



On-Site Orientation Checklist (Person Specific)

Employee Name: Confort Dahn On-Site Date: 10-1-10-2-2020

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 the training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: MISSISSIPPI

Over-riding Medical Needs: None

Listed area of training

Date of Training

Physician/Therapist specific Orders:

Listed area of training

Date of Training

None

CSSP Identified Training: None

Listed area of training

Date of Training

I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.

Staff Initials: CD
Supervisor Initials: PAH

Staff Initials

Medical Topic

CD

Pertinent medical conditions have been reviewed with me and I know how to respond.

I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.

I understand how, where to take this individual to the hospital or emergency room.

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:

None

I am aware of any allergies listed on this individual's medication treatment sheets.

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 demonstrated 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.

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Supervisor Initials: PAH

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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.

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

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: BMS

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: Colson **Date completed:** 11/2/2020

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