# Porter Adventist Hospital

Centura Health®

## First Day Safety Orientation Check-Off List
## Student/Faculty Unit/Department-Specific

**Student / Faculty Name: _____ School: _____**
**Department/Location: _____ Date: _____**

Students and Faculty: In keeping with TJC standards and OSHA guidelines, you must complete the following information through the respective department/unit where you will be rotating. You must complete the following information on the first day of your rotation. Students are NOT PERMITTED to perform any duties until this material has been reviewed with them. Please have the student initial in the space provided *ONLY* after they have demonstrated they have understood the information presented.
***This form shall be provided to the PAH education department on the first day of rotation.***

## Locate/Verbalize Understanding of:

| **Fire/Life Safety** | | |
|---|---|---|
| 1. Code Red – **R**escue, **A**larm, **C**ontain, **E**vacuate/**E**xtinguish | | ☐ |
| 2. Nearest Fire Alarm Pull Stations (review actual routes from work areas) | | ☐ |
| 3. Nearest Fire Extinguishers (review use – **P**ull, **A**im, **S**queeze, and **S**weep) | | ☐ |
| 4. Exit Routes (walk to exit stairwells) | | ☐ |
| Note: Your initials verify that you have covered all the items in this section | Initials | |

| **Emergency Preparedness & Response** | | |
|---|---|---|
| 1. Location of any emergency/disaster equipment/supplies (e.g. batteries/flashlights/caches) | | ☐ |
| 2. Emergency Codes (description of event and response – if any)<br>• Code Red, Black, Green, Pink, Blue and White<br>• Rapid Response Team | | ☐ |
| 3. Emergency speed dial number ("55") | | ☐ |
| 4. Red Outlets (locations and purpose) | | ☐ |
| Note: Your initials verify that you have covered all the items in this section | Initials | |

| **General Safety & Infection Control** | | |
|---|---|---|
| 1. Unit/departmental safety issues (body mechanics, electrical equip,) | | ☐ |
| 2. Radiation safety (Portable X-ray/C-arm use, Time/Distance/Shielding) | | ☐ |
| 3. Sharps handling and bio-hazardous waste disposal (red bag, caramel bag, black bag trash) | | ☐ |
| 4. Location of refrigerators (pt. food, medications, employee as applicable) | | ☐ |
| 5. Location of Code Blue Carts (plugged in to red outlet) | | ☐ |
| 6. Airborne Infection Isolation (location of negative airflow rooms, use of visual indicators) | | ☐ |
| 7. Standard Precautions (location and use of PPE) | | ☐ |
| 8. Patient Safety – Patient Identification/Arm Bands | | ☐ |
| Note: Your initials verify that you have covered all the items in this section | Initials | |

| **Hazardous Material & Waste Management** | | |
|---|---|---|
| 1. What is an MSDS? | | ☐ |
| 2. Known hazardous chemicals used in work area? (inventory list located in Safety Manual) | | ☐ |
| 3. How to respond to small/known chemical release? (Location of Spill Kit/PPE) | | ☐ |
| 4. Who to report a HazMat spill to? (Calling Security at 25700) | | ☐ |
| Note: Your initials verify that you have covered all the items in this section | Initials | |

I, _____, understand and acknowledge the safety orientation provided to me on _____
(date)

Signed: _____

Department Orientation provided by: _____ _____
Print name Signature

**NOTE: Submit to Education Department on 1st day of Rotation**