

## **Augusta Health New Team Member Education Verification Checklist**

In lieu of attending New Team Member Orientation, I have received the Express Education Self-Study document and have independently reviewed the information. I understand that if I have any questions or concerns about the material, I should ask my supervisor for clarification.

Topics	Covered	•

ightarrow Our Vision, Mission, and Values		
ightarrow DNV GL, Compliance, and HIPAA/PHI		
ightarrow Patient Rights and Responsibilities/Disclosing Info to Patient's Family and Friends		
→ Recognizing and Reporting Suspected Patient Abuse and Neglect		
→ Disability Awareness		
ightarrow Hourly Rounding		
→ Fall Prevention Program		
→ Tobacco Use Policy		
→ Diversity		
→ Workplace Violence		
→ Emergency Codes, Code Red and Stroke Alert		
→ Emergency Operations Plan		
→ Radiation and MRI Safety		
ightarrow Hazardous Materials, Waste Management, and Exposure to Blood or Body Fluids		
→ Medical Equipment and Back Safety		
ightarrow Infection Control/Hand Hygiene, Standard an	nd Isolation Precautions, and Tuberculosis	
Signature:	Date:	
Print Name:	Employee ID Number:	
Title:	Dept/Unit:	

Please return this form to Organizational and Talent Development prior to beginning work at Augusta Health.