       |                      |
| c) Fire Drills/Escape Plan   |                                   |                       |                      |
| d) HIPAA policy  |                                   |                       |                      |
| e) HIV Confidentiality & BBP policies                              |                                   |                       |                      |
| f) Pool car policy – Car care                                      |                                   |                       |                      |
| g) Smoking policy  |                                   |                       |                      |
| h) Suggestion Box policy & form                                    |                                   |                       |                      |
| i) Time off policy, Payroll Adjustment forms & Time Clocks         |                                   |                       |                      |
| j) Cancer Screening policy (on Portal)                             |                                   |                       |                      |
| k) for CHHA employees – Emergency                                  |                                   |                       |                      |
| Preparedness policy  |                                   |                       |                      |
| 6. Supervision – Chain of Command                                  |                                   |                       |                      |
| 7. General Confidentiality – shredder use                          |                                   |                       |                      |
| 8. Incidents, Accidents and Reports to be                          |                                   |                       |                      |
| completed when necessary  9. Photo I.D. badge                      |                                   |                       |                      |
| 10. Building Tour  |                                   |                       |                      |
|  |                                   |                       |                      |
| 11. Mileage Reimbursement & Mileage Certification form             |                                   |                       |                      |
| 12. Employee Health Assessment                                     |                                   |                       |                      |
| 13. Emergency Contact Sheet  |                                   |                       |                      |
| 14. Corporate Compliance In-Service                                |                                   |                       |                      |
| 15. Orientation to Public Health: NYNJ 201                         |                                   |                       |                      |
| https://www.nylearnsph.com   |                                   |                       |                      |
| 16. ICS 100 training: FEMA ICS 100.b                               |                                   |                       |                      |
| https://www.nylearnsph.com   |                                   |                       |                      |
| 17. National Incident Management System: an                        |                                   |                       |                      |
| Introduction. FEMA IS -700.a:                                      |                                   |                       |                      |
| https://www.nylearnsph.com   |                                   |                       |                      |
| 18. A National Response Framework: an Introduction. FEMA IS-800.b: |                                   |                       |                      |
| https://www.nylearnsph.com   |                                   |                       |                      |
|  |                                   |                       | •                    |