**Central Louisiana State Hospital**
**Agency Orientation**
**Licensed Staff**

<u>**POLICY NUMBER**</u>        <u>**NAME OF POLICY**</u>

- CP 24                Labeling of Charts for Allergies and Medication Contraindications
- CP 41                Disposition of Multi-dose Open Medication Vials
- CP 42                Client Medication Education
- CP 93                Physician Verbal/Phone Orders
- NPP 1205          Pain Management
- NPP 1302          Monitoring of First Dose Medications
- NPP 1539          Risk Assessment
- NPP 1525          Portable Glucose Monitoring - TEST
- Medication Administration Review and Power Point – PHARMOCOLOGY TEST
- Hospital Approved Medication Times
- Emergency Tray Information - TEST

I acknowledge review of the policies listed above.  I also acknowledge that it is my responsibility to familiarize myself with all CLSH policies and that I am responsible for complying with all policies, procedures and regulations of CLSH.   CLSH policies, procedures and regulations can be on each unit.


_____                    _____

Employee Name                                                                    Date



_____                    _____

Supervisor                                                                           Date

## NEW EMPLOYEE HOSPITAL WIDE ORIENTATION MANUAL

- Cultural Diversity and Sensitivity/Diversity in the Workplace - TEST
- End of Life Issues – TEST
- Basic HIPAA Privacy for DHH
- Violence in the Workplace – TEST
- Video Surveillance Acknowledgement

## POLICY NUMBER            NAME OF POLICY

- Hospital Strategic Plan/Mission Statement
- AP 17          Ethics Policy
- AP 28          Violence Prevention Program
- AP 44          Client Abuse and Neglect
- AP 49          Code of Conduct and Disruptive Behavior
- AP 29          Firearms on Hospital Grounds
- AP 53          Identification Code Number for Patients
- AP 71          Tobacco Free Campus
- AP 75          Video Surveillance
- CP 11          Patient Rights (Adults)
- CP 23          Patient Confidentiality
- CP 57          Medical Emergency and Early Recognition
- CP 58          Contraband Search
- CP 76          Incident Reporting
- NPP 1503          Accountability of Patients
- NPP 1515          Fall Policy and Risk Reduction
- NPP 2209          Dress Code
- NPP 2217          Prohibited Staff Activities
- Summary of Level Systems

I acknowledge review of the policies listed above.  I also acknowledge that it is my responsibility to familiarize myself with all CLSH policies and that I am responsible for complying with all policies, procedures and regulations of CLSH.   CLSH policies, procedures and regulations can be located on each unit.

_____                    _____

Employee Name                                                        Date

_____                    _____

Supervisor                                                               Date