

# Nationwide Children's Hospital Nursing Student Orientation Checklist

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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

## About Nationwide Children's Hospital

- \_\_\_\_\_ Mission
- \_\_\_\_\_ Customer Service Principles
- \_\_\_\_\_ Patient Rights and Responsibilities
- \_\_\_\_\_ Corporate Integrity
- \_\_\_\_\_ HIPAA
- \_\_\_\_\_ Confidentiality
- \_\_\_\_\_ Ethics

## Safety and Security

- \_\_\_\_\_ SAFE
- \_\_\_\_\_ Weapons Policy
- \_\_\_\_\_ Fire Safety
- \_\_\_\_\_ RACE \_\_\_\_\_ PASS
- \_\_\_\_\_ Hazardous Materials
- \_\_\_\_\_ Disaster Codes
- \_\_\_\_\_ Abandoned Newborns
- \_\_\_\_\_ 5P Handoff

## Infection Control

- \_\_\_\_\_ Tuberculosis
- \_\_\_\_\_ Isolation Policy
- \_\_\_\_\_ Importance of Hand Hygiene
- \_\_\_\_\_ Standard Precautions
- \_\_\_\_\_ Blood Borne Pathogens
- \_\_\_\_\_ Event Report
- \_\_\_\_\_ OSHA Rules

## Professional

- \_\_\_\_\_ Interacting with Patients and Families
- \_\_\_\_\_ Respecting Differences
- \_\_\_\_\_ Dress Code
- \_\_\_\_\_ Parking
- \_\_\_\_\_ Smoking

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OSHA Blood Borne Pathogen Standard  
Pediatric Specific Training for Students Affiliated at  
Nationwide Children's Hospital**

<b>This student knows:</b>	<b>Yes</b>	<b>No</b>
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 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 are 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.**