

CPR, if required by the Support Plan and Support Plan <i>Addendum</i>	N/A	N/A	N/A	N/A
<i>Support Plan Support and Plan Addendum, and Self-Management Assessment</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	4.14.2025	4.14.2025 Review with Supervisor	2.5	Kirsten Bernard, DM
<i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	4.14.2025	4.14.2025 Review with Supervisor	0.25	Kirsten Bernard, DM
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	4.14.2025	4.14.2025 Review with Supervisor	0.25	Kirsten Bernard, DM
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	4.14.2025	4.14.2025 Review with Supervisor	0.25	Kirsten Bernard, DM
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	See LMS for records	See LMS for records	See LMS for records	Completed in LMS - Star services

Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company:	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
Topic: Crisis plans if applicable	N/A		0.25	
Topic: Seizure protocols if applicable	N/A		0.25	
Topic: Elopement protocols if applicable	N/A		0.25	
Topic: Diabetes protocols if applicable	N/A		0.25	
Rights restrictions if applicable	N/A		0.25	
Topic: Other Medical emergencies protocols if applicable	4.14.2025	4.14.2025 Review with Supervisor	0.25	Kirsten Bernard, DM

Karen B G
Staff signature

4-14-2025
Date

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.