

## 2.21 Orientation and Safety Manual Acknowledgement

### ORIENTATION / SAFETY MANUAL ACKNOWLEDGEMENT

In compliance with The Joint Commission standards, OSHA requirements and Aya Healthcare policies, I acknowledge that I have received and reviewed the information included in the following sections of the safety manual:

#### Safety Training, including:

- First Aid Procedures
- Accident Reporting/Sentinel Events
- Body Mechanics/Environment Safety
- Disaster/Emergency Preparedness
- Electrical Safety/Fire Safety
- Medical Equipment Management
- Labeling & Handling of Chemicals/  
Hazardous Materials
- Infection Control: Blood borne Pathogens,  
TB prevention
- Preventing Workplace Violence
- Personal Protective Equipment
- Patient Rights
- Employee Right-to-Know

#### Aya Healthcare Policies:

- Drug Policy
- Dress Code
- Proof of Identity
- Complaint/Grievance Policy
- Code of Business Ethics

#### In-Service Training, including:

- HIPAA & Confidentiality
- Advance Directives / End of Life Decisions
- Age-Specific Competency
- WHO Hand Hygiene Guidelines
- Cultural Competency
- Elder & Dependent Abuse
- Fingernail Policy
- Pain Management
- Use of Restraints
- Joint Commission 2026 National Patient  
Safety Goals
- Joint Commission 2026 National Performance Goals
- Joint Commission Banned Abbreviations
- Management of Aggressive Behavior (MOAB)
- Medical Error Prevention
- Domestic Violence
- Patient /Family Education
- Ethical Care and Patient Rights
- Incident Reporting
- Personal Security

**I also acknowledge that:**

- I have reviewed my job description in the Aya Healthcare Safety and Orientation Manual, as The Joint Commission requires. I am capable of performing my job duties, and I fully understand all of my job responsibilities and expectations.
- Aya Healthcare has a strict “No Drug Policy,” and this document serves as my consent to submit to drug testing as per company policy.
- If for some unexpected reason I am unable to make it to work to perform my assigned duties, I will notify my employer representative as soon as possible. Failure to do so could lead to disciplinary action or possible termination.
- If I have an accident or sustain an injury while on the job that requires medical attention, I agree to notify my employer representative immediately. An Aya Healthcare representative will coordinate proper procedures for handling of my claim.
- I have been informed of the procedures which are required of me in the event I am involved in an accident or am injured. These procedures are necessary in providing me with timely medical attention and investigation as to the cause of the accident so that it might be avoided in the future.
- I understand and agree to comply with all safety policies, rules, regulations and hazard communication programs which Aya Healthcare has outlined in this manual. My signature below indicates that I have read and acknowledge all of the rules in this manual.
- I understand that if I am involved in an accident or injured on the job and that injury is work related, I will submit to a drug and/or alcohol testing as per company policy and in conjunction with state and local laws. Failure to submit to this testing could lead to disciplinary action, including my termination.
- I understand that my signed time card is a statement which indicates that I have not witnessed or incurred any accidents/ injuries while on the job during the period covered on that time card.
- I have read and fully understand the above statements regarding Aya Healthcare policies and procedures and agree to comply with them. I agree that my failure to comply with these policies and procedures could result in my termination and could jeopardize any insurance benefits that I may have been otherwise entitled.
- With my signature below, I acknowledge and agree that I am compliant with all applicable minimum annual continuing education (CE) requirements.
- With my signature below, I acknowledge that a representative of Aya Healthcare has thoroughly answered all of my questions in regarding the above policies and procedures.
- By signing below, I acknowledge that I may receive or have access to patient healthcare information (“Confidential Patient Information”) in the course of providing patient care services at participating hospitals at which I am assigned by Aya Healthcare. I shall maintain the confidentiality of Confidential Patient Information , and in doing so, shall comply with all applicable state and federal laws and regulations, including, without limitation, that privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the policies and procedures of each participating hospital where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Aya Healthcare and the conclusion of any assignment at an Aya Healthcare client.

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date