



<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	6.02.2025	Self-Review	1	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	6.02.2025	Self-Review	0.5	Kirsten Bernard, DM
Medication set up or medication administration training when staff set up or administer medications. <b>Training also includes specific medication set up or administration procedures for the person</b>	6.02.2025	Self-Review	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	6.02.2025	Self-Review	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	Completed in Star Services LMS	Completed in Star Services LMS	Completed in Star Services LMS	Completed in Star Services LMS
<b>Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company:</b>	<b>Date of completion</b>	<b>Date and type of demonstrated competency</b>	<b>Length of training</b>	<b>Name of trainer and company, if applicable</b>
Topic: Crisis plans if applicable	NA	Competency based	0.25	
Topic: Seizure protocols if applicable	6.02.2025	Self-Review	0.25	Kirsten Bernard, DM
Topic: Elopement protocols if applicable	NA	Competency based	0.25	
Topic: Diabetes protocols if applicable	NA	Competency based	0.25	

Rights restrictions if applicable	NA	Competency based	0.25	
Topic: Other Medical emergencies protocols	NA	Competency based	0.25	

  
 Staff signature

  
 Date

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