

WHITTIER HOSPITAL MEDICAL CENTER
ORIENTATION ACKNOWLEDGEMENT- STUDENTS

STUDENT NAME (PRINT)

SCHOOL AFFILIATION

My signature below indicates that I have received the Orientation Information Packet. I understand that I am responsible for the contents of these materials.

This packet contains information concerning policies and procedures at Whittier Hospital Medical Center which include but not limited to the following topics:

Abuse	Dress Code	HIPAA/ Patient Confidentiality	Patient Identifiers
Advance Directives	Electrical Safety	Impairment, Recognition of	Patient Satisfaction
Age Related Issues	Emergency Codes	Infection Control Guidelines	Patient Safety/ Risk Mgmt/ Occurrence Reporting
Body Mechanics	End of Life Issues	Life Safety Measures	Patients Rights
Breaks and Lunches	Fall Prevention	Medication Administration	Restraints
Chain of Command	Finger Glucose Measurement	Mission and Vision	Performance Improvement
Core Measures	Fires	Moderate Sedation	SBAR-Hand-off
Cultural Diversity	Forensic Services	Organ Donation	Smoking Policy
Culture of Safety	Hand Off Communication	Pain Management	Team Dynamics
Documentation	Hand Hygiene	Parking Policy	Telephone/Verbal Orders

1. I understand that I must complete this orientation packet before my Clinical Day here at WHMC.
2. I understand that the Instructor, Assigned Nurse, Clinical Manager or Supervisor will be the resource person during my clinical rotation
3. I understand that Patient Satisfaction is HIGH priority and I must adhere to behavior standards at all times. The patient always comes first.
4. I will observe HIPAA/Confidentiality policies and practices while in the hospital.
5. I understand that full text copies of the referenced policies and procedures may be found in the WHMC hospital policy and procedure manuals.
6. I understand that if I identify a patient safety issue or discover an error I will report it immediately.

 Student Signature

 Date

 School Instructor Signature

 Date