

# Student/Instructor General Orientation Checklist

Issued: 05/18/2023



Each student and instructor should receive an orientation packet that contains the following information. After reviewing each of the following items, please initial beside the topic indicating understanding.

W Top Inc  
Facility Name

Ryan Jones  
Name of Student or Instructor

| Topic                                           | Initials | Topic                                            | Initials |
|-------------------------------------------------|----------|--------------------------------------------------|----------|
| Abuse, Neglect, Misappropriation                | RS       | Dietary and Nutrition                            | RS       |
| Elder Justice Act Fact Sheet & Acknowledgement  | RS       | Fall Management                                  | RS       |
| Compliance Program and Code of Conduct Brochure | RS       | Transfer/Lifts                                   | RS       |
| Resident Rights                                 | RS       | Fire Safety and Emergency Procedures             | RS       |
| Dignity, Respect, and Customer Service          | RS       | Evacuations                                      | RS       |
| Communicating with Residents                    | RS       | Smoking Policy                                   | RS       |
| Identification of Residents                     | RS       | Hazardous Communications                         | RS       |
| Advanced Directives                             | RS       | Skin & Wound Management                          | RS       |
| Restraint Education                             | RS       | General Infection Control Practices              | RS       |
| Trauma Informed Care                            | RS       | Glucometer Cleaning and Disinfecting             | RS       |
| Dementia                                        | RS       | Bloodborne Pathogens                             | RS       |
| Elopement and Wandering                         | RS       | Handwashing/Hand Hygiene                         | RS       |
| Documentation                                   | RS       | Standard Precautions                             | RS       |
| Point Click Care (PCC)                          | RS       | Transmission Based Precautions                   | RS       |
| Computer and Electronic Communications          | RS       | Respiratory Protection and Fit Testing           | RS       |
| HIPAA and Confidentiality                       | RS       | COVID-19                                         | RS       |
| HIPAA Acknowledgement Form                      | RS       | QAPI (Quality Assurance/Performance Improvement) | RS       |

By signing below, I have received and understand the information provided to me on the above topics.

Ryan Jones / Dmankl, RN  
Student or Instructor Signature

02/12/2025  
Date

[Signature]  
Facility Representative Signature

2/12/25  
Date