

Nationwide Children's Hospital
Student of Nursing Orientation Checklist

Student Name: _____ **Date :** _____

Educational Institution: _____

Clinical Instructor: _____

To document training please place a checkmark in front of items that you received information about during the orientation and feel you understand.

About Children's Hospital

_____ Mission
_____ Customer Service Principles
_____ Bill of Rights
_____ Corporate Integrity
_____ HIPAA
_____ Confidentiality
_____ Ethics

Safety and Security

_____ SAFE
_____ Weapons Policy
_____ Fire Safety
_____ RACE _____ PASS
_____ Hazardous Materials
_____ Disaster Codes
_____ Abandoned Newborns

Infection Control

_____ Tuberculosis
_____ Isolation Policy
_____ Importance of Hand Washing
_____ Standard Precautions
_____ Bloodborne Pathogens
_____ Incident Report
_____ OSHA Rules

Professional

_____ Interacting with Patients and Families
_____ Respecting Differences
_____ Dress Code
_____ Parking
_____ Smoking

Student Signature: _____ **Date:** _____

Please print two sided with OSHA Form on the back. Thank you.

APPENDIX E

OSHA Bloodborne Pathogen Standard Pediatric Specific Training For Students Affiliated at Nationwide Children's Hospital

This student knows:	Yes	No
1. Where to find the Exposure Control Plan on their unit/department. and/or how to access it on the Intranet.	___	___
2. Where to find gloves on the unit/department.	___	___
3. Where to find face shields/masks and goggles on the unit/department.	___	___
4. Where to find fluid-resistant gowns on the unit/department.	___	___
5. What types of personal protective equipment are required for their specific duties.	___	___
6. Where the nearest eyewash station is located.	___	___
7. What steps to take if exposed to blood or body fluids or if clothing becomes contaminated with blood or body fluids.	___	___
8. Who to contact when sharps containers is 2/3 full.	___	___
9. Where on the unit/department food and drink may be consumed and lip balm/cosmetics can be applied.	___	___
10. The proper procedure for washing hands.	___	___
11. What safety devices are currently available at Nationwide Children's.	___	___

Date of Training: _____

Name of Trainer: _____
(person orienting students to unit OSHA requirements)

Name of Clinical Instructor: _____

Educational Institution
of the student: _____

Name of Student: (print) _____

Signature of Student: _____

THIS FORM MUST BE MAINTAINED FOR THREE (3) YEARS FROM DATE OF TRAINING.