



## PROFESSIONAL ORIENTATION GUIDE

EMPLOYEE NAME

LEVEL

DATE OF 1<sup>ST</sup> ASSIGNMENT

1. WELCOME & INTRODUCTION TO STAFF

2. AGENCY INFORMATION

- a. Mission and function
- b. Scope of Services
- c. Service Area

3. AGENCY BENEFITS/PROGRAMS

- a. Social Security
- b. Fidelity Bond Insurance
- c. Worker's Compensation
- d. Malpractice Insurance
- e. Liability Insurance
- f. Unemployment Insurance
- g. Incentive Programs

4. PERSONNEL POLICIES

- a. Non-Discrimination Policy
- b. Confidentiality of Patient Information (Article 27-F)
- c. Lines of Responsibility & Nursing Supervision
- d. Health Requirements
  - Physical Health Assessments
  - Tuberculosis Screening(s)
  - Other state/contract-required tests (i.e. Rubella Immunity, DT, Rubeola, etc.)
- e. Attire/identification card
- f. Work days and hours
- g. Distribution of Assignments
  - Call-in schedule/availability
  - Pick up assignment records at the office
  - Receive assignments by telephone
- h. Documentation DO NOT use "white out"
  - Service documentation must be legible; always sign full last name and first name initial, use only black or blue ink.
  - Turn Documentation in to office weekly on Monday otherwise it will not be paid that same week.
- i. Salary Administration/Weekly Payroll (week ends on Sunday)
  - Paycheck may be picked up or mailed
  - Contributions, tips &/or gifts are not to be received.
- j. Vacation, sick leave, holidays
- k. Medical Insurance
- l. Travel
- m. Emergency Disaster Preparedness Plan
- n. Communication Protocols
  - Give patients the Agency telephone number
  - DO NOT give patient your home telephone number
  - Contact the Agency if an emergency arises
  - 24 hour answering service and On-Call Procedures
- o. Safety Precautions
  - Use good judgment when making a visit

- p. Grievance Policy
- q. Incident Reporting
- r. Agency supplies and equipment
- s. Inservice Attendance
- t. Probationary Period
- u. Performance Evaluations
- v. Separation from the Agency
  - Dismissal
  - Resignation

**5. MEDICAL INFORMATION/DEFINITIONS**

- a. Part time/Intermittent care vs. Continuous care
- b. Community Resources
- c. Durable Medical Equipment
- d. Disposable Medical Supplies

**6. PATIENT RESPONSIBILITIES AND DUTIES**

- a. Service Non-Discrimination Policy
- b. Patient Bill of Rights
- c. Advance Directives
- d. Grievance Policy: complaint and incident reporting
- e. Patient/Environmental Safety
- f. Universal Precautions/Personal Protective Equipment
- g. Initial Assessment
- h. Plan of Treatment and Verbal/Change of Orders
- i. Care Plan
- j. Medication Administration & Documentation
- k. Team Members (Paraprofessionals and Therapists)
- l. Case Conferences
- m. Documentation
  - Record exactly and only what is done with and for the patient and any pertinent information about the patient's condition.
  - Charting Do's and Don'ts
- n. Observe and report significant changes to supervisor
- o. Supervisory Visits
- p. DO NOT perform any services without the physician and Supervisor's approval/knowledge CALL YOUR SUPERVISOR WHEN THE NEED ARISES TO CHANGE OR REVISE THE PLAN OF TREATMENT AND/OR THE CARE PLAN.

**7. FOR STAFFING PROFESSIONALS ONLY**

- a. Review 1 to 4 above, and
- b. Review all staffing forms
- c. Evaluations (after 3 shifts in each facility and after 3 months and annually after first assignment)
- d. Inservices (Fire/Safety, Infection Control, CPR if required)
- e. Orientation to the following facilities:

---

**8. QUESTIONS AND ANSWERS**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
AGENCY SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE