



# No Pass Zone

## *Staff Pledge*

I pledge to support the No Pass Zone protocol to improve resident care and comfort and to promote teamwork at <Name of Center>.

I understand that every call light matters, and I commit to helping ensure our residents feel safe, cared for, and respected.

When I see a call light on, I pledge to:

- Stop and enter the room.
- Check in with the resident to see how I can help.
- Assist if I can when the request is within my role.
- Get the right help if outside my role.
- Let the resident know help is on the way.

The goal of the No Pass Zone is to make sure:

- All staff help answer call lights.
- All call lights are answered promptly.
- All call lights are answered every shift, every time.

I sign this pledge to show my commitment to the No Pass Zone protocol to provide the best care for our residents and to support my team.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_