

FOUNTAIN VALLEY REGIONAL HOSPITAL
GENERAL HOSPITAL
ORIENTATION INFORMATION ACKNOWLEDGEMENT

I understand that I can ask my assigned department resource (shift manager /supervisor, lead technician/therapist, department manager, or designee) for clarification of any of the material contained within this packet.

The contents of the Orientation Packet are listed below:

Mission/Vision	Smoking Policy	Breaks/Lunches	Body Mechanics
Hazardous Materials	Electrical Safety	Fires	Infection Control/Blood borne Pathogens
Safety/Risk Mgmt./Error Reporting	Core Measures	Patient rights	Patient Satisfaction
Population Served	Forensic Services	End of Life Issues/Care of the Dying	Organ Donation
Cultural Diversity	HIPAA/Patient Confidentiality	Moderate Sedation	Pain Management
Abuse	Recognition of Impairment	Team Dynamics	Chain of Command
Emergency Codes	National Patient Safety Goals	Age Specific	Medication Administration
Documentation	Falls	Performance Improvement	How to report an event
Stop the Line			

I will observe HIPAA & Information Security policies.

I understand that full text copies of the references policies and procedures followed may be found under the FVRH policy and procedure tab located on the eTenet website, as well as published references available in each work area.

I, _____ have reviewed the contents of the orientation packet and understand it is my responsibility to read FVRH policies, procedures and protocols and implement them as written as they pertain to my area and scope of responsibility.

If I do not comprehend any policy, procedure or protocol, it is my responsibility to immediately acquire understanding or clarification from my department resource.

Signature _____ Date _____

Print Name _____

Name of Agency _____