



Annual In-Service for OSHA Training October 2016

<p>SAFETY EDUCATION</p> <ul style="list-style-type: none"> • Accident Prevention Programs • Slips, Trips, Falls • Incidents • Medical Device Related Incidents • Electrical Safety Program • Environmental Rounds • Back Injuries • Moving Patients • Restraints <p>HAZARD COMMUNICATION</p> <ul style="list-style-type: none"> • Reason for Standard • Labels and Warnings • Detecting Hazardous Substances • Reduction of Exposure • Safety Data Sheets & their location • New Chemical Notification <p>FIRE SAFETY</p> <ul style="list-style-type: none"> • Fire Drills • R.A.C.E. / P.A.S.S. • Types and Locations of Extinguishers <p>TUBERCULOSIS</p> <ul style="list-style-type: none"> • TB Infection/Disease • Signs and Symptoms • Treatment • Prevention/TB Screening • Post Exposure 	<p>EXPOSURE CONTROL</p> <ul style="list-style-type: none"> • How are infections Spread • Transmission of Blood borne Infections • Hepatitis B Vaccination • Respiratory Precautions • Universal Precautions Broad • Body substances • Hand washing • Disposing of Waste • Gloves and PPE (Personal Protective Equipment) <p>EMERGENCY PREPAREDNESS</p> <ul style="list-style-type: none"> • Disaster Plans/Protocols • Location of Manuals <p>CONFIDENTIALITY/HIPPA</p> <ul style="list-style-type: none"> • Cell Phone Policy • Social Media Policy <p>BOUNDARIES</p> <p>WORKPLACE VIOLENCE</p> <ul style="list-style-type: none"> • Understanding Violence • Warning Signals • Reporting Threatening Behaviors • Security Measures <p>ELDER ABUSE/NEGLECT</p> <ul style="list-style-type: none"> • Defining Elder Abuse • Types of abuse • Signs, Symptoms & Risk Factors • Reporting Elder Abuse <p>CORPORATE COMPLIANCE</p>
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I have received training on the Occupational Safety and Health Administration guidelines and Angela Hospice Home Care's methods of compliance with these guidelines. Opportunity was given during training to assess my understanding of the OSHA regulations and to ask questions. I understand that as a volunteer I must follow these guidelines and adhere to AH policies regarding confidentiality and Corporate Compliance. My signature confirms I have a basic understanding of all of these guidelines and my willingness to comply with all guidelines, policies and protocols discussed.

PRINT NAME: _____

Signature _____ Date _____