



CaroMont Health

Student Checklist

Educational Institution: _____

Instructor Name: _____

Date: _____ **Unit:** _____

Complete the following document with students first day on unit and turn in to Suzanne McKee with Learning & Development

Unit Orientation Information (Unit Rep will review)	Faculty Initials/Date
Location of Department Hazardous Chemical List & Material Safety Data Sheets-SDS	
Location of Department Bloodborne Pathogens Exposure Control Plan & how to manage in case of exposure	
Location of Department Safety Manual/Hospital Fail Safe Phone List	
Emergency Codes and understanding of role in each type of code, including how to call a code. Location of crash carts, fire extinguishers, pull boxes and evacuation route	
Tour of Unit: Dirty Supply/ Clean Supply/Medication Room/Linen Chute/ Nourishment Room/Break Room/ Restroom/ Conference Space/Assignment Sheet/ and Eye Wash station/Stairwells	
Expectations regarding communication between nurse, instructor, and student regarding patient care (appropriate handoff)	
Unit routines such as breaks, bedside report, frequency of vitals, important phone numbers, contacts, huddle process, rounding, access codes and badge access to rooms, patient call system, code blue buttons, patient meals, visitation policy	
Covid Policy and Procedure Overview, and Location on CHIP, including where students and faculty should eat to maintain appropriate social distancing	
CARES Values Review	

Unit Orientation (Instructor must show competency)	Faculty Initials/Date
Demonstration of standard Precautions including hand washing/ donning, doffing PPE	
Verbalization of transmission Based Precautions including CRE/CDIFF/MRSA/TB to include any respiratory supplies	
Demonstrates use of stretchers, beds, and wheelchairs	
Verbalizes process for fall prevention/suicide precaution/ligature risk	
Demonstrate location of dynamaps, IV pumps, clean supplies (i.e.BP cuffs, stethoscopes,etc.), and point of care testing equipment and how to clean after patient use	
Demonstrates ability to read assignment board	





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Student Name	Student Signature

Instructor's Full Signature and Title: _____

