

2293 NURSING ORIENTATION	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-11
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): Nursing Orientation Checklist Bridges' Screen(s) and Attachment(s): _____

All registered nurses hired by the DJJS shall participate in an orientation program commencing with their first day of employment and continuing for one week, or longer as deemed necessary.

Purpose

The purpose of this policy is to establish the SYSC's Medical Department's nursing Orientation procedure.

Procedure

- I. **Learning Needs:**
 - A. Assessment of skills and knowledge shall begin on the first day of employment. Learning needs are identified and supervised clinical experience is planned accordingly.

- II. **Progress Monitored and Documented**
 - A. Progress shall be monitored and documented on the Nursing Orientation Checklist (see attached checklist). It is the responsibility of the Nurse Manager to ensure that each experience of the orientation is covered and documented (initialed and dated where indicated) on the orientation checklist.

- III. **Orientation Checklist**
 - A. After the orientation and individualized clinical experiences are completed, the new employee and the Nurse Manager shall sign and date the RN Orientation Checklist, indicating their acknowledgment of the orientation completion. The form shall be kept on file in the Nurse Manger's office, and a copy kept in the employee's personnel file.

- IV. **Orientation Extension**
 - A. The orientation program may be extended to allow for additional learning needs.

**DIVISION FOR JUVENILE JUSTICE SERVICES
JOHN H. SUNUNU YOUTH SERVICES CENTER**

RN ORIENTATION CHECKLIST

EMPLOYEE NAME: _____ DATE: _____

RN providing orientation is to initial each item covered:

I. Introduction to Staff Members

_____ Manager of Health Services	_____ Unit Managers
_____ RNs	_____ Youth Counselors
_____ Supervisors	_____ Training Director
_____ Bureau Chief of Residential Services	_____ SYSC Physician
_____ Human Resources	_____ SYSC Psychiatrist
_____ Director – DJJS	_____ SYSC Dentist
_____ Principal	_____ SYSC Dental Hygienist
_____ Teachers	_____

II. Building Tour

Medical Department

_____ Infirmery
_____ Treatment rooms
_____ Medication rooms
_____ Physician's office
_____ Dental office
_____ Manager's office
_____ Supply room
_____ Copy/fax & computer location

SYSC Facility

_____ Supervisors Office
_____ Kitchen/Dining Hall
_____ Classrooms
_____ Residential buildings/units
_____ Maintenance
_____ Conference rooms
_____ Auto shop
_____ Staff lounge
_____ Wood Shop
_____ Gym
_____ Swimming Pool

Administration Building

_____ Human Resources
_____ Purchasing Office
_____ Business Office

III. Review of Job Responsibilities

_____ Review job evaluation form _____ Review job description

IV. Admissions

_____ Admission Procedure (packets, screenings, vision/hearing)	_____ Nursing Health History, Progress Notes, Kardex, Medex, allergies
_____ Medical Authorization and Release, OTC Consent	_____ Release of Information
_____ Insurance information	_____ Communication to YCs
_____ Admission physical exam with physician	_____ Medications/Pharmacies
_____ Communications book	_____ Lab procedures
_____ Pediculosis	_____ Progress Note

V. Discharge/Furlough

_____ File medication records (to chart)	_____ File Kardex (file box)
_____ Discharge summary	_____ Contact with placements
_____ Administering medications	_____ Discharge note
_____ Forms to be signed	_____ Discharge Progress Note

VI. Health Maintenance

_____ RN sick call / sick status	_____ Drug bag
_____ Med Memo	_____ Infection control policy/forms
_____ OTC medications	_____ Laboratory procedures
_____ Physician call / physical examination	_____ Consults (outside agency, medical/dental)
_____ STD/HIV clinic	_____ Use of local emergency room
_____ Activity/sports restriction	_____ Suicide assessment
_____ Medication orders (DOS, Progress Note, Kardex, med sheet, co-signing orders)	_____ Watches
_____ Stock medications	_____ Physical restraint assessment
_____ Narcotic box/count	_____ Return from Escape/Abscond assessment
_____ When to Notify Parents/Consents	_____ Medical Monitoring
_____ NCP	_____

VII. Supplies

_____ How to obtain: forms, office supplies, medical supplies, hygiene supplies

VIII. Documentation/Communication

_____ Intershift report	_____ Chart/Records-writing progress notes
_____ Kardexes in office and med room	_____ RN communications book
_____ Release of information	_____ Billing Insurance
_____ Sick call documentation	_____ Trauma Bag
_____ Report log	_____ Lotus Notes
_____ Whiteboard	

IX. Safety Issues

_____ Fire and disaster plan	_____ Trauma Bag
_____ Use of (99-911)	_____ Emergency procedure
_____ Emergency transportation	_____ Medical
_____ Employee/resident	_____ Psychiatric
_____ Incident report	_____ Care of employee injury/illness – RN responsibility
_____ Body searches	_____ Keys
_____ IEA procedure	_____ Location of first-aid equipment, oxygen, scissors, AED, Trauma Bag

X. Policy and Procedure Manual

_____ Location	_____ Review
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XI. Review of Programs and Philosophies

_____ Review of Programs and Philosophies

XII. Use of Time

_____ Use of time (annual, floating, holiday, compensatory, sick)	_____ Leave forms
_____ Signing in and out	_____ Overtime
_____ Scheduling	_____ Keys

XIII. Resources

_____ Review of health education resources (curriculum, films, materials, RN and student libraries)	_____ Location of RN resource books, P.D.R., medical books, psychiatric nursing books
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XIV. Education

<input type="checkbox"/> In-service education and workshops (availability of and application for)	<input type="checkbox"/> Request for training form 2110
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XV. First-Year Mandatory Training

<input type="checkbox"/> CPR (yearly)	<input type="checkbox"/> Blood-borne pathogens (yearly)
<input type="checkbox"/> Suicide prevention (as required)	<input type="checkbox"/> Professional behavior in the workplace (yearly)
<input type="checkbox"/> PPD testing procedure (one time)	<input type="checkbox"/> Diversity
<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Computer training-Technology I and II
<input type="checkbox"/> History of Juvenile Justice System	<input type="checkbox"/> Bridges training-Basics I and II
<input type="checkbox"/> Policy and Security Issues	<input type="checkbox"/> Reporting Allegations and Abuse and Neglect

XVI. Optional Training

<input type="checkbox"/> First aid (refresher every three years)	<input type="checkbox"/> Workshops and conferences
<input type="checkbox"/> Defensive Driving	

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Date Completed	Employee Signature	Nurse Manager

Signature of Nurses Providing Orientation:

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