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Rapid Onboarding Checklist: RT Redeployed from   
Another Ministry / FirstChoice

**CO**RONA**VI**RUS **D**ISEASE 2019 (COVID-19)

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| **Audience:** RT Colleagues, Educators, Trainers |
| **Revision Date:** 4/3/2020 |
| **Version:** Version #1 |

| **Rapid Onboarding Checklist: RT Redeployed from Another Ministry / FirstChoice** |
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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 certification; confidentiality statement all obtained prior to deployment.    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 RT. First resource and contact should always be the preceptor or assigned resource person.   * - Preceptor, Educator (or assigned resource) - Policy and Procedure (System/Hospital policies) * - Education Coordinator - SharePoint and other electronic resources * - Trinity Health Policy and Procedure (SharePoint)   **Return this document to your Educator / Manager upon completion.**  This document is a permanent employee record and will be sent to the Human Resource Department upon   review/approval by the Educator and/or Manager. **Self-Assessment and Onboarding Checklist**Access coordinated with receiving facility \_\_\_\_\_ Badge \_\_\_\_\_ Medication Dispensing Equipment Access  \_\_\_\_\_ EMR Access \_\_\_\_\_ POC Blood Gas Analyzer (I-Stat)  **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 |  |  |  | |  | Online repair work orders |  |  |  | |  | Documenting time and schedule exceptions |  |  |  | |  | Process for obtaining supplies |  |  |  | |  | Process for contacting:   * Charge Therapist * Security * Pharmacy * Rapid Response |  |  |  | |  | 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 |  |  |  | |  | 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 Respiratory Therapy skills   * ABG puncture / collection x 3 **\_\_\_ \_\_\_ \_\_\_** * Tracheostomy care * CPT: Manual **\_\_\_** Vest **\_\_\_** * Home BiPAP / CPAP Safety Check |  |  |  | |  | Patient Assessment / Documentation   * Physical assessment * Skin assessment related to RT equipment * Plan of care * Interdisciplinary rounds * Patient / family education * Documentation standards / policy * Order review / checking * Lab results review |  |  |  | | 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) |  |  |  | |  | Metered Dose Inhaler |  |  |  | |  | Small Volume Nebulizer (SVN) |  |  |  | |  | Continuous Nebulizer Policy |  |  |  | | EQUIPMENT | | | | | |  | Non-invasive Positive Pressure Ventilator   * Philips V60 * Respironix Vision * Other [specify model] |  |  |  | |  | Ventilator   * Vyaire LTV 1200 * Maquet Servo * Vyaire Avea CVS * Other [specify model] |  |  |  | |  | High Frequency Oscillatory Ventilator   * Vyaire 3100 * Other [specify model] |  |  |  | |  | High Flow nasal cannula |  |  |  | |  | Hillrom Metaneb |  |  |  | |  | Aerogen |  |  |  | | CRITICAL CARE | | | | | |  | Ventilator Management   * Vent flow sheet, settings, alarms, setting changes * Vent check – visual * Pressure Control: settings, alarms * APRV: settings, alarms * Cuff pressures |  |  |  | |  | ETT holder change (per policy/guidelines) |  |  |  | |  | Closed suction catheters, change (per guidelines) |  |  |  | |  | In-line treatments |  |  |  | |  | Transports |  |  |  | |  | Intubation/Code Blue Responsibilities |  |  |  | |  | Weaning   * Parameters, orders, team communication, documentation * FiO2 & PEEP weaning protocol * VAP bundle – Spontaneous Breathing Trials (SBT) |  |  |  | |  | Extubation |  |  |  | | DEPARTMENT SPECIFIC | | | | | |  | Emergency Department   * Intubations / Ventilator support   -Adult  -Pediatric   * Ventilator transports |  |  |  | |  | NICU (as applicable)   * Nitric Oxide delivery * Blender: Isolette, hood, tent * Transport ventilator |  |  |  | | ADDITIONAL SKILLS | | | | | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | --- | | Name (Print) Name (Sign) Date | | Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |