



Service Training Log - ~~Linden~~

Date:

06/30/2021

All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.00	Beth Blackorbay, Designated Coordinator	P119/ P129	Primary	Review the following documents IAPP, SMA, CSSPA: AG Intake CSSP/CSP: KP Responsibilities and where applicable the person's IAPP (or any other appropriate plan) to achieve an understanding of the person as a unique individual & how to implement these plans as they relate to the staff's job functions.

Make up Date	Initial	EE ID	Last Name	Make up Date	Initial	EE ID	Last Name
			Larson, Nancy				Cox, Alice
			Trimble, Jenny				Robinson, Anneliese
			Xiong, Ker				Stacken, Laura
			Mendez, Danielle				Bradshaw, Morgan
			Rice, Colette				Bidwell, Aleshia
			Sandstrom, Erin				Her, Bao
			Johnson, Natalie				Ailport, Betsy
			Harris, Ocla				Bauch, Kia
					✓		Cooper, Isabelle
Make Up Date	Initial	EE ID	Managers / Admin	Make up Date	Initial	EE ID	Other Attendees
			Gunderson-Palmer, M.				
		E0676	Hinzman, Briana				
			Blackorbay, B.				

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Isabelle Cooper DATE 08-11-21

LENGTH OF TRAINING 0100 hour

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Epi-pen – purpose and use |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. DNR/DNI – POLST |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Diabetes – general overview, diet, meds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Other _____ |

The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Isabelle Cooper
Staff Signature

J. Anderson RW
Nurse Signature