



Morris Hospital & Healthcare Centers

Student Orientation Packet 2026

People You Know. Extraordinary Care.

Instructions:

- Review **2026 Student Orientation Power Point**.
- Sign **MH Confidentiality Statement** (Page 3).
- Complete the **2026 Student Orientation Test**. (Must complete with at least 80% accuracy)
- Review **Nurse Residency Program** document.
- Review **Find Rewarding Careers with US!** document.
- Review **Employment Opportunities** document.
- Program Director or Clinical Instructor is to ensure that the **Summary of Site Requirements** form is completed, signed, dated and returned (page 9).
- Student and Program Director or Clinical Instructor is to ensure that the **Validation of Orientation to Morris Hospital & Healthcare Centers** form is completed, signed, dated and returned (page 10).
- Review the RepTrax system (Main Hospital Campus ONLY).
- Once your orientation is completed, return the following forms:
 - **Completed MH Confidentiality Agreement (page 3)**
 - **If applicable, Employment Opportunities (page 8)**
 - **Summary of Site Requirements (page 9)**
 - **Validation of Orientation to Morris Hospital & Healthcare Centers (page 10)**
 - **Return fax: 815-942-3503 or Email: hr@morrishospital.org**

Confidentiality Agreement

This Confidentiality Agreement (“Agreement”) is made and entered into by and between Morris Hospital & Healthcare Centers (“MHHC”), and the individual (“User”) whose name is identified at the bottom of this agreement, as of the date below. This agreement covers confidential information (defined below) and User’s access to and use of MHHC’s electronic medical record (“EMR”) systems and establishes that User hereby acknowledges the terms of this Agreement and agrees as follows:

1. Confidential information includes information that is meant to be kept unknown or unseen by others including, trade secrets, privileged and proprietary information, and other legally protected business information regarding services provided at MHHC. Confidential information includes private personal information of patients, employees, members of the medical staff, volunteers, visitors and anyone else associated with MHHC, contained in documents maintained by the Hospital on a confidential or restricted basis.
2. User acknowledges that in the course of my employment/assignment at MHHC, that I may have access to records, correspondence, computer information, reports and other information or communication which by their very nature concern patients, families, employees, physicians or hospital business. I acknowledge such information is confidential and that I have no right to release such information in any manner, to any person, unless specifically authorized by MHHC to do so.
3. User acknowledges and agrees that User may be granted access to MHHC’s EMR system and certain Confidential Information contained therein.
4. User shall not, directly or indirectly, disclose, copy, distribute, replenish or allow access to any Confidential Information except as expressly permitted herein.
5. User shall limit his/her access to and use of the Confidential Information only as required in order to facilitate treatment of patients. , User shall refrain from using or disclosing more than the minimal amount of Confidential Information necessary to accomplish the intended purpose or use of the disclosure.

Electronic Access

6. As a condition of receiving a password and of gaining access to the EMR System, User agrees as follows:
 - a. User has completed a training program and is familiar with the policies and procedures for access and use of the EMR and of any Confidential Information.
 - b. User will access the EMR and any associated services only as reasonably necessary for the performance of his/her job, in accordance with applicable policies and procedures of MHHC.
 - c. User will not disclose his/her password or other security measures assigned to User to any other person (unless requested by someone from the Information Services of MHHC, after which User will change his/her password). User understands that any access to the EMR using his/her password will be attributed to User.
 - d. User will immediately notify MHHC if User believes that any other person may have discovered his/her password or that his/her password has been used by any other person to access the EMR, and User will request an immediate change of password.
 - e. User will access the EMR only using his/her own password, and User will not seek to discover another person’s password. If User learns of another person’s password (through inadvertence or by any other means), User will notify MHHC.
 - f. User will notify MHHC immediately if User has reason to believe that any person’s password is being misused or any other person is inappropriately accessing the EMR or misusing information in the EMR. (User understands that such reports will be held in confidence, if User request.)
 - g. User understands that misuse of his/her password, failure to comply with this Agreement or the policies and procedures applicable to his/her access to and use of the EMR, or his/her misuse of any Confidential Information may result in suspension or termination of his/her right to use the EMR and may constitute cause for disciplinary action.
 - h. User understands that intentional misuse of the Patient Health Information in the EMR may subject User to civil and criminal penalties.
 - i. User understands that his/her misuse of the EMR or Confidential Information also could lead to termination or restriction and access to the EMR.

Confidentiality Agreement

Electronic Access continued

- j. User will not use the same password that is used on any other system.
7. Upon learning of (a) any unauthorized use or disclosure of Confidential Information, or (b) any requirement to disclose Confidential Information by operation of law, regulation or legal process, User agrees to notify MHHC immediately, and to cooperate fully with MHHC to protect the confidentiality of such Confidential Information.
 8. User acknowledges and agrees that any breach of this Agreement will cause immediate and irreparable injury to MHHC that monetary damages will be inadequate to compensate for such breach, and that, in the event of such breach, MHHC shall be entitled to seek injunctive relief, and any and all remedies available at law or in equity.
 9. User acknowledges and understands that User's access to the EMR will be monitored. User shall maintain such safeguards and engage in such practices as necessary to ensure that the Confidential Information is adequately protected, including, but not limited to, engaging in the following practices, as applicable:
 - a. not making inquiries with respect to Confidential Information for other personnel who do not have proper authority;
 - b. not making any unauthorized transmissions, inquiries, modifications, or purging any Confidential Information; and
 - c. logging off from any computer or access terminal prior to leaving any such computer or access terminal unattended, unless a password protected screensaver is activated.
 10. User acknowledges and agrees that MHHC shall have the right, in its sole discretion, to terminate User's access to the Confidential Information.
 11. User understands that if he/she does not log in to account at least every 90 days, his/her account will be deactivated.
-
12. User understands he/she will need to re-sign the confidentiality agreement on a yearly basis.
 13. If any provision of this Agreement is held invalid by a court of competent jurisdiction, such validity shall not affect the enforceability of any other provisions contained in this Agreement, and the remaining portions of this Agreement shall continue in full force and effect.
 14. This agreement shall be governed by, interpreted and construed in accordance with the laws of the State of Illinois.
 15. User will not post or discuss confidential information of any type of any social media sites, blogs, discussion groups and the like unless pre-approved by MHHC, provided that nothing is intended to interfere with any right to engage in protected, concerted activity.
 16. User will not take photographs, make videos, or make other recordings of patients, staff, or visitors except in accordance with applicable MHHC policies.
 17. User understands that access to confidential information and MHHC email and other information system accounts may be audited.
 18. User will RETURN ALL CONFIDENTIAL INFORMATION TO MHHC AND WILL NOT TAKE ANY MHHC CONFIDENTIAL INFORMATION WITH HIM/HER WHEN WORK AT MHHC ENDS. USER UNDERSTANDS THAT EVEN AFTER HIS/HER WORK ENDS HE/SHE WILL CONTINUE TO BE REQUIRED TO KEEP ALL CONFIDENTIAL INFORMATION TO WHICH HE/SHE HAD ACCESS TO CONFIDENTIAL.

Signature: _____ Date: _____

Print Name: _____



MORRIS HOSPITAL
 & HEALTHCARE CENTERS
 150 West High Street
 Morris, IL 60450
 www.morrishospital.org

2026 Student Orientation Test

Name (Please Print)

Title

School

People You Know. Extraordinary Care.

1. Morris Hospital's Mission is: To improve the _____ of area residents.
2. Our Values of **CARE** stand for:
 - C - _____
 - A - _____
 - R - _____
 - E - _____
3. A **Facility Alert + Disaster Plan + Description** is called a disaster. The Emergency Operations Plan Policy provides specific procedures to follow.
 TRUE FALSE
4. As an organization, we continually strive to improve patient safety.
 TRUE FALSE
5. Standard Precautions are to be used for all patients all the time.
 TRUE FALSE
6. **Security Alert + Assistance Needed + Location** is used when:
 - A. When a person is a fall risk
 - B. When a violent situation is occurring
 - C. When an infant abduction occurs
 - D. none of the above

Clinical roles ONLY to complete questions 7-19

7. Categories of Isolation Precautions are based on where in the body the organism is and how it travels.
 TRUE FALSE
8. It is acceptable to wash your hands with alcohol-based hand sanitizer instead of soap and water before and after providing care for a patient with C Diff.
 TRUE FALSE
9. When taking care of a TB patient, a regular mask will provide sufficient protection from the virus.
 TRUE FALSE
10. What color are the containers designated for sharps disposal?
 - A. Yellow
 - B. Tan
 - C. Blue
 - D. Green



2026 Student Orientation Test Continued

Name (Please Print)

Title

School

11. When selecting appropriate Personal Protective Equipment, it is important to identify what you are attempting to protect yourself from.
TRUE FALSE
12. What is the most important infection control measure? _____
13. You should wear only minimal jewelry when caring for patients.
TRUE FALSE
14. It is acceptable to turn off patient alarms while the patient sleeps to not disturb their rest.
TRUE FALSE
15. One of the goals of the Rapid Response Team is to avoid the patient's decline into a code blue situation.
TRUE FALSE
16. A Rapid Response Pediatric Team responds to any patient or visitor under the age of 17 excluding newborns when paged.
TRUE FALSE
17. Patients will be identified for a risk for falls by a red clip on their wristband.
TRUE FALSE
18. To communicate a DNR status a _____ armband clip will be applied to the patient and a DNR will be placed on the patient's profile.
 - A. Green
 - B. Purple
 - C. Red
 - D. Blue
19. You find a patient unresponsive and not breathing, you call out for help then you dial the following extension to overhead page the code prior to starting CPR.
 - A. 3515
 - B. 1234
 - C. 0911
 - D. 9999



People You Know. Extraordinary Care.

Nurse Residency Program

Nurse Residency Program Objectives

- * To expand your knowledge and critical thinking skills when caring for patients at the bedside
- * To improve your competence, confidence, and efficiency in providing evidence based best practice care
- * To facilitate an environment for you that is conducive to learning through instruction, policy review, critical thinking, and simulation



Join Our Team
Apply Today



www.MorrisHospital.org/Careers/

What you can expect from the Nurse Residency Program

This 6 month program provides you with the knowledge, skills, and resources to be successful at Morris Hospital. In addition to a 12 week orientation working directly with a trained preceptor, this program is designed to build your confidence as you learn to navigate how to care for patients on the Medical-Surgical and Intensive Care units.

Nurse Residency Program Subject Matter

Professional Development & Improving the Patient Experience		Post Mortem Care
Nurse Driven Protocols & Order Sets	Neurological System	Skin & Wound Management
Communication at the Bedside	Respiratory System	Sepsis & Infection Control
Basic Skills for the Bedside RN	Circulatory System	Medication Safety
Diabetes Management	Cardiac System	Surgical/Procedure Prep
Laboratory Testing	Renal System	Mental Health

Questions? Jen Cox RN, BSN, WCC: Education Services Manager
(815) 705-7369 / jcox@morrishospital.org



Find Rewarding Careers With Us!

TOP PERFORMER NURSING AWARD IN THE COUNTRY!

Interprofessional Relationships, Autonomy, Adequacy of Resources and Staffing, & RN-to-RN Teamwork and Collaboration – through PRC National Consumer Study

5 STAR NURSING EXCELLENCE AWARD!

Fundamentals of Quality Nursing Care & Professional Development – through PRC National Consumer Study



**Take the first step toward becoming part of our amazing
Morris Hospital & Healthcare Centers' family!**

**We have career opportunities for a vast range of backgrounds and skill sets,
along with a competitive and comprehensive benefits program.**

Career opportunities include:

- Registered Nurses
- Certified Nurse Assistants
- Patient Care Technicians
- Medical Assistants
- Respiratory Care Therapists
- Physical Therapists
- Laboratory Medical Technologists
- Environment & Nutrition Services Associates

Comprehensive benefits include:

- FREE monthly gym membership through the YMCA - \$456 in value!
- Medical, dental and vision benefits for employees who work +20 hours per week
- Contribute to the 403b retirement plan immediately
- Tuition reimbursement plan up to \$5,000 annually
- Reward & Recognition programs
- Employee Assistance Program
FREE resources for topics on work-life balance, mental health, financial assistance, short term counseling, family/relationships & more!

**Use the QR code to check our current job openings or go to
www.morrishospital.org/careers.**

For questions, please contact Human Resources at (815) 705-7016.

EMPLOYMENT OPPORTUNITIES

Interested in exploring career opportunities at Morris Hospital? Please list your name, email address & phone number below and a member of our HR team will reach out to you.

Name _____

Email _____

Phone _____

Areas of interest:

I consent to a member of the Morris Hospital HR team reaching out to me to discuss employment opportunities.

Signature: _____



Summary of Site Requirements

People You Know. Extraordinary Care.

STUDENT NAME: _____

SCHOOL NAME: _____

AREA OF STUDY: _____

DEPARTMENT ASSIGNED: _____ **ROTATION DATES:** _____

Per Morris Hospital Policy, the University/College/High School will provide documentation that student listed above is in compliance with health standards required by the hosting site, if applicable, as stated below.

Initial next to each applicable requirement:

- _____ Reviewed Morris Hospital 2026 Student Orientation Power Point
- _____ Completed the 2026 Student Orientation Test with at least an 80% accuracy.
- _____ Tuberculosis testing completed within last 12 months.
- _____ Cardiopulmonary resuscitation (CPR) successfully completed, if applicable.
- _____ Proof of immunity to Measles (Rubeola), Mumps, Rubella, Varicella (Chicken Pox).
(Documentation showing two doses of each given at least 1 month apart or lab titers indicating immunity.)
- _____ Annual Influenza Immunization.
If individual declines vaccine, a declination document must be signed and a mask is required to be worn during flu season during assignment at Morris Hospital & Healthcare Centers.
- _____ Hepatitis B Immunization on file. If declined, enter date of declination.
- _____ Tdap. If declined, enter date of declination.
- _____ Negative 9-panel urine drug screen on file for students who have patient contact and/or access to pharmaceutical supplies, or where deemed appropriate.
- _____ Background check completed with "no record".
- _____ Copy of parental approval (high school students).
- _____ Copy of personal medical insurance.

The requirements stated above have been verified and documented.

Program Director/Clinical Instructor Signature Contact Number Date

Return fax: 815-942-3503 or Email: hr@morrishospital.org



Validation of Orientation to Morris Hospital & Healthcare Centers

People You Know. Extraordinary Care.

STUDENT NAME: _____

SCHOOL NAME: _____

AREA OF STUDY: _____

DEPARTMENT ASSIGNED: _____ **ROTATION DATES:** _____

I acknowledge that I have read and understand all information provided to me for my Orientation to Morris Hospital & Healthcare Centers as stated below.

Student Initial next to each requirement:

- _____ Reviewed Morris Hospital 2026 Student Orientation Power Point
- _____ Completed the 2026 Student Orientation Test with at least an 80% accuracy.
- _____ Code of Conduct Acknowledgement
- _____ Dress Code Policy
- _____ Confidentiality Agreement Acknowledgement

I have read and agree to adhere to the conditions of these documents and acknowledge that any violation of the agreement can result in immediate termination of relationship.

Student Signature

Contact Number

Date

Program Director/Clinical Instructor Signature

Contact Number

Date

Return fax: 815-942-3503 or
Email: hr@morrishospital.org

Return fax: 815-942-3503 or Email: hr@morrishospital.org

Required for entry to Morris Hospital Main Campus

People You Know. Extraordinary Care.

REPTRax Student Sign In

For Students to gain entry:

- At the REPTRax Kiosk....**Click on the REPTRax icon on the main screen**
- Then select.....**Visitor Check-In**
- Fill out all information fields.
 - **First Name**
 - **Last Name**
 - **Email** (you may use your school email address)
 - **Phone Number** (your cell number is acceptable)
 - **Area Visiting** (please type in **Clinicals**)
 - **Duration** (choose how long you plan to be in the building)
- Then click **Check-in**.
- Your Visitor Pass will print off of the printer to the right of the REPTRax Kiosk.