

## Unit/Department Specific Orientation & Training Checklist

Unit Name \_\_\_\_\_

### CONTACT /NAMES/NUMBERS

Nurse Manager		
Assistant Nurse Manager		
Clinical Nurse Specialist/Clinical Practice Leader		
Unit Number		
Pharmacy		
Charge phone		
Housekeeping:		
Respiratory		

### CODES

Med Room		Supply Closets	
Med Carts		Staff Locker Room	
Supply room		Nutrition Room	
Clean/soiled utility			

#### Instructions for Use:

- This template is to be utilized for staff Unit/Department Specific Orientation & Training
- Place a check ✓ in the indicated column once the orientation item is complete.
- No down arrows or continuous lines permitted.
- Write "N/A" in the indicated column if an item is not applicable to the employee role or unit.

<b>Covid-19 Patient</b>	<b>✓ or N/A</b>
<b>Room Prep</b>	
Special Respiratory Isolation sign on door	
Don/Doff Checklist in room	
Isolation cart with appropriate PPE	
TB01/TB02 biohazard trash cans inside room	
Red biohazard trash can outside room (doff into red trash cans)	
Door closed	
Sign in sheet (send to Occ. Med. when complete)	
<b>Covid-19 Patient</b>	<b>✓ or N/A</b>
<b>Facilities and Safety</b>	

Negative pressure verification (ball in the wall)	
Elevators to be used	
Travel path to O.R.s	N/A
<b>Isolation and PPE</b>	
PAPR cart location	
Additional PPE Location	
Contact/droplet: gown, gloves, masks, eye protection	
<b>Covid-19 Patient</b>	<b>✓ or N/A</b>
<b>Isolation and PPE cont.</b>	
N95 use only for aerosol generating procedures (open suctioning, intubation,	

nebulizers, Bipap etc.)	
Unit bed capacity	
Room Numbers	
Unit Phone Number	
Charge book and computer	
<b>Unit Set up</b>	
Clean Utility	
Conference/break rooms	
Dirty utility room	
Elevator, Passenger	
Elevator. Service	
Equipment Storage room	
Family waiting room	
Fax Machine	
Lab label machines	
Linen chute	
Locker room	
Med rooms	
Nurse manager's office	
CNS and Assistant Nurse Manager office	
Nutrition Room	
Omni Cell	
Staff Bathrooms	
Staff Lounge	
Visitor bathrooms	
Nutrition Room	
<b>EMERGENCY EQUIPMENT/ RESPONSE</b>	✓ or N/A
Code pull stations in rooms	
Code carts	
Defibrillator	
Disaster plan	
EKG machine	
Gas Shut off valve	
<b>Fire Safety</b>	✓ or N/A
Alarms	
Exits	
Extinguishers	
Fire doors	
Floor plan	
<b>Miscellaneous</b>	✓ or N/A
Assignment sheets	
Glucometers	

Med room refrigerators	
Microwave	
Tele Monitors Phillips	
Phone number lists	
Pro Pack	
Pneumatic tube system	
Scale	
Waste bins blue/black	
Bladder Scanner	
Ultrasound machine	
<b>PATIENT ROOM ORIENTATION</b>	✓ or N/A
Ceiling Lift	
Computer / Work Area	
Emergency Power Outlets	
Family Area / Sleep Couch / Chair	
Headwall / Booms ( Lights, Oxygen, Suction)	
Patient Bed	
Patient Communication Board	
Patient Phones	
Patient Restroom	
Patient TV	
<b>ROLE SPECIFIC/ SPECIALTY CONSIDERATIONS</b>	✓ or N/A
Central Monitoring Station	
Charge Nurse Station	
Charts – Shadow/ Current Admission	
Communication Device/ Docking	
Downtime Manual	
<b>Unit</b>	<b>Date</b>
Employee Name:	
Employee Number:	
Employee Signature:	
Manager name:	
Manager Signature:	