

# ***Sanilac Medical Services, Inc***

## **CLINICAL ORIENTATION CHECKLIST**

**Student Name** \_\_\_\_\_

### **Clinical Student ORIENTATION**

(To be completed by instructor/education coordinator and kept in student record as well as presented to each clinical site)

#### **A. Policies and Procedures**

1. Blood borne Pathogen Exposure Control Plan
  - a. Overview of policies and procedures
  - b. Review control plan
  - c. Cleaning, Disinfection and Sterilizing of durable equipment.
  
2. Respiratory Protection Plan and Exposure Control Plan-TB
  - a. Baseline education on TB
  - b. Site specific plan as obtained by each facility.
  - c. Mask use Education
  - d. Overview of general policies and procedures
  
3. Right to Know
  - a. MSDS
  - b. Hazard communication
  - c. Hazmat
  - d. Safe medical devices - patient care area
  - e. Patients' Rights
  - f. Code of Conduct
  - h. HIPPA and Confidentiality
  - g. Basic CPR

#### **B. Health and Fitness**

1. Physical -, medical evaluation form
2. Fit for duty
3. Pre-Clinical drug testing
4. Pertinent Immunization record per contract requirement
5. Influenza Vaccine during CDC dedicated Flu Season (Oct to May) or declination.

*Each clinical participant understands if the declination is signed, they must wear a mask while on Clinical time.*

#### **C. Safety Review**

1. PPE and Isolation Identification

I, Amy Jo Herek NREMT/IC, Education Coordinator with Sanilac Medical Services, Inc. Have Verified that each clinical Student has provided the required documentation to meet all the Standards agreed upon validating the Clinical contract requirements and will provide each clinical site copies of such documents upon request.

- Driver's License
- Copy of High School Diploma/ or GED
- Current EMS License (If applicable)
- Program Application
- Two Step TB Screen (second one done no later than 14 days of first one)
- Immunization Record
- Health appraisal
- OB/GYN Clearance for Pregnant Students
- Back Ground Check
- Drug Screen
- Current BLS CPR Certification
- Documentation of competency with the above stated clinical Orientation topics

\_\_\_\_\_  
Amy J Herek NREMT/IC  
Education Coordinator

\_\_\_\_\_  
Date

**Program Biographic Information:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Have you been diagnosed with a disability that could affect your performance during classroom or clinical environment? YES   
NO

Please explain how the disability will affect you in the classroom and clinical environment. Provide suggestions on how Sanilac Medical Services, Inc. could reasonably accommodate the disability. Please provide **ALL** appropriate documentation from your physician with a diagnosis and supporting evaluation records.

**In Case of Emergency Please Contact**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_