

Acknowledgement of Opus Senior Services Group Agency Orientation



Agency Team Member Name: _____

- **The Opus Mission**
- **The Meaning of Customer**
- **Infection Control Practices**
 - Covid-19 Transmission
 - Screening Processes
 - Decontamination Process
 - Standard Precautions
 - Cough Etiquette
 - Transmission Based Precautions(Contact, Droplet, Airborne)
 - Hand Hygiene
 - Personal Protective Equipment (PPE)
 - Donning and Doffing of PPE
 - Non-Disposable Equipment
 - Q Shift Documentation
- **Expectation of Nursing Team Members**
 - 24hr continuous care
 - Breaks
 - Notification of Nurse before leaving the customer unit
 - POC/PCC
 - Kardex for details of care
 - Coaching- Up, Down and Sideways
- **HIPAA**
- **Abuse**
- **Elopement Procedures**
 - Announcement - Code Silver + Customer Name if possible x 3
 - Notify the NHA and DON immediately
- **Active Shooter Procedures**
 - Announcement - Active Shooter + location x3 over the intercom
- **Fire Emergency Procedures**
 - Announcement – Code Red (in fire/zone location) x 3
 - Fire Brigade assignments on assignment sheet
 - R.A.C.E.
 - P.A.S.S
- **Cardiac/Respiratory Emergency**
 - Announcement - Code Green + location /room x 3
 - Crash Cart
 - Customer – Check DNR status, CPR can be initiated if not a DNR, follow physician and EMS orders
 - Team Member, Visitor – Call 911, CPR can be initiated by anyone trained in CPR, no other medical care other than basic first aid should be provided to a team member or visitor
- **Grievances**
 - Any team member can initiate
 - Initiated orally or in writing
 - Forms in Social Service Office
- **Customer's Rights**
- **Many important rights**
 - Right to privacy- protect confidentiality- medical records, conversations etc.
 - Right to refuse care- ADL care, medications etc. document and notify the physician
 - Right to be treated with respect and dignity - close doors, close privacy curtains during care, knock on doors prior to entering etc.

My signature on this document acknowledges my review of the orientation material in its entirety. I understand that I will also receive additional in person orientation prior to assuming my initial shift.

Agency Team Member Signature: _____ Date: _____