

## **STUDENT ORIENTATION VERIFICATION FORM**

I have been oriented on the following topics:

- Body Mechanics/Office Ergonomics
- OSHA Bloodborne Standards
- Organizational Ethics
- Event/Incident Reporting (eSRM)
- Patient Privacy/HIPAA
- Patients' Rights and Responsibilities
- Social Services
- Abuse Screening and Reporting
- Advanced Directives/EMTALA
- Utilization Management
- Age/Cultural Considerations/ADA
- Pain Management
- Falls Prevention
- Restraints
- End of Life Care/Pastoral Care/Organ Procurement
- Disruptive Provider Behavior
- Complaint/Grievance Process/Bioethical Issues
- Body Mechanics/Office Ergonomics
- Rapid Response
- Spot a Stroke - BEFAST
- Chain of Command to Obtain Medical Care
- Patient Medical Safety
- Performance Improvement Plan/PDCA
- Healthy Healing/Quiet Time
- Regulatory Agencies and Core Measures
- National Patient Safety Goals (NPSG)
- Fire Safety and LAMC Emergency Codes
- LAMC Environment of Care
- Radiation and Electrical Safety
- Security Management
- Hazardous Waste/Safety Data Sheets
- OSHA Hazard Symbols
- Earthquake Preparedness
- Infection Prevention
- Hand Hygiene/Personal Protective Equipment
- Isolation Precautions
- Verification of Physician Privileges

I know I am able to further discuss these topics with my Clinical Instructor as needed to answer any questions I may have.

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**Student Name (Please print)**

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**Date**

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**Signature**

***Your signature indicates that you have reviewed the above information and are responsible for adhering to its contents.***