

National Hospice Management, INC.

Orientation Program Acknowledgement

Branch Location: _____

Name: _____

Position: _____

Hire Date: _____

Supervisor: _____

I, the undersigned contracted employee, acknowledge that an Agency employee has reviewed this form and its contents with me, and I hereby agree to follow all company procedures related to safety, including, but not limited to the following:

1. I will immediately report any unsafe acts or conditions to the Patient Care Manager, or if unavailable, to the General Manager.
2. I will always come to work in a condition which promotes safety and will conform my behavior to the Agency's Personnel Policies and Procedures.
3. I will immediately report all work related incidents which may result in illness or injury, no matter how seemingly insignificant, to the Patient Care Manager, or if unavailable, the General Manager.
4. I have received training and written information regarding both the Agency's policy and my legal responsibilities in reporting suspected Child Abuse and Dependent Adult/Elder Abuse. I understand that if, in the course of my job, I witness or suspect an incident of abuse or neglect, I must follow the Abuse Reporting Policy.
5. I will become acquainted with and observe all OSHA and Agency rules and regulations regarding workplace safety and security.
6. I will participate in safety training.
7. I will follow all directions accompanying all substances used on the job.
8. I will always wear my seat belt, observe all traffic laws, and exercise the highest degree of care while riding in or operating a motor vehicle.
9. I will immediately report to the Patient Care Manager, or if unavailable, the General Manager, the receipt of any citation for any moving traffic violation.
10. I will observe all OSHA and Agency rules, universal precaution procedures, and regulations regarding:
 - a. tuberculosis exposure control
 - b. the handling and disposal of sharps (needles, syringes, etc.)
 - c. blood borne pathogens
 - d. infectious diseases

11. I understand and concur with the determination that in my employment position with the Agency, I am a contracted employee who has does not have (initial one) occupational exposure to blood or other potentially infectious materials. I further understand that if I have occupational exposure that I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I acknowledge that the Agency offers to all occupationally exposed employees, free Hepatitis B vaccination after initial training and within 10 working days of initial assignment of employees who have occupational exposure unless:

- a. the contracted employee has previously received the complete Hepatitis B vaccination series
- b. antibody testing reveals that the employee is immune, or,
- c. medical reasons prevent the contracted employee from being vaccinated
- d. the contracted employee position does not result in occupational exposure

I further understand that if eligible for the free vaccination, I am not required to accept it at this time but can choose to receive it at a later date if I am occupationally at risk for Hepatitis B at that time.

At this time I voluntarily:

- Request the vaccination series.
- Reject the offer of the vaccination series.
(Please initial one of the two blanks)

If the answer is NO, check one that applies:

- I have previously received a full course immunization for the Hepatitis B virus.
- I do not want the vaccine.

- 12. I will fully and completely cooperate with the investigation of any work related incident which could result in injury or illness and will complete such forms as required to assist in the investigation, including but not limited to
- 13. I will wear and utilize all personal protective equipment and clothing (PPE) as required by OSHA and Agency rules and regulations. I understand that since patient care may be provided in patients' residences and not under the immediate supervision of an Agency employee, the responsibility for the use of PPE is completely mine.

I acknowledge that job safety is of primary importance to this Agency and working safely is a job requirement. I have reviewed and understand the Agency Personnel Policies regarding safety, including but not limited to I understand that if I violate safety policies, rules, or regulations it could result in disciplinary action against me, including termination of my employment. I understand that the Agency does not require me to work in unsafe conditions or circumstances.

By: _____ Date _____
Contracted Employee's Signature

By: _____ Date _____
Witness Signature