



## Employee Training Summary- Health & Safety Day

<b>Employee Name:</b>	<b>Debra Shepard</b>	<b>Job Title &amp; House:</b>	<b>Youth DSP</b>
<b>Date:</b>	<b>05-29-2025</b>	<b>Time</b>	9:00 am - 1:00 pm
<b>Name of Training:</b>	New Hire Orientation/ Health & Safety Day		
<b>Training Summary/Topics Covered</b>	<p><b>Health &amp; Safety Day covers the following topics:</b></p> <ul style="list-style-type: none"> <li>• Therapy Services</li> <li>• Intro to Nursing: Role of a Direct Support Professional</li> <li>• Role of the nurse</li> <li>• Oral Health</li> <li>• Dysphagia</li> <li>• Hydration</li> <li>• Bowel Health</li> <li>• Infection Control and Universal Precautions</li> <li>• COVID 19</li> <li>• Seizures</li> <li>• Incident Reporting/ GERs</li> <li>• Code Status</li> <li>• Emergencies</li> <li>• Nurse Notifications</li> </ul>		
<b>Instructor(s):</b>	<b>Rhonda A and Jess L.</b>	<b>Job Title(s)</b>	Therapy and Nursing

*I certify that the employee participated in the above-mentioned training:*