



In-Service Training Log – Oakdale & Linden

Date: 12/29/2021

Type of Meeting: *Med training*

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.25	Toni Anderson RN			General PAI Site Training (60 Say)

Make up Date	Initial	EE ID	Last Name
			Anderson-Jones Celeste
			Lepley, Deanne
			Shirley, Ashleigh
			Mason, Kanya
			Perry, Kathy

Make up Date	Initial	EE ID	Last Name

Make Up Date	Initial	EE ID	Managers/Admin

Make up Date	Initial	EE ID	Other Attendees

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Celeste Anderson Jones DATE 12.29.21

LENGTH OF TRAINING 1.25 hrs

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 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.

Celeste Anderson Jones

Staff Signature

J. Anderson RN

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Deanne Lopley DATE 12/29/21

LENGTH OF TRAINING 1.25 hrs

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- 1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
- 2. Epi-pen – purpose and use
- 3. DNR/DNI – POLST
- 4. Diabetes – general overview, diet, meds
- 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.

Deanne Lopley
Staff Signature

J. Anderson
Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Ashleigh Swirley DATE 12/29/21
LENGTH OF TRAINING 1.25 hrs

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 type="checkbox"/> | 5. Other _____ |

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

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3. I will notify the nurse or healthcare provider of problems or questions.

Ashleigh Swirley
Staff Signature

12/29/21

J. Anderson RN
Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Kwanya Mason DATE 12-29-21

LENGTH OF TRAINING 1.25 hrs

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 type="checkbox"/> | 5. Other _____ |

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2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Kwanya Mason
Staff Signature 12-29-21

[Signature]
Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Kathy Perry DATE 12-29-21
LENGTH OF TRAINING 1.25 hrs

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 type="checkbox"/> | 5. Other _____ |

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

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2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Kathy Perry
Staff Signature

J. Aronson
Nurse Signature