

Carolina Family Health Centers, Inc. Orientation and Competency Checklist

Employee's start date: _____
 Expected Probationary End Date (90-days): _____
 Employee's Name: _____
 Clinical Site Manager: _____
 Primary Location: _____

The following items are to be reviewed with the new employee upon employment and during the probationary period by the acting manager/preceptor for RNs, CMAs, LPNs, CNAs and Phlebotomists.

ADMINISTRATIVE

	Date Reviewed	Trainers Initials	Employees Initials
CFHC Intranet (calendar, policies and procedures, etc.)			
Review HR-601 & HR-601.01 Attendance			
Phone number exchange with supervisor			
Holidays and work schedule (WCHC 7:30 AM to 8 PM Mondays, HFHC 11 AM to 8PM Thursdays, and FHCHC 11AM to 8PM Wednesdays)			
Timeclock system			
Department Calendar			
Locker assignment			
Time off requests			
Pod phone system and voicemail messaging			
Review RM-101 & 101.01 Incident Reports			
Incident reports			

EMERGENCY RESPONSE, CODES AND EQUIPMENT

	Date Reviewed	Trainers Initials	Employees Initials
Review RM-200 Emergency Plan			
Telephone paging for emergencies			
Code C			
Code Blue			
Code Red			
Code Black			
Code Green			
Code VIP			
Code Grey			
Evacuation routes			
Fire extinguishers			
Location of AED			
Location and use of eyewash station			
Location of oxygen tanks			
Location and supplies in emergency cart			

INFECTION CONTROL

	Date Reviewed	Trainers initials	Employees Initials
Review RM-400 OSHA Bloodborne Pathogens Exposure Control Plan			
Review RM-400.01 Bloodborne pathogen Post-Exposure Evaluation			
Bloodborne pathogen post-Exposure form			
Review RM-400.04 Equipment Cleaning and Sterilization			
Review RM-401 & 401.01 Tuberculosis Infection Control Plan			
Review RM-402 OSHA COVID-19 Emergency Temporary Standard			
Review RM-403 Respiratory Protection Program			
Transportation of contaminated instruments			
Location of PPE and type & donning and doffing			
Handwashing and hand sanitation			
Infectious waste disposal (biohazard cans in exam rooms)			
Location of biohazard waste			

INFECTION CONTROL (cont.)

	Date Reviewed	Trainers initials	Employees Initials
Location of sharps containers and changing sharps container when at fill line			
Location and use of Spill Kits			
Location of SDS manual			
Location of OSHA poster			

MEDICAL EQUIPMENT

	Date Reviewed	Trainers initials	Employees Initials
Blood pressure units and cuff sizes			
Thermometers			
Scales			
Glucometer			
Review <i>CLN-503P Handling & Transporting of Patient Glucometers</i>			
Review <i>CLN-804P Blood Glucose Monitoring Systems & CLIA Waived analyzers Infection Control</i>			
Hemocue hemoglobin analyzer			
Pulse Oximeter			
ECG Machine			
A1c analyzer			
Coagucheck PT/INR analyzer			
Clinitek Urinalysis analyzer			
Audioscope			
Nebulizer			
Vision chart			
Autoclave			
Medical Supplies			
Review <i>CLN-502P Socking Rooms and Ordering Supplies</i>			
Verification of expiration dates			

MEDICAL PROCESSES

	Date Reviewed	Trainers Initials	Employees Initials
Vaccines			
Review <i>CLN-501P Ordering & Administering Injections, Immunizations and Oral Medications</i>			
Vaccines for pediatrics			
Vaccines for adults			
NCIR Querying			
Screening checklist for contraindications for immunizations			
NC Immunization Program (NCIP)			
coverage criteria (State vs. Private)			
CLIA Waived In-House Point of Care Tests (POCT)			
Review <i>CLN-800P CLIA Waived In-House Tests</i>			
Controls & how to perform			
Enter/edit results			
Floor Stock Medications			
Review <i>PHR-102.14 Floor Stock</i>			
Review process and location			

PATIENT CARE

	Date Reviewed	Trainers Initials	Employees Initials
Epic			
Setup Tabs			
Setup provider schedule columns			
Setup up Chart Review tabs in order of workflow			
Setup speed buttons (chief complaint, dx, etc.)			
Generating letters in Epic			
In-basket messaging (pools and batons)			
In-basket messaging - staff messages and telephone encounters			
Mychart Utilites to lock screen for screening			

PATIENT CARE (cont.)

	Date Reviewed	Trainers Initials	Employees Initials
Preparing Patients for Examination			
Review <i>CLN-500P Preparing a Patient for Examination</i>			
Review <i>RM-500 & 500.01 Patient Identifiers</i>			
Review rooming workflow on paper and in Epic			
Chief Compliant			
Screening			
PHQ2/SBIRT Annually (12 and older)			
PHQ9			
SDOH-ACH annually (1 year and older annually)			
Ages and Stages (ASQ) (6, 9, 12, 18 & 24 months & 3-5 years)			
M-CHAT (Autism screening 18 and 24 months WCC)			
Edinburgh Postnatal Depression Screening Scale (EPDS) (maternal screening at WCC 3 to 6 months)			
CRAFFT (adolescents)			
Health maintenance			
Medication reconciliation (Nurses Only)			
SOGI/UDS			
Medication Refills			
Review <i>SO-103 Standing Orders for Non-Provider Clinical Staff</i>			
Epic Workflow - Refill encounters			
Accessing flow sheets			
Triaging patients			
Review <i>CLN-400.03 Patient Triage</i>			
Informed Consents			
Review <i>RM-506.01 & 506.01 Consents</i>			
Advanced Directives			
Review <i>506.02 Advanced Directives</i>			
Medical Records Requests			
Review <i>HIPAA-200.04 Request for Protected Health Information</i> & Form			
Annual Wellness Visit Workflow			
Well Child Checks			
WCC and vaccine schedule			
Developmental screening (ages and stages & M-CHAT)			
ASQ Calculator (under bookmarks)			

I verify that I received training on the above topics. My questions have been answered at this time and I am aware that I can ask questions at any time for clarification. I acknowledge that additional information is available on the corporate internet regarding the policies and procedures referenced.

 Staff's Signature

 Date

I verify that the staff member has been given adequate instruction and overview of the above topics.

 Supervisor's Signature

 Date

Clinical Support Staff Competency Check-List

Competencies assessed are based on the clinical staff person's credentials and position roles and responsibilities.

Procedure	Not Applicable to		Observer		Observer		Observer
	Position, "X"	Date	Initials	Date	Initials	Date	
Anthropometrics							
Weight							
Adult							
Child							
Infant (0-6mo without clothes or diaper, 6-18mo undressed in diaper, >18 clothed with bulky items removed)							
Height/Length							
Adult							
Child (>2 yrs. standing)							
Infant							
Head Circumference (child <3)							
Infant/Toddler							
Vitals							
Blood Pressure							
Adult							
Child							
Pulse/Heart Rate							
Adult							
Child							
Infant							
Respirations							
Adult							
Child							
Infant							
Pulse Oximetry							
Adult/child							
Hearing							
Adult							

Procedure	Not Applicable to Position, "X'	Date	Observer Initials	Date	Observer Initials	Date	Observer Initials
Child (3 years and older)							
Vision							
Adult							
Child (3 years and older)							
Temperature							
Adult - oral							
Child- tympanic 2+ month or oral							
Infant- rectal up to 2 months							
Procedures							
Nebulizers							
Ear irrigation							
Pap smear setup							
PPD Placement and reading							
Cleaning and disinfection of the exam room							
ECG							
IM injection (Depo Provera, Solumedrol, Rocephin, etc.)							
Labs							
Urine HCG							
Urine Drug screen							
Finger stick blood sugar							
Hemoglobin							
Hemoglobin A1C							
Coagucheck (PT/INR)							
Fecal Occult Blood							
IFOBt -patient instructions							
Cologuard - patient instructions							
Rapid Strep test							
Rapid Influenza test							
Rapid Covid-19							
Lead level							

Procedure	Not Applicable to Position, "X'	Date	Observer Initials	Date	Observer Initials	Date	Observer Initials
Venipuncture							
Vaccines (Nurses and CMAs Only)							
Inventory controls							
NCIR data entry and query							
Completion of CDC Vaccine Modules (certificates on file)							
Demonstrate vaccines administration							
Adults							
Children							
Infants							
Cleaning and sterilization of equipment (Phlebotomist and assigned staff)							
1. Review procedure, <i>RM-400.04 Equipment Cleaning and Sterilization</i>							
2. Watch manufacturer videos on autoclave miniature and use							
3. Demonstration proper cleaning and sterilization technique							
4. Sign training acknowledgement							

I verify that I have received training and have shown competency in the above areas.

Staff's Signature

Date

I verify that the staff member has demonstrated competency in the areas noted of above.

Manager/Preceptor's Signature

Date