Intermountain Department Orientation Student Checklist

Students must complete an orientation for each unit/department they are assigned on or before the first day of their rotation. Orientation is under the direction of an Intermountain employee/staff member.

• Intermountain F	acility:					
Intermountain Department:						
• Date of Orientat	ion:					
	tion: (for student identification / recor me (print):	•		_		
	th:/					
	Digits of Social Security Number:					
School:						
Orientation. Check	c applicable box:					
	☐ Department layout, including nursing desk, lavatory facilities and employee amenities (lounge or break room).					
☐ Department	☐ Department specific aspects of care, treatment and services.					
☐ Patient Rig	☐ Patient Rights posting.					
☐ Fire escape	☐ Fire escapes, pull boxes and extinguishers; disaster box, evacuation plan and map; EXIT signs.					
☐ Clean linen and/or utility room/area.						
☐ Dirty utility room.						
☐ Personal protective equipment and infection control as appropriate with patient care and dirty utility.						
☐ Equipment/supply room/area.						
☐ Secured are	☐ Secured areas, such as medication and/or treatment rooms.					
☐ Hazardous	☐ Hazardous waste and disposal containers.					
☐ Department	☐ Department specific patient abduction procedure.					
	☐ If department is a secured area, instructions for access. (Refer to Intermountain Student Orientation Booklet and ID Badge policy)					
Student Signature:						
Intermountain Sign	nature:					

Student: Please return this completed checklist, and all others that may apply to your rotation, as instructed by your Intermountain Healthcare region/facility Student Placement Coordinator.