

# Far West Division- Regional Medical Center

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## Orientation Verification Form

**Directions:** Upon completion of your review; please print, sign, and submit to HR.

**I have fully read and comprehend the contents of this booklet which included:**

1. Ethics and compliance in the FWD
2. Management of information; privacy and security (HIPAA rules)
3. Patient Rights and Responsibilities
4. Patient Safety including the National Patient Safety Goals
5. Risk Management and Occurrence Reporting
6. Fire, electrical, and equipment safety
7. Disaster/Emergency Preparedness
8. Regional Medical Center's Emergency Codes
9. CDC Hand Hygiene Guidelines; OSHA Bloodborne Pathogens; Standard Precautions; and Flu Vaccination requirements.
10. Hazardous Materials; chemical, radiation and biological hazards; MSDS forms and Biomedical Waste Rule
11. Ergonomics
12. Reporting abuse and neglect
13. Reporting Care Concerns to The Joint Commission
14. Improving the patient's experience
15. Clinical and nonclinical staff expectations
16. Hand-off communication and SBAR
17. Language translations and sign language
18. Workplace Violence Prevention
19. Hospital and unit specific orientation

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_