

Student Nurse Orientation

Welcome to Providence St. Joseph Health. Thank you for helping us to provide quality care to our patients. This orientation packet is designed to help prepare you for your clinical experience in our facilities. Please review the materials prior to working your first clinical rotation.

Student Name: _____ School _____

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|---|---|
| <input type="checkbox"/> Assessment of Patients | <input type="checkbox"/> Medical Waste Disposal Guidelines |
| <input type="checkbox"/> Blood Glucose Monitor Policy | <input type="checkbox"/> Patient Bill of Rights |
| <input type="checkbox"/> Dress Code | <input type="checkbox"/> Patient Experience II |
| <input type="checkbox"/> Emergency codes | <input type="checkbox"/> Safety and Security |
| <input type="checkbox"/> Fall Prevention Protocol | <input type="checkbox"/> Stop the Line for Patient Safety |
| <input type="checkbox"/> Fire Response Plan | <input type="checkbox"/> Student Parking |
| <input type="checkbox"/> Hand Hygiene | <input type="checkbox"/> Student Policy |
| <input type="checkbox"/> Harassment in the Workplace | <input type="checkbox"/> Visitor, Staff, Patient Injury on Site |
| <input type="checkbox"/> HIPAA Privacy | |

Students in the OR or Women/Children's Department

- ☐ Observer's in the OR

Signature of Student

Date

Signature of Instructor

Date

Please review all documents and return this checklist to your instructor on your first clinical day.

Signed sheet to be forwarded to Helen Cortopassi, RN @1W07.