



## New Employee Checklist – Registered Nurse

<b>NAME:</b>		<b>START DATE:</b>	
<b>POSITION:</b>		<b>SUPERVISOR:</b>	
<b>FACILITY:</b>		<b>CHECKLIST DUE DATE:</b>	
<b>PRIOR TO FIRST SCHEDULED SHIFT</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>	
<p>At this time you should have already completed and returned to the corporate office the following items. If you have not, please do so immediately.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed Acceptance Letter or Employment Agreement</li> <li><input type="checkbox"/> Employee Confidentiality Agreement</li> </ul>			
<b>TO BE COMPLETED BY END OF SECOND SHIFT WORKED</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>	
<p><b>These items are due at the end of your second shift worked:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Employee Information Sheet</li> <li><input type="checkbox"/> W-4 Form</li> <li><input type="checkbox"/> I-9 Form <i>(Must provide 2 forms of ID)</i></li> <li><input type="checkbox"/> Copy of CPR Card</li> <li><input type="checkbox"/> Copy of Medical License</li> <li><input type="checkbox"/> Employee Direct Deposit Authorization Form  <div style="margin-left: 40px;"><i>Please attach a voided check so we can process this form. Your first payroll check from us will be a paper check. All other checks will be direct deposited.</i></div> </li> <li><input type="checkbox"/> Acknowledgement of Employee Handbook</li> <li><input type="checkbox"/> Acknowledgement of Dress Code Policy.</li> <li><input type="checkbox"/> Signed Code of Conduct Agreement</li> </ul>			

TO BE COMPLETED BY	DATE COMPLETED:	TRAINER'S INITIALS:
<p><b>These items are due by the date specified above. If you have questions regarding any of these, please contact the Corporate Office at 320.258.7780.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Insurance Application (if applicable) <ul style="list-style-type: none"> <li><input type="radio"/> Please call Corporate Office if you have questions about this form.</li> <li><input type="radio"/> MEnD pays 80% of employee health insurance cost &amp; provides dental coverage for employees.</li> <li><input type="radio"/> Guardian provides additional voluntary coverage for Vision, Short &amp; Long Term Disability, as well as additional life insurance.</li> <li><input type="radio"/> If you would like to add family members there is a cost (please contact the Corporate Office for cost).</li> <li><input type="radio"/> Insurance will start the first of the month, following 60 days of employment, unless otherwise specified upon hire.</li> </ul> </li> </ul>		
TO BE COMPLETED BY	DATE COMPLETED:	TRAINER'S INITIALS:
<p><b>Return the following completed items to Corporate within 3 months of employment (Note: some items were given upon hire while others were given at New Employee Orientation.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Employee Checklist</li> <li><input type="checkbox"/> Mantoux Card</li> <li><input type="checkbox"/> Policy &amp; Protocol Review Statement</li> <li><input type="checkbox"/> Inmate Handbook review Statement</li> <li><input type="checkbox"/> Emergency Plan review Statement</li> </ul>		
FIRST DAY ORIENTATION & POSITION INFORMATION	DATE COMPLETED:	TRAINER'S INITIALS:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Get Facility badge</li> <li><input type="checkbox"/> Get fingerprinted by facility if applicable</li> <li><input type="checkbox"/> Complete new hire paperwork &amp; return to Corporate Office, to include copy of CPR card</li> <li><input type="checkbox"/> Review job description, performance expectations, and standards with your supervisor</li> <li><input type="checkbox"/> Review work schedule and hours with supervisor</li> </ul>		

INTRODUCTIONS /TOURS	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> <b>Introductions</b> <ul style="list-style-type: none"> <li><input type="radio"/> MEnD Employees</li> <li><input type="radio"/> Jail Administration</li> <li><input type="radio"/> Programming Staff</li> <li><input type="radio"/> Kitchen Staff</li> <li><input type="radio"/> Other Key Personnel</li> </ul>	<input type="checkbox"/> <b>Tour of facility</b> <ul style="list-style-type: none"> <li><input type="radio"/> Parking</li> <li><input type="radio"/> Emergency Exits</li> <li><input type="radio"/> Restrooms</li> <li><input type="radio"/> Vending machines</li> <li><input type="radio"/> Break Room</li> <li><input type="radio"/> AED</li> <li><input type="radio"/> Emergency Bags</li> </ul>	
ADMINISTRATIVE	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Review general administrative procedures. <ul style="list-style-type: none"> <li><input type="radio"/> Office/work station</li> <li><input type="radio"/> Keys</li> <li><input type="radio"/> Mail</li> <li><input type="radio"/> ID/Building access cards</li> <li><input type="radio"/> Review Timesheet completion process</li> <li><input type="radio"/> Understands how to complete and submit PTO &amp; Shift Change requests</li> <li><input type="radio"/> Reimbursement (parking)</li> <li><input type="radio"/> Office supplies</li> <li><input type="radio"/> Telephones</li> </ul>		

COMPUTERS	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Can start computer and login properly <input type="checkbox"/> Jail Management System <input type="checkbox"/> Email <ul style="list-style-type: none"> <li><input type="radio"/> Your email address will be first letter of your first name, followed by your last name @mendcare.com (Ex: John Doe is <a href="mailto:jdoe@mendcare.com">jdoe@mendcare.com</a>).</li> <li><input type="radio"/> Your initial password will be <u>Mend1234</u></li> </ul> <input type="checkbox"/> Time Solutions <ul style="list-style-type: none"> <li><input type="radio"/> Your username will be first letter of your first name, followed by your last name (Ex: John Doe is <b>jdoe</b>).</li> <li><input type="radio"/> Your initial password will be <u>Change123!</u></li> </ul> <input type="checkbox"/> E-mail –County (if applicable) <input type="checkbox"/> Calendars <input type="checkbox"/> Employee Self Portal (Paystubs) <input type="checkbox"/> Inmate Charting System or EMR		
OFFICE BASICS, RADIOS/CODES	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Able to run clinic office machines (i.e. fax, copier) <input type="checkbox"/> Understands phone system (i.e. dialing long distance, retrieving messages, etc.) <input type="checkbox"/> Knows how to use and access interpreter/translation services (i.e. Language Line) <input type="checkbox"/> Can make coordinate outside appointments if needed, including transportation <input type="checkbox"/> Knows where the duress buttons are <input type="checkbox"/> Knows how to call inmates to the clinic  <input type="checkbox"/> Knows how to room inmates (i.e. holding cell, exam room, etc.) <input type="checkbox"/> Understands radio system and use <input type="checkbox"/> Knows specific jail codes and required medical responses (i.e. Code Red, Code Blue, etc.) <input type="checkbox"/> Knows how to get to each unit and respond to codes		

NURSING SKILLS	DATE COMPLETED:	TRAINER'S INITIALS:
<div> <input type="checkbox"/> Can take basic vital signs <ul style="list-style-type: none"> <li><input type="radio"/> Blood Pressure</li> <li><input type="radio"/> Pulse</li> <li><input type="radio"/> Respiration</li> <li><input type="radio"/> O<sub>2</sub> Sats</li> <li><input type="radio"/> Temperature</li> <li><input type="radio"/> Height &amp; Weight</li> </ul> </div> <div> <input type="checkbox"/> First aid </div> <div> <input type="checkbox"/> Dressing changes </div> <div> <input type="checkbox"/> Setting up for MD Procedures (i.e. sutures, casts, etc.) </div> <div> <input type="checkbox"/> Lab Functions: <ul style="list-style-type: none"> <li><input type="radio"/> Urinalysis</li> <li><input type="radio"/> Urine Drug Screening</li> <li><input type="radio"/> Rapid Strep Test</li> <li><input type="radio"/> Urine Pregnancy Test</li> </ul> </div> <div> <input type="checkbox"/> Blood draws </div> <div> <input type="checkbox"/> Injections (ID,IM,subQ) </div> <div> <input type="checkbox"/> Oxygen Administration </div> <div> <input type="checkbox"/> Glucometer use </div> <div> <input type="checkbox"/> AED </div> <div> <input type="checkbox"/> EKG </div> <div> <input type="checkbox"/> Start and maintain IV lines (if applicable) </div> <div> <input type="checkbox"/> Suture &amp; staple removal </div> <div> <input type="checkbox"/> Knows where policy &amp; protocol books are located and has signed Policy &amp; Protocol Review Statement </div> <div> <input type="checkbox"/> Uses universal precautions and infectious control guidelines appropriately </div>		

<b>BOOKING SHEETS</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<input type="checkbox"/> Triage booking sheets appropriately <input type="checkbox"/> Responds to booking sheets appropriately while focusing on key areas: <ul style="list-style-type: none"> <li><input type="radio"/> Chemical Withdrawal</li> <li><input type="radio"/> Levels of Consciousness issues</li> <li><input type="radio"/> Review of Mental Health questions</li> <li><input type="radio"/> Recent injuries/illnesses</li> <li><input type="radio"/> Critical Conditions &amp; Medications</li> </ul>		
<b>KYTES/SICK CALL</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<input type="checkbox"/> Triage kytes/sick call appropriately <input type="checkbox"/> Responds to kytes/sick call in a timely manner <input type="checkbox"/> Understands which kytes/sick calls need: <ul style="list-style-type: none"> <li><input type="radio"/> Written response</li> <li><input type="radio"/> Face to face response with nurse</li> <li><input type="radio"/> Face to face response with medical provider</li> <li><input type="radio"/> Face to face response with mental health provider</li> </ul>		
<b>HEALTH ASSESSMENTS</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<input type="checkbox"/> Performs health assessments in a timely manner <ul style="list-style-type: none"> <li><input type="radio"/> Length of time in jail – When is the inmate going to court?</li> <li><input type="radio"/> Goal to be done within 3 days from first court date or commitment date</li> </ul> <input type="checkbox"/> Understands various sections of the health assessment and when to complete each (initial vs. annual vs. 90 day update) <ul style="list-style-type: none"> <li><input type="radio"/> Medications</li> <li><input type="radio"/> Insurance</li> <li><input type="radio"/> Diagnosis</li> <li><input type="radio"/> Mental Illness</li> </ul> <input type="checkbox"/> Assesses need for further follow-up		

MANTOUX	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Knows the difference between LTBI and Active TB <input type="checkbox"/> Understands flow of tuberculosis screening process and questions <input type="checkbox"/> Can give Mantoux <input type="checkbox"/> Can read Mantoux (48-72 hours) <input type="checkbox"/> Understands how and when to order chest x-ray <input type="checkbox"/> Understands when inmate needs to be isolated either per results or inmate's refusal to test		
CHARTING/RECORDS	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Can access and/or find inmate's medical records <input type="checkbox"/> Charts clearly and concisely <input type="checkbox"/> Aware of charting sequence and where filing goes <input type="checkbox"/> Fills out forms correctly and completely <input type="checkbox"/> Understands what information to provide if presented with ROI (no third party records) <input type="checkbox"/> Understand statistical reporting (monthly stats checklist) <ul style="list-style-type: none"> <li><input type="radio"/> What items to send monthly to corporate for quarterly reports</li> <li><input type="radio"/> Types &amp; frequency of clinical quality assurance</li> </ul>		
MEDICATIONS	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Understands med verification hierarchy and process <ul style="list-style-type: none"> <li><input type="radio"/> Bottles present</li> <li><input type="radio"/> Family/friends drop off bottles</li> <li><input type="radio"/> Contact pharmacy</li> <li><input type="radio"/> ROI to clinic/provider</li> </ul> <input type="checkbox"/> Can write med orders and set-up meds, including MAR <input type="checkbox"/> Understands where held/inactive medications are kept per the facility <input type="checkbox"/> Knows the 6 Rights <ul style="list-style-type: none"> <li><input type="radio"/> Right Inmate</li> <li><input type="radio"/> Right Medication</li> <li><input type="radio"/> Right Time &amp; Date</li> <li><input type="radio"/> Right Route</li> <li><input type="radio"/> Right Dosage</li> <li><input type="radio"/> Right Medication Sheet (MAR)</li> </ul> <input type="checkbox"/> Dispenses medications correctly		

- ☐ Documents medication administration correctly, including critical counts.
- ☐ Knows location and procedure for use of Emergency Kit Medications.
- ☐ Knows procedure for ordering inmate medications.
- ☐ Knows procedure for ordering more over the counter medications.
- ☐ Knows procedure for ordering more stock supplies (i.e. diabetic test strips, lancets, etc).
- ☐ Forced Medications is not tolerated under any circumstances.

COMMUNICATION/SKILLS	DATE COMPLETED:	TRAINER'S INITIALS:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Displays good communication skills with other MEnD employees</li> <li><input type="checkbox"/> Displays good communication skills with jail staff</li> <li><input type="checkbox"/> Displays good communication skills with medical providers both in person and on call <ul style="list-style-type: none"> <li><input type="radio"/> General Information</li> <li><input type="radio"/> Medications</li> <li><input type="radio"/> Significant Medical History</li> <li><input type="radio"/> Nurse's Clinical Observations</li> <li><input type="radio"/> Pertinent Additional Information</li> </ul> </li> <li><input type="checkbox"/> Goes through proper management channels for questions and problems</li> <li><input type="checkbox"/> Able to make quick medical decisions if needed</li> <li><input type="checkbox"/> Able to work independently</li> <li><input type="checkbox"/> Able to take on-call phone calls and be part of weekend/call rotation</li> </ul>		



**ORIENTATION HOURS:** must complete 40 hours of orientation before working independently.

<b>DATE</b>	<b>HOURS COMPLETED</b>	<b>ASSIGNED TRAINER</b>

**TOTAL ORIENTATION HOURS:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_