



JCAHO ORIENTATION CHECKLIST

I, (print) _____, have been provided with a complete field orientation, which includes specific training in the areas listed below. Premier Nursing Services has provided me with numerous documents and audio visual instructions, necessary for this training. I have read, understood and successfully completed the annual training. I understand that the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) generally mandates training in these areas. I acknowledge that I will be required to complete this training annually.

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| 1. Corporate Compliance and Ethics | 22. Workplace Ergonomics |
| 2. HIPAA | 23. Fall Prevention |
| 3. Patient Rights | 24. Drug Free Workplace |
| 4. Patient Confidentiality | 25. Hazard Communication |
| 5. Advance Directive | 26. Medication Cart |
| 6. Restraints and Seclusion | 27. Infection Control |
| 7. Sexual Assault | 28. Needle Stick Prevention |
| 8. Abuse & Neglect | 29. Blood borne Pathogens |
| 9. Age Specific care | 30. Pain Management |
| 10. Culturally Sensitive Care | 31. Risk Management |
| 11. Emergency Preparedness | 32. Dementia and Alzheimer's |
| 12. Fire Safety | 33. Tuberculosis |
| 13. Preventing Violence in the Work Place | 34. JCAHO National Patient Safety Goals |
| 14. Sexual Harassment | 35. JCAHO's list of Do Not Use Abbreviations |
| 15. Organ Donation | 36. CDC Hand Hygiene Guidelines |
| 16. Patient Education | 37. Job Description |
| 17. Security Management | 38. Facts about Worker's Compensation |
| 18. Information Management | 39. End of Life |
| 19. Utilities Management | |
| 20. Workplace Ergonomics | |
| 21. Patient Safety (Fire, Disaster, Electrical), Hazardous Material (MSDS) and Radiation | |

I acknowledge that I have read and understood the information contained in the Premier Nursing Services' Field Orientation.

Signature

Date

Printed Name