



**NICU Level II, II, IV RN Contingent Nursing
ORIENTATION, EDUCATION, AND SKILLS ASSESSMENT**

Welcome, we are excited to have you come support our team. The following document lists self-learning and on-line activities to help prepare you for our hands-on training and transition to caring for patients in our patient care areas.

The learning materials can be on our website [Clinical Facility Temp Worker \(intermountainhealthcare.org\)](https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/) <https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/>. We recommend that you bookmark the website for reference during your stay. The website will have additional resources that you will find helpful during your stay in Utah if you are coming to us from outside the area.

Department Orientation: (Print out and give to manager/educator to fill out)

A [department orientation](#) must be completed within two weeks of the worker's start date.

Account Activation:

Workers, participating in patient charting or requiring access to Intermountain systems, should receive an Intermountain account or user ID. This account is temporary and must be activated by the worker prior to their first day. Instructions for [activating an Intermountain account](#).

- Initial where indicated.
 - Key to abbreviations in the table: **CW** =Contingent Worker and **Ed/TL**=Educator/Team Lead.

Name: _____ **Primary Units** _____ **Buddy:** _____

Assigned Hire Date: _____

All educators/team leads must sign at bottom of form as Intermountain representative.

Once completed the caregiver needs to send completed document to:

Margaret Stocking intermountaincwm@rightsourcingusa.com. **Must be completed within 2 weeks of starting.**

QR code to website:



COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	Ed/TL INITIALS	N/A
SELF GUIDED GENERAL "E-LEARNING" MODULES FOR REVIEW						
INSTRUCTOR LED TRAINING.						
Contingent Worker to initial & date upon completion of e-learning. Manager/Educator/Designated Leader to mark any non-applicable modules.						
PREREQUISITE	OSHA Medical Questionnaire_WithSubmit.pdf – complete in preparation for N95 and PAPR trainer – <i>Completed and submitted digitally on the website.</i>	5 min				
16329	N95 and PAPR for Bio Aerosol Protection	16 min				
13785	Blood Product Administration	18 min				
	Vocera User Training Videos Learn a name and a command Phone integration – calling an outside number Vocera Documents for Central Hospitals Vocera 3000 command pocket card Vocera 3000 reference card	3:26 min 1 min 5 min 5 min				
JOB AID	<ul style="list-style-type: none"> Using the Time Clock Punching on the Web UKG App Tip Sheet Checking my Schedule in the Mobile App 	10 min				
	COVID-19 Resources for caregivers: PPE-Masking Toolkit <ul style="list-style-type: none"> Standard Precautions: Hand hygiene and PPE How to wear a mask How to keep safe in the breakroom Cleaning your workspace 	6 min 5 min 5 min 5 min				
211053	iCentra for Acute Nursing: Care Compass	10 min				
211055	iCentra for Acute Nursing: Search for Pts	10 min				
211061	iCentra for Acute Nursing: Navigate in iView	10 min				
211063	iCentra for Acute Nursing: Medication Administration	10 min				
211065	iCentra for Acute Nursing: Manage Orders	10 min				
220388	iAware	5 min				
13626	Emergency Response: Patient abduction	10 min				
91463	Cue Based Feeding	15 min				
Total online Learning time						
PRACTICE RESOURCE: The contingent employees can access the Lippincott Advisor and Procedure resources by opening Lippincott Procedures at: https://procedures.lww.com/lnp/home.do , select login and then the self-enroll option (highlighted in red below). The self-enroll feature is good for 90 days.						
COURSE REFERENCE NUMBER	COURSE NAME	DATE	CW INITIALS	Ed/TL INITIALS	N/A	
IN PERSON HANDS ON TRAINING DURING DAY #1 – FOUNDATIONAL EQUIPMENT						

4242	Communication Device -Vocera SPO (set-up for unit)	10 minutes			
Lab	Glucometer - Nova StatStrip	20 minutes			
20792	N95 SPO – 3M mask types 8210, 1860, 1860S and reprocessing Please make sure to bring your completed OSAH Medical Questionnaire	15 minutes			
7042	PAPR (powered Air Purifying Respirator SPO - TR600 Versa-flo -	15 minutes			
Other common equipment that will be used but not trained due to previous experience and expertise.					
Each unit has a nurse educator to help with any additional training questions. During each shift you will also have a “buddy” assigned to help answer any questions regarding protocols, guidelines, and or procedures that may be different.					
	<ul style="list-style-type: none"> • Bedside Patient Monitor / Central Monitor • NeoPuff/NeoTee/ Self inflating bag/mask • Oxygen/ CPAP/ Ventilators (if applicable) • Chest tube drainage systems • Infusion Pump – CareFusion / Alaris pump • Alcohol disinfectant caps • Medication dispensing machine – AcuDose • Infant Warmer (Panda, Ohio) • Incubators (Giraffe, Dräger air shields) • Cribs (Move safe, Cribette) • Breast Pump • Milk Warmer • Enteral feeding pump • Phototherapy lights • Bili meter irradiance level • Totguard Infant security tags 				
DEPARTMENT ORIENTATION TOUR					
8709	Complete DOT (department orientation and tour) for each unit where you will be working.				
UNIT ORIENTATION/ SKILL CONFIRMATION					
“BUDDY” ESSENTIAL NURSING SKILLS EVALUATION					
Observed skills in the clinical setting (peer-to-peer evaluation). Clinical Coach/Preceptor to initial & date upon contingent worker completion of skill.					
Unit Based	Admission, transition process, and caregiver expectations: <ul style="list-style-type: none"> • Communication: Interdisciplinary team, parent(s) • Assessment frequency • Bedside safety verification (equipment, Emergency drug card, etc.,) • Newborn identification process • Admission teaching • Partners in Healing 				
Unit Based	Assessment: frequency and expectations: <ul style="list-style-type: none"> • Unit workflow • Hourly rounding (infusing IV, safety, SPO₂, etc.) • Charge nurse communication with changes in condition, assistance • Provider communication 				
Unit Based	Communication: <ul style="list-style-type: none"> • Handoff reports • Huddles (unit, safety, etc.) • Caregiver/ Provider/ Interdisciplinary rounds 				

	<ul style="list-style-type: none"> • Parent communication / contact / update every shift • Communication white board (update) • Visitation guidelines 				
Unit Based	<p>Medication Administration and Pain Interventions</p> <ul style="list-style-type: none"> • NPASS tool (assessment timing) • Infusion pump programming • Small volume programming and medication dilution process • Medication Barcoding • IAware/ Pump association • High alert/ double check • Medication and IV tubing labeling 				
Unit Based	<p>Neonatal Safety:</p> <ul style="list-style-type: none"> • Infant/ parent/ caregiver identification process • Emergency communication: call buttons/ vocera/ phone numbers/ telehealth (when applicable) • Bedside safety equipment verification (O₂, mask, suction, alarm parameters, wheels locked, side rails up and locked, ports closed, etc.) • POKE principles • Transporting a baby • TotGuard infant security (when/ how to use) 				
Unit Based	<p>Feeding</p> <ul style="list-style-type: none"> • Mother's milk identification / safety practices for administration • Lactation Specialists/ NICU Therapists/ Dietician • Feeding Progression/ resources/ parent education • Cue based Feeding (Oral readiness/ Bottle Quality Scoring) 				
Unit Based	<p>Infection Prevention:</p> <ul style="list-style-type: none"> • Unit hand hygiene (bare to elbows, sleeves rolled up), hair up, • High touch cleaning, bedside carts, • Designated clean (milk preparation, medication prep) versus dirty area 				
Unit Based	<p>Protocols/ Guidelines for Neonatal Considerations:</p> <ul style="list-style-type: none"> • Early Onset Sepsis • Hypoglycemia • NAS (Resources) • Hearing screenings (CMV) • Eye examinations (ROP) • Oxygen with Love (OWL) Guidelines • Safe Sleep – modeling behavior • Early Lung Recruitment (ELR) • Therapeutic Cooling for HIE (pre-transport) 				
Unit Based	<p>Developmental Considerations:</p> <ul style="list-style-type: none"> • Minimal Stimulation • Developmental Positioning • Swaddle bathing • NICU Therapists • No use of perfumes, scented lotions, essential oils, s 				
Unit Based	<p>Documentation expectations for</p> <ul style="list-style-type: none"> • Early Onset Sepsis (documentation on admission within 30 min) • Care Compass Tasks • iView, MAR, iAware • IPOC • Intake / Output • ABDs • Parent Education • Provider communication/ Parent Involvement 				
Unit Based	<p>Discharge Process:</p> <ul style="list-style-type: none"> • Discharge • Newborn screening (State required) • Hearing Screening • CCHD Screening • Immunizations 				

	<ul style="list-style-type: none"> • Car Seat Testing/ orientation • Role of the Discharge planner/ Social Work/ Case Manager 					
LIVE IN PERSON HANDS ON AND DIDACTIC TRAINING – FOUNDATIONAL						
20421	iCentra Skill Pass off for NICU RN					
4021	Mother’s Milk Management Skills Pass Off					

I have completed all the above-listed items and have had the opportunity to ask questions and clarify my understanding. All questions have been answered to my satisfaction. I understand the information presented in the above listed materials and understand that I am accountable for complying with these and with all Intermountain policies, procedures and guidelines. I will not perform any treatment or use any type of equipment with which I am unfamiliar or uncertain. If I need further assistance with performance of my job, I will request assistance from my manager(s), educator(s), or appointed ambassador.

Once completed send completed document to intermountaincwm@rightsourcingusa.com

Contingent Worker Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

