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Rapid Onboarding Checklist: RN Redeployed from   
Another Ministry

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| **Audience:** Colleagues |
| **Revision Date:** 3/24/2020 |
| **Version:** Version #1A |

| **Rapid Onboarding Checklist: RN Redeployed from Another Ministry** |
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| Orientation Hospital/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Originating Hospital/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:** \_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assigned Preceptor/Resource Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Onboarding Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Onboarding Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Pre-redeployment verification:**  Copies of the following: current, non-restricted license; BLS/ACLS certification; confidentiality statement all obtained prior to redeployment.    Trinity Health redeployed colleagues:  “I verify that I complete and maintain my mandatory annual HealthStream assignments.”   Signature and date of redeployed Trinity Health employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **INSTRUCTIONS TO REDEPLOYED COLLEAGUE AND PRECEPTORS:**  This document serves as evidence of completion of important orientation components to maintain patient safety. Keep it readily available for sign-off as you complete various components of orientation. It will become a part of your personnel record after completion.   * Training should be **dated and initialed** by the preceptor (and any others who provided orientation) and signed at the end of the document. * Skills within this document require direct observation by a Preceptor. As behaviors are achieved or performed independently, the preceptor should INITIAL/DATE on the designated line. * The re-deployed colleague/orientee is ALWAYS assigned either a preceptor or a resource person.   **This orientation is designed to build on the skills and experience the nurse has already attained. It is the orientee’s responsibility to utilize the resources available to ensure the delivery of safe patient care.**  **RESOURCES AVAILABLE:**  The following resources are available for the experienced nurse. First resource and contact should always be the preceptor or assigned resource person.   * - Preceptor (or assigned resource) - Policy and Procedure (System/Hospital policies) * - Unit Education Coordinator - NMPs * - Criterion Lists - Care Plans * - Trinity Health Policy and Procedure (SharePoint) - SharePoint and other electronic resources   **Return this document to your Education Coordinator/Clinical Nurse Manager at completion.**  This document is a permanent employee record and will be sent to the Human Resource Department upon   review/approval by the Education Coordinator and/or Clinical Nurse Manager. **Self-Assessment and Onboarding Checklist**Access coordinated with receiving facility \_\_\_\_\_ Badge \_\_\_\_\_ Medication Dispensing Equipment Access (able to remove meds)  \_\_\_\_\_ EMR Access (able to access pts)  **For EMR issues, and password resets contact your local help desk at 1.888.667.3003 or Trinity Information Services**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SELF-ASSESSMENT** | **OBJECTIVES** | **PRECEPTOR ASSESSMENT**  **(Initial & Date)** | | | | 0=NO EXPERIENCE  1=LIMITED EXPERIENCE 2=EXPERIENCED | Not Applicable  (N/A)  to unit /role | Verbalizes Understanding | Performs Independently | | ENVIRONMENT OF CARE | | | | | |  | * Facility / Unit Tour * Unit Roles Educator, Manager, Charge RN * Clean Supply/Dirty Utility Rooms * Location of downtime paperwork * Other [specify] |  |  |  | |  | Telephone / paging system   * General use * How to contact physicians * Chain of command |  |  |  | |  | Documenting time and schedule exceptions |  |  |  | |  | Process for stocking unit |  |  |  | |  | Process for contacting:   * Security * Social work/case management * Pharmacy * Rapid Response |  |  |  | |  | Process for obtaining interpreter / using interpreter equipment |  |  |  | |  | Pneumatic tube system operation |  |  |  | | SAFETY | | | | | |  | Location of:   * Fire Alarms * Fire Pulls * Fire Extinguishers * Oxygen Shut-off Valves * Emergency Exits |  |  |  | |  | Emergency / Safety Codes   * Fire * Code Blue * Disaster * Workplace violence * Other [specify] |  |  |  | |  | Correct use of patient identifiers / barcoding process |  |  |  | |  | Demonstrate AND verbalizes proper use of restraints |  |  |  | |  | Demonstrates correct infection control practices   * Uses appropriate personal protective equipment (PPE) duplicate of below, where stored, how to order * Demonstrates correct hand hygiene * Initiates / maintains appropriate isolation |  |  |  | |  | Demonstrates proper donning / doffing PPE (esp. related to COVID-19) |  |  |  | |  | Demonstrates use & cleaning of PAPR hood if appropriate |  |  |  | | GENERAL CARE | | | | | |  | Basic nursing skills   * Vital Signs * I & O Recording * ADL’s/Oral Care * Dressing changes * Specimen collection |  |  |  | |  | Use of patient mobility equipment   * Ceiling Lift, [manufacturer/type] * Bedside lift, [manufacturer/type] * Gait belt * Other: [specify] |  |  |  | |  | General Nursing Care skills   * Assessment of patient * Orders review * Plan of care * lab results review * rapid response to pt condition deterioration * Patient education * Purposeful hourly rounding * Bedside shift report |  |  |  | |  | Admission / Discharge process |  |  |  | | MEDICATION ADMINISTRATION | | | | | |  | Trained in / demonstrates understanding of medication dispensing equipment (indicate equipment used)   * Pyxis * Omnicell * Other [specify] |  |  |  | |  | Medication scanning at bedside |  |  |  | |  | Read back and verify verbal orders (urgent/emergent use only) |  |  |  | |  | Unit specific medications / infusions  [examples only, replace with unit specifics]   * Diltiazem * Nitroglycerin * Heparin * Insulin |  |  |  | |  | Medications infusions requiring independent double check   * Heparin * Insulin * Opioids * Other [specify] |  |  |  | |  | IV therapy and Infusion pump operation   * Alaris * Sigma * Plum A+ * Other [specify manufacturer/model] |  |  |  | |  | Patient Controlled Analgesia (PCA) pump operation   * CADD-Solis * Alaris * Other [specify manufacturer/model] |  |  |  | | MONITORING / TELEMETRY / DEFIBRILLATOR | | | | | |  | When to use each |  |  |  | |  | Portable monitor [specify manufacturer/model]   * Operation * Lead placement |  |  |  | |  | Telemetry   * Obtaining / Operation * Lead placement * Communicating with central monitoring |  |  |  | |  | Defibrillator [specify manufacturer/model]   * Location * Operation * Lead placement |  |  |  | | IV / INTERMITTENT INFUSION DEVICE (IID) | | | | | |  | Care and Maintenance   * Change peripheral IV to IID * Clean ports / Use Swab Caps (as applicable) * Frequency IV tubing change |  |  |  |  |  | | --- | | Name (Print) Name (Sign) Date | | Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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