



2019-20 Orientation Checklist

Instructions: Complete all steps prior to orientation BRING THIS FORM AND OTHER DOCUMENTS NOTED BELOW TO YOUR ORIENTATION SESSION	Date Completed
1. Review Orientation Self-Study Packet and Policies: <ul style="list-style-type: none">• EvergreenHealth Strategic Plan Summary• Hand Hygiene• Handrub and Handwash• Putting on and Taking off Personal Protection Equipment• Interpretive Services• Pharmaceutical Waste• Fall Prevention• Scanning Patients and Medications• Emergency Codes• Art of Caring• SBAR• Patient Bill of Rights	
EvergreenHealth Policies: <ul style="list-style-type: none">• Code of Conduct• Exposure to Blood and Body Fluid Management• Immunity/Vaccination and Tuberculosis Screening Requirements• Transmission based Isolation Precautions• Specimen Labeling Flow Chart• Work Restriction• Dress Code• Cell Phone Usage• Social Media Use	
2. Review <i>EvergreenHealth</i> Complying with HIPAA Module	
<u>Bring items 3-6 below to your scheduled Orientation at EvergreenHealth</u>	
3. Complete EvergreenHealth HIPPA Assessment test	
4. Complete Orientation Quiz	
5. Complete EvergreenHealth Confidentiality and Security Agreement	
6. Sign and date the attestation below and bring to EvergreenHealth Orientation	

Attestation Statements:

- I have completed the orientation requirements listed above.
- I am confirming my commitment to integrity and my responsibility for following EvergreenHealth's Code of Conduct:
 - I will follow EvergreenHealth's Code of Conduct and will ask questions if I don't understand my responsibilities.
 - I will report violations of the Code of Conduct and any other concerns to an EvergreenHealth Supervisor, the Corporate Compliance Officer or the Corporate Compliance Hotline (425.899.5599).
 - I understand that EvergreenHealth has the right to take immediate corrective action if I violate the Code of Conduct, up to and including termination of the use of its facilities.

Name (PRINT): _____ Nursing Program: _____

Signature: _____ Date: _____

This document will be scanned to an electronic format and the original paper copy securely destroyed.



WORKFORCE CONFIDENTIALITY AND SECURITY AGREEMENT

Through your association with EvergreenHealth, you may have access to confidential information such as patient, financial and/or business information (**EH Information**). The purpose of this Agreement is to help you understand your personal obligation regarding EH Information. Signed acknowledgement of this form is required to receive network or application credentials (user ID and password) for EvergreenHealth systems. This Agreement applies to all members of EvergreenHealth's workforce, including all employees, members of the Medical Staff, temporary and contract employees, volunteers and students.

EH Information is valuable and sensitive and is protected by law, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Washington Uniform Healthcare Information Act that protects patient information contained within healthcare information systems, and by EvergreenHealth policies. Inappropriate access or disclosure of EH Information may result in termination of contract and/or loss of privileges, and may also constitute a crime that is punishable by fines and/or imprisonment.

Accordingly, as a condition of and in consideration for granting you access to EH Information, you acknowledge and agree:

1. You will not access EH Information you have no legitimate need to know or for which you are not an authorized user. You will not access the records of your family members or friends except for assigned job-related duties. When accessing a patient's records, you agree to access only the minimum necessary information to satisfy your job role and/or the need of the request.
2. You will not use, disclose, copy, release, sell, loan, review, alter, post online, destroy or forward EH Information except as necessary to perform your duties for EvergreenHealth and/or as expressly authorized by existing policy, contractual agreement or an authorized representative of EvergreenHealth.
3. You will not use another user's system credentials to access EvergreenHealth systems or reveal your system credentials to anyone for any reason. By signing below, you expressly agree to the following statement: **I accept personal responsibility and understand that I will be held accountable for all activities that occur through my system credentials.**
4. If you have knowledge of any inappropriate access, use or disclosure of EH Information you will report it immediately to your supervisor and the EvergreenHealth Privacy Office at privacy@evergreenhealth.com or 425.899.5599.
5. You will not seek personal benefit or permit others to benefit personally from EH Information you obtain through your association with EvergreenHealth, whether or not you were authorized to obtain the information.
6. You understand and agree (i) all EH Information, regardless of the media on which it is stored (paper, electronic, video, etc.), the system in which it is processed (computer, voice mail, telephone, fax machine, etc.), or the method by which it is transmitted (electronically, face to face conversation, facsimile, etc.) is EvergreenHealth property and may not be used or disclosed inappropriately or for personal gain; (ii) you have no expectation or right of privacy in anything created in, stored on, sent by or received through any EvergreenHealth system; and (iii) EvergreenHealth has the right to inspect or monitor information and transactions on its systems at any time and to use and disclose any information found in its systems for any purpose it deems appropriate.
7. You agree to comply with all laws regarding the privacy and security of personal and/or protected health information, including but not limited to 45 CFR Parts 160 and 164 (HIPAA) and chapter 70.02 RCW, and with applicable EvergreenHealth policies that are made available to you.
8. You agree your duty to maintain the confidentiality of the EH Information you obtained through association with EvergreenHealth will continue indefinitely, even after you no longer have access to EvergreenHealth systems.

By signing below, you acknowledge EvergreenHealth actively monitors and reviews information and transactions in its systems. Inappropriate access or disclosure of EH Information may result in termination of contract, loss of privileges and/or civil or criminal penalties, and you agree to the following statement:

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE TERMS OF THIS AGREEMENT

Signed _____

Date _____

Students & Volunteers: must provide a 4-digit code to be used as Identification when calling the help desk **(Required if accessing EH systems)**

Print Full Name _____

Department _____

Supervisor _____

RN Student and Clinical Instructor Scope of Practice

I. Medications

RN Student and Clinical Instructor Medication ACCESS			
Not Allowed		Allowed	
RN Student	Instructor	RN Student	Instructor
Schedule II & III controlled substances	Schedule II & III controlled substances	Non-controlled medications	Non-controlled medications
		Allowed after Cerner Automated Drug Dispensing (ADD) training	

RN Student Medication ADMINISTRATION	
Not Allowed	Allowed
Schedule II& III controlled substances (any route)	Medications given by non-parenteral routes (excluding)
IV: Insulin drips Heparin drips Vasopressors 1 st dose antibiotics Concentrated Electrolytes Thrombolytic drugs Intrathecal drugs Code Drugs	IV maintenance fluids IV antibiotics (after 1 st dose) IM & SQ injections

*Schedule Substance Definitions:

Schedule II (CII) Substances

- The controlled substances in this schedule have a high abuse potential with severe psychological or physical dependence liability, but have accepted medical use in the U.S. CII controlled substances consist of certain narcotic, stimulant, and depressant drugs. Some examples of CII narcotics are: opium, morphine, codeine, hydromorphone (Dilaudid)¹, methadone, meperidine (Demerol), cocaine, oxycodone (Percodan), anileridine (Lertine), the immediate precursor phenylacetone (P-2-P), and oxymorphone (Numorphan). Also in CII are the stimulants amphetamine (Dexedrine), methamphetamine (Desoxyn), phenmetrazine (Preludine), and methylphenidate (Ritalin); the depressants amobarbital, pentobarbital, secobarbital; and fentanyl (Sublimaze), etorphine hydrochloride, and phencyclidine (PCP).

Schedule III (CIII) Substances

- The controlled substances in this schedule have an abuse potential and dependence liability less than those in CI and CII, and have an accepted medical use in the U.S. They include preparations containing limited quantities of certain narcotic drugs, and other nonnarcotic drugs such as: derivatives of barbituric acid, except those that are listed in another schedule, glutethimide (Doriden), methyprylon (Noludar), nalorphine, benzphetamine, chlorphentermine, clortermine, and phendimetrazine.

Schedule IV (CIV) Substances

- The controlled substances in this schedule have an abuse potential and dependence liability less than those listed in CIII and have an accepted medical use in the U.S. They include such drugs as: barbitol, phenobarbital, methylphenobarbital, chloral hydrate, ethchlorvynol (Placidyl), ethinamate, (Valmid), paraldehyde, methohexital, fenfluramine, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranxene), flurazepam (Dalmene), lorazepam (Ativan), alprazolam (Xanax), temazepam (Restoril), triazolam (Halcion), mebutamate, dextropropoxyphene (Darvon), and petazocine (Talwin).

Schedule V (CV) Substances

- The controlled substances in this schedule have an abuse potential and dependence liability less than those listed in CIV and have an accepted medical use in the U.S. They are often available without prescription, and include preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes. Buprenorphine is also a CV drug.

NarcStation Inventory List:

Controlled Substance Schedule	Examples
Schedule II (C-II)	Amphetamine-Dextroamphetamine
Schedule II (C-II)	Acetaminophen-hydrocodone
Schedule II (C-II)	Acetaminophen-oxycodone
Schedule II (C-II)	Belladonna-opium (B&O) suppository
Schedule II (C-II)	Cocaine (topical solution)
Schedule II (C-II)	Dextroamphetamine
Schedule II (C-II)	Fentanyl
Schedule II (C-II)	Hydromorphone
Schedule II (C-II)	Meperidine
Schedule II (C-II)	Methadone
Schedule II (C-II)	Methylphenidate
Schedule II (C-II)	Morphine
Schedule II (C-II)	Oxycodone
Schedule II (C-II)	Remifentanyl
Schedule II (C-II)	Sufentanyl
Schedule III (C-III)	Acetaminophen-Codeine 300 mg-30 mg
Schedule III (C-III)	Dronabinol
Schedule III (C-III)	Testosterone
Schedule III (C-III)	Ketamine
Schedule IV (C-IV)	Alprazolam
Schedule IV (C-IV)	Butorphanol tartrate
Schedule IV (C-IV)	Carisoprodol
Schedule IV (C-IV)	Chlordiazepoxide
Schedule IV (C-IV)	Clonazepam
Schedule IV (C-IV)	Diazepam
Schedule IV (C-IV)	Lorazepam
Schedule IV (C-IV)	Midazolam

Schedule IV (C-IV)	Modafinil
Schedule IV (C-IV)	Temazepam
Schedule IV (C-IV)	Triazolam
Schedule IV (C-IV)	Tramadol
Schedule IV (C-IV)	Zolpidem
Schedule V (C-V)	Diphenoxylate-atropine (Lomotil)
Schedule V (C-V)	Guaifenesin/codeine 100 mg/10 mg/5 mL
Schedule V (C-V)	Lacosamide
Schedule V (C-V)	Pregablin (Lyrica)

**For complete list of controlled substances please refer to Micromedex*

II. Procedures

RN Student Patient Care PROCEDURES		
Not Allowed (observation only)	Allowed with Direct Supervision*	Allowed**
Point of Care testing (i.e. iStat, glucometer, etc.)	Medication administration and documentation	Documenting patient care
IV fluid warming	Insertion or discontinuation of urinary catheters	Patient ADLs
Blood administration	Insertion or discontinuation of NG tubes	Patient assessments
Swallow screening	Tube feeding administration	
Access or de-access ports or passports	Simple dressing changes	
Discontinue epidural or central lines	Peripheral IV starts	
Handle or document care of restraints	First post-op dressing change	
Confirm, take or enter orders	Hand-off reporting	
Vaginal exams (excluding Sr. Practicum)	Vaginal exam (Sr Practicum only)	
Waste or count medications	CPR	
Clear end of shift IV infusion totals		
Cosign or peer check medication		
Program or change setting in an epidural pump or PCA		
Conscious/procedural sedation		
Care for Wound Infiltrations		
Central line dressing changes		

**It is up to the discretion of the assigned RN whether or not a student may perform an allowed procedure. The ability to perform these procedures will vary depending on the student's competency level, course level and nursing program limitations.*

***Allowed procedures must be directly supervised by clinical instructor or assigned RN when performed by students for the 1st time.*



Clinical Objectives: *Must be completed for each clinical shift assignment*

Date:

Student Name:

Nursing School:

Quarter in Nursing School:

Instructor Name:

Instructor Contact Number/Pager:

Time(s) on unit:

Time(s) off unit:

Number of patients:

Acuity/complexity of patients:

Clinical Goals for today *(What will you do for your patient/s today? Are there any specific tasks you would like to do?):*

-
-
-
-
-

Students May Not:

✓Waste medications, count drugs, clear end of shift totals ✓ Confirm, take or enter orders ✓ Perform point of care testing ✓ Program or make any changes in an epidural pump or PCA ✓ Hang TPN ✓ Warm any kind of fluids ✓ Perform conscious/procedural sedation ✓ Deliver chemotherapy ✓ Perform care for wound infiltrations ✓ Verify, check or administer blood products ✓ Perform swallow screens ✓ Dose IV drip medication such as heparin, insulin etc. ✓ Access or de-access ports or passports ✓ Discontinue epidural lines or central lines ✓ Perform vaginal exams (non-Sr. Practicum) ✓ Handle or document care of restraints

School Specific Prohibitions:



Clinical Objectives: *Must be completed for each clinical shift assignment*

Date:

Student Name:

Nursing School:

Quarter in Nursing School:

Instructor Name:

Instructor Contact Number/Pager:

Time(s) on unit:

Time(s) off unit:

Number of patients:

Acuity/complexity of patients:

Clinical Goals for today *(What will you do for your patient/s today? Are there any specific tasks you would like to do?):*

-
-
-
-
-

Students May Not:

✓Waste medications, count drugs, clear end of shift totals ✓ Confirm, take or enter orders ✓ Perform point of care testing ✓ Program or make any changes in an epidural pump or PCA ✓ Hang TPN ✓ Warm any kind of fluids ✓ Perform conscious/procedural sedation ✓ Deliver chemotherapy ✓ Perform care for wound infiltrations ✓ Verify, check or administer blood products ✓ Perform swallow screens ✓ Dose IV drip medication such as heparin, insulin etc. ✓ Access or de-access ports or passports ✓ Discontinue epidural lines or central lines ✓ Perform vaginal exams (non-Sr. Practicum) ✓ Handle or document care of restraints

School Specific Prohibitions:



2019-20 Orientation Quiz

Name: _____

Date: _____

Nursing Program: _____

1. To call a code at Evergreen in an inpatient area dial _____.
Dial _____ in an outpatient area or in the parking lot.

2. Name 3 rights protected by Evergreen's Patient and Client Bill of Rights:

1. _____
2. _____
3. _____

3. According to Evergreen's Art of Caring Standards, what are the behaviors to include with each patient encounter? _____

4. Which pharmaceutical waste containers are found in patient rooms?

- A. Blue Sharps Container
- B. Standard Black Box – Black and White Label
- C. Aerosol Black Box – Black and Green Label
- D. Red Biohazard Bags

5. What are the 5 moments when you should perform hand hygiene when caring for your patient?

1. _____
2. _____
3. _____
4. _____
5. _____

6. Match the following isolation precautions with the correct PPE:

- | | |
|---------------------------------|--|
| 1. Airborne Respiratory | A. Gloves, gown, face shield, eye protection |
| 2. Droplet | B. Gown and gloves |
| 3. Airborne Contact Precautions | C. PAPR/CAPR |
| 4. Standard | D. Mask |
| 5. Contact Enteric Precautions | E. CAPR/PAPR, gown, and gloves |
| 6. Airborne Respirator Contact | |

7. A _____ is called when a patient's medical condition is declining and an emergency medical team at the bedside is needed. Inpatient dial _____.

8. What is required to be on the specimen label after collection? _____

9. When doffing (removing) PPE, what is the correct sequence order?

1. Remove gloves, gown, mask, then sanitize hands.
2. Remove gown, gloves, mask, then sanitize hands.
3. Remove gown, mask, gloves, then sanitize hands.
4. Remove mask, gloves, gown, then sanitize hands.

10. Prior to administering a medication what two things are required to be scanned? -----

11. Three (3) procedures allowed with direct supervision of the assigned nurse or your instructor are:

1. _____
2. _____
3. _____

12. What should you do if you suspect your patient's primary language is not English and he/she is not understanding you? _____

13. Which of the following is not acceptable practice for social media:

- A. Posting a selfie of you with your first patient
- B. Posting "it's my first day at the hospital and I had a great time"
- C. Posting "I love doing my clinical at EvergreenHealth"
- D. Posting "The patient in room 8056 was the best patient ever"
- E. A, C and D
- F. A and D

14. What are the five items the 2nd person verifies for laboratory specimen collection?

1. _____
2. _____
3. _____
4. _____
5. _____

15. When should you use the SBAR communication technique? _____

16. Which does not violate Evergreen's Dress Code Policy?

1. Extreme tattoos and body piercings
2. Fragrances
3. Student nametag
4. Artificial nails

17. List 3 principles that will guide your behavior and conduct while at Evergreen:

1. _____
2. _____
3. _____

18. What are your responsibilities as a student related to restraints? _____

19. True or False: Evergreen prohibits the inappropriate use of camera phones in the workplace.

20. Match the following waste with the container to put it in:

- | | |
|---|--------------------------------------|
| 1. Insulin | A. Red Biohazard Bag |
| 2. Narcotics | B. Blue Sharps container |
| 3. Empty syringes | C. Black Box (Black and White Label) |
| 4. Body fluid saturated items | D. General Trash |
| 5. Empty glass ampules/needles | E. Destroyer container |
| 6. IV tubing/IV bags less than 3% fluid | |

21. What is your source when you are unsure whether you can perform a task/procedure?

22. When do you perform a Fall Risk Assessment? _____

23. List 5 interventions for patients designated High Fall Risk:

1. _____
2. _____
3. _____
4. _____
5. _____

24. Where do you remove Personal Protective Equipment (PPE)? _____

25. What does ABCS stand for and why do we use it: _____

