

Student - Safety & Unit Orientation Checklist

STUDENT Name: _____

Faculty: _____

SCHOOL: _____ DEPT: _____

WORK IN TEAMS FOR SAFETY AND REMARKAB

PATIENT CARE

Checklist to be completed and returned to Education Department prior to/during **first clinical shift** at Maple Grove Hospital. Further clarification on topic areas is available in the Annual Required Learning Packet.

Student Staff Safety & Unit Orientation Checklist

		ORIENTATION CONTENT – WELCOME!
<u>DATE</u>	<u>VERIFIER</u>	
_____	_____	1. Orientation to the Unit/Department <ul style="list-style-type: none"> • Introductions and work assignments • Verify EPIC access • Breaks/Food and Drink location • Personal Appearance • MGH Intranet (Policies and procedures, MSDS, Patient Education) • Roles of department staff (PCF, PFA, NA, Lead) • Omnicell Access • Tube System • Desk call light system • Unit layout/team member restroom/break room • Personal Belongings/ Parking/ Badge process
<u>Date</u>	<u>Verifier</u>	Manage Safety Risks for Remarkable Patient Care
_____	_____	1. Life Safety <ul style="list-style-type: none"> • Location of fire extinguishers • Location of emergency equipment • Location of pull stations • Equipment for evacuation • Code Pink – Purpose and Responsibilities • Code Red/RCA: <ul style="list-style-type: none"> R: Rescue individual that is involved in the fire C: Confine the fire A: Alarm should be sounded as soon as possible 2. Important Contact Numbers: <ul style="list-style-type: none"> • House wide Emergency Phone Number- *77 • Security - *77 • MGH Customer Service- 12321

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		3. Fall Risk <ul style="list-style-type: none"> • Bracelet/ light
<u>Date</u>	<u>Verifier</u>	The Environment
		4. Nursing station/ Floor navigation <ul style="list-style-type: none"> • Organization of work areas • Linens • Nutrition • Dirty/Clean utility rooms 5. Supplies <ul style="list-style-type: none"> • Supply Room Location/Items • Safe Patient Handling – Transfer Devices • DVT prophylaxis pumps – locations and application (in-patient units) 6. Patient Rooms <ul style="list-style-type: none"> • Call light / electronics/ MARTI • Patient Welcome Packet • Communication boards 7. Infection Control <ul style="list-style-type: none"> • Hand washing/foaming • Cleaning of equipment • Contact Precautions/Equipment/Signage • Understand appropriate infection prevention techniques, PPE requirements, and location of current references and resources
<u>Date</u>	<u>Verifier</u>	Patient Care
		8. Handoff Process (SBAR) 9. HIPAA/ Code White / EMTALA 10. Electronic Medical Record and Documentation (Required Charting Tip Sheet – Inpt. Units) 11. Role in reducing security risks <ul style="list-style-type: none"> • Management of patient valuables • Close Observation • Agitation • Suicide • Elopement Risk/ Code Walker 12. Nursing Equipment – Philips Monitors/ IV pumps 13. Patient /Customer Identification Process <ul style="list-style-type: none"> • 2 IDs • Patient Name and Date of Birth 14. Preventing Patient/ Customer harm 15. Medication Administration 16. Pain Management <ul style="list-style-type: none"> • RUC “ Are You Comfortable?” • Meeting the need of the patient, timely response to pain • Team approach

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		17. Patient Education <ul style="list-style-type: none"> • Lodgenet • EBSCO 18. Lab Labeling/Transporting Process
<u>Date</u>	<u>Verifier</u>	Role Specific
_____	_____	17.
_____	_____	18.
_____	_____	19.
_____	_____	20.

Students are not trained to restraints or glucometer.

	Initials	Date	
_____	_____	____/____/____	Student Signature
_____	_____	____/____/____	Manager Signature

	Skill Requirements Complete
_____	____/____/____
Verifier Signature	



9875 Hospital Drive
Maple Grove, MN 55369

Team Member/Volunteer Confidentiality Agreement

Name: _____ ID _____
(Please print)

Confidential information includes all customer, team member, provider and Maple Grove Hospital / North Memorial Health (NMH) corporate information acquired by a team member or volunteer. This includes verbal, written or electronic information obtained or otherwise recorded in any form.

I understand it is the intent of Maple Grove Hospital to treat all customer, team member, provider, and corporate information as confidential. Information concerning the name, condition, care or treatment and the insurance, billing or financial status of any customer must be held in strict confidence. Discussion with any team member, volunteer, or anyone outside Maple Grove Hospital is not allowed unless you and the other party are directly involved with the customer's care, treatment or payment of services.

I understand I must be aware that customers and members of the public are present in waiting areas and throughout Maple Grove Hospital. Therefore, I must not make any comment concerning a customer, a customer's medical or financial condition or history, or the customer's family where any unauthorized person might overhear. It is also my responsibility to assure that confidential information, whether in written or electronic form, is protected from unauthorized access or view.

I understand any requests for information concerning customers or Maple Grove Hospital activities are handled according to the guidelines established by Maple Grove Hospital. Any requests for information by the news media (print, radio, television or other) must be immediately referred to the Media Relations Representative.

I understand I am authorized only to access customer information to provide services as required by my position.

I understand that the Information Technology network and sign-on information issued to me and subsequent passwords created by me are to be used solely in conjunction with the performance of my authorized team member or volunteer functions. I will take all steps necessary to prevent others from gaining knowledge of my password(s), thus gaining access to the Maple Grove Hospital network through me.

A breach of confidentiality, including accessing information beyond what is necessary to complete my job duties or volunteer functions, is a very serious violation of legal and ethical obligations for team members and volunteers and warrants disciplinary action up to and including termination.

I acknowledge that I have been provided HIPAA training. I have read the above agreement, I understand it and I agree to comply with it.

Signature

Date

Original – Human Resources/Volunteer Services
Copy – Team Member/Volunteer

Business Confidential/Internal Distribution Only