

On-Site Orientation Checklist

Vehicle

- MM I understand where vehicle keys are located and stored.
- MM I understand the process for making sure the vehicle has gas when necessary
- MM I understand the process for Seating, Tie Downs, Special Equipment, Lifts etc. when transporting individuals receiving services.
- MM I understand, If I need directions to an appointment, activity, or other destination I should call that destination before leaving.

Appointments/Medical Information

I need to take the following with me on all medical appointments: emergency rider
 Medical/Dental/Psychiatric appointments are documented in the Next step
 For what other reasons are Health Progress Notes written? _____

The completed medical referral form is placed on Medication desk to file in clients book
 Medication side effects are found WHE or personal binder - medical tabs
 I understand when a medication is dropped or spit out, I need to call the nurse or physician and/or contact my supervisor
 (if the home does not have a nurse) and follow the instructions given.
 List the procedure for ordering new medication: let Dr or read pages or refill it

List the procedure for ordering current medication: call pharmacy, enter Rx # & go for
pick it up
 List the procedure followed when a prescription medication is changed or discontinued: write note in MAR &
put med in destroy box
 I understand, when medications are delivered the person who receives the medications must compare the medication label to
 the medication sheets and count the medications to ensure the orders are correct and the proper amount was delivered. If any
 information is incorrect staff must contact the nurse and/or Program Manager.
 I know where medications are stored and I understand they must be locked at all times.
 I understand the purpose and location of Standing Order Medications
 I understand the process for administering and documenting the use of Standing Order Medications
 I understand medication errors are determined by the nurse and/or supervisor. If I find discrepancies I must report them to the
 nurse and supervisor and follow the instructions given:

I am requesting further training on the following topic(s) in this Site Orientation Section: NO

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing
 the tasks outlined. **Staff Signature:** [Signature] **Date completed:** 4/9/20

I have reviewed the information and procedures outlined in this checklist with the employee.
Supervisor Signature: [Signature]



On-Site Orientation Checklist (Person Specific)

Employee Name: Danielle

On-Site Date: _____

Individual Specific

This orientation, your background check, and all over riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: Bivona P

Overriding Medical Needs:	Listed area of training	Date of Training
<u>Understands strokes</u>	<u>stroke - plan in MR</u>	<u>4/10/20</u>
Physician/Therapist specific Orders:	Listed area of training	Date of Training
<u>None.</u>		
CSSP Identified Training:	Listed area of training	Date of Training
<u>None.</u>		
I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.		

Staff Initials DSB

Supervisor Initials MW

Staff Initials	Topic
	Medical
<u>MW</u>	Pertinent medical conditions have been reviewed with me and I know how to respond.
<u>MW</u>	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
<u>MW</u>	I understand how, where to take this individual to the hospital or emergency room.
<u>MW</u>	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: <u>mixed</u> into food, taken with pudding, taken with water or juice, special language or requests used, etc.), specifics:

	I am aware of any allergies listed on this individual's medication treatment sheets.
<u>MW</u>	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
<u>MW</u>	I understand I may not pass a medication until I have received training to do so and
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials DSB

Supervisor Initials MW

On-Site Orientation Checklist (Person Specific)

Financial

I understand what my responsibilities are when I get a paycheck, personal check, check stub, information regarding benefits, or any financial information for this individual. N/A

I understand the money-handling abilities and the financial arrangement for this individual N/A

When assisting this individual in spending their money (either cash or check) how much can be spent before I need the Supervisor or Guardian's permission? _____

Transportation

I understand the specific information for this individual regarding transportation including where they sit both in personal and company vehicles, behaviors that may be displayed including a plan of action, transferring, positioning, and safety issues including supervision levels and transfer of responsibility. N/A

List any specific procedures or practices when this person is a passenger in a vehicle: N/A

List where this person goes to school or work and which transportation company is used: PTOT, Therapy, family visits,

I am requesting further training on the following topic(s) in this Site Orientation Section: _____ medical apps.

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. **Staff Signature:** Dawnette Stebbins **Date completed:** 4/01/20

I have reviewed the information and procedures outlined in this checklist with the employee. **Supervisor Signature:** [Signature]



On-Site Orientation Checklist (Person Specific)

Employee Name: Danielle

On-Site Date: 7/10/20

Individual Specific

This orientation, your background check, and all over riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: Danielle G.

Overriding Medical Needs:	Listed area of training	Date of Training
<u>NONE.</u>		
Physician/Therapist specific Orders:	Listed area of training	Date of Training
<u>NONE.</u>		
CSSP Identified Training:	Listed area of training	Date of Training
<u>NONE.</u>		
I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.		

Staff Initials DS
Supervisor Initials NW

Staff Initials	Topic
	Medical
<u>NW</u>	Pertinent medical conditions have been reviewed with me and I know how to respond.
<u>NW</u>	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
<u>NW</u>	I understand how, where to take this individual to the hospital or emergency room.
<u>NW</u>	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with pudding, taken with water or juice, special language or requests used, etc.), specifics: <u>All covered in choc. pudding + liquids in vet chamber</u>
<u>NW</u>	I am aware of any allergies listed on this individual's medication treatment sheets.
<u>NW</u>	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
	I understand I may not pass a medication until I have received training to do so and
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials DS
Supervisor Initials NW

On-Site Orientation Checklist (Person Specific)

Financial

I understand what my responsibilities are when I get a paycheck, personal check, check stub, information regarding benefits, or any financial information for this individual.

N/A I understand the money-handling abilities and the financial arrangement for this individual
When assisting this individual in spending their money (either cash or check) how much can be spent before I need the Supervisor or Guardian's permission? N/A

Transportation

N/A I understand the specific information for this individual regarding transportation including where they sit both in personal and company vehicles, behaviors that may be displayed including a plan of action, transferring, positioning, and safety issues including supervision levels and transfer of responsibility.

List any specific procedures or practices when this person is a passenger in a vehicle: N/A

List where this person goes to school or work and which transportation company is used: N/A

I am requesting further training on the following topic(s) in this Site Orientation Section: _____

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. **Staff Signature:** Janille Sarte **Date completed:** 4/6/20

I have reviewed the information and procedures outlined in this checklist with the employee. **Supervisor Signature:** [Signature]