

UCI Health

New Hire Orientation

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
- Parking
- Dress Code
- Smoking Policy
- Breaks/Lunches
- Body Mechanics
- Hazardous Materials
- Electrical Safety
- Fires
- Life Safety Measures
- Codes
- Infection Control/Blood borne Pathogens
- Employee Health
- OSHA BBP
- Injury Prevention
- Office Ergonomics
- Organizational Ethics
- Event Reporting and eSRM
- Patient Privacy
- Patient Rights
- Patient Responsibilities
- Social Services
- HIPAA/Patient Confidentiality
- Abuse Reporting
- Advanced Directives
- Utilization Management
- Age/Patient Population Related Issues
- Cultural Diversity
- Pain Management
- Fall Prevention
- Restraints
- End of Life: Care Related to Death and Dying
- One Legacy Organ and Tissue Referrals
- Disruptive Behavior
- Complaint and Grievance Process
- RRT
- Chain of Command
- Patient Medication Safety
- Patient Safety Plan
- Stop the Line
- Ticket to Ride
- Verification of Physician/Allied Health Privileges
- Moderate Sedation
- Recognition of impairment
- Team Dynamics
- Wristband
- PIPP
- HCAHPS
- AIDET
- Regulatory Agencies and Core Measure

I will observe HIPAA & Information Security policies.

I, _____ have reviewed the contents of the orientation packet and understand it is my responsibility to read UCI Health policies, procedures and protocols and implement them as written as they pertain to my area and scope of responsibility. If I do not comprehend and policy, procedure, or protocol, it is my responsibility to immediately acquire understanding or clarification from my department resource.

Signature _____ Date _____