

PHYXIUS
DIRECT CARE STAFF
ORIENTATION OUTLINE

EMPLOYEE NAME Hodjwasa A

Hire Date 3-6-20

The following tasks need to be completed as part of Direct Care Staff Orientation. The Trainer should INITIAL AND DATE each area as they are completed. The tasks to complete are as follows.

*As a trainer, explaining the Why's and How's we do things to a new staff can not only make them feel more confident in what they are doing, but also encourage them to be more diligent as they now understand the reasoning behind what they are doing.

*Encourage staff to seek out answers within the house before reaching out to other resources. Empower them to make their own decisions while they are working, and let them know that others are available as resources, but should not be the first resource.

Client Specific

- Show all of the client bedrooms
- Give a summary of the clients
 - This should include things like diagnosis, functioning level, daily routine, triggers, likes, dislikes, etc.
 - WHY we do the things we do, and interact the way we interact.
 - Redirection Strategies.
 - Passion- Try to relay the passion you have for your clients through stories and experiences you've shared with each individual. This can help your new staff form a connection with the clients they are going to be serving.

3-6-20 *JK*

House Specific Items: Tour of Program

- Program Abuse Prevention Plan (PAPP)
- Internal and External Reporting Policy
- House Rules (show staff where they are and examples for enforcing them).
- Location of fire extinguisher, emergency exits, storm shelter, fire alarms, furnace, water shut off valves, electrical box, thermometer, etc.
- House Disaster Plan- where is it located and what steps do staff take
- Go through closets, cupboards, show where supplies are located
- Books in Phyxius system (identify each and content)
- Files in the Phyxius File Cabinet (identify the KEY and show frequently used forms)
- Keys, what they are for and where the spare keys to the house is located

3-6-20 *JK*

Complete all paperwork for Employee File

3-6-20 *JK*

Add staff name tag to a mailbox slot in the house
Review Vulnerable Adult Law (computer exam)

3-6-20 *JK*
3-6-20 *JK*

Sun 3p-4p or 10pm

HIPAA Training (video and test)

3-5-20

Maltreatment of Minors Training (packet and test)

3-5-20

Read Employee & Client Policy Book

3-5-20

Place signed Job Description in the employee file.

3-5-20

Specialists

- Who are they at this house?
- What do they do that is different from a DCS?
- How do you become a Specialist?

3-6-20

Completing Timecard

- Identify all columns
- How to clock in and out for shifts.
- At midnight on Tuesday into Wednesday you clock over to the next day
- Schedule blocks, and the importance of clocking in and out as close to your scheduled shift as possible.

3-6-20

Scheduling of Hours-Deputy

- Enter your unavailability in the app
- Overtime: Our pay week starts on Wed and ends Tue. Explain anything above 40 hours in the pay week constitutes overtime. It is the employee's responsibility to prevent OT. OT can only occur with management approval.
- Leave requests can be submitted on app
- You can offer shifts or propose swaps on app
- You are responsible for working or covering your weekend shift.

3-6-20

After Hours On-Call Procedures

- The After Hours On-Call is a system made up of Directors of Operations and Program Leads for emergency support. The on call is not going to come assist in the situation but provide support over the phone.
- You would call the After Hours On Call after you have already exhausted all of your houses resources and still have questions.
- Some examples of why to call may include (verifying that the correct paperwork has been completed after a clients emergency hospital admission, client death, fire, anything that potentially will cause negative press for Phyxius.

3-6-20

Holiday Working Requirements

- All staff are required to work holidays.
- Phyxius recognizes Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas Eve (6pm to midnight), Christmas Day, New Years Eve (6pm to midnight), New Years Day, Easter and up to 6 hours on your birthday as a holiday. Refer to policy book for details about how shifts are filled.
- Holiday schedule format for Thanksgiving, Christmas, Christmas Eve and New Years, and New Years Eve.
- Staff will receive time and a half for holiday hours.

3-6-2020

Staff Meetings

- Staff meetings are held at the office once a month. Your Program Leader will communicate the next staff meeting date at the staff meetings & will put a note in the com log.
- Staff meetings are MANDATORY. If you can't make it to the meeting notify your Program Leader in advance.
- Best way to stay involved and knowledgeable about everything going on in your house.
- Learn about functions of client's behaviors, best ways to interact with the clients, changes within the house, and increase consistency by getting all staff on the same page.

3-6-20

Add Name to Employee Phone List

3-6-20

Staff Com Log

- Review what to include and what not to include
- Emphasize the importance of thorough and accurate communication, and how this will benefit everyone.
- Read it after punching in, and write in it before leaving.
- Not a gripe or complaint log. If you have concerns please speak with the person directly and/or your Program Leader.

3-6-20

Petty Cash

- Circle the date, location, and amount on the receipt. Include the staff initials and the clients' initials if the purchase was for the client.
- DO NOT GO OVER BUDGET without prior approval from your Program Leader.
- Demonstrate how to make up a receipt using the receipt book.
- **Every transaction from petty cash needs to be debited from the Monthly Budget Ledger.**
- Audit the \$ ensuring that all receipts and cash is correct.

3-6-20

Client Financials

- Explanation of who buys what: what the house pays for, and what clients are responsible for.
- Audit the money daily to ensure all receipts and cash are correct.

3-4-20

Credit Cards

- Select staff will have the opportunity to use a Phyxius Credit Card. This is only to be used for Phyxius purchases. If you accidentally use it for personal reasons notify the Directors and your Program Leader promptly. They will arrange for you to reimburse Phyxius.
- Keep your log and receipts in the Financial Book.
- Subtract your purchases from the Monthly Budget Ledger the day you make the purchase.
- DO NOT GO OVER BUDGET without prior approval from your Program Leader.
- Turn your ledger and receipts in to the OA's on or before the 1st and 15th of each month.

3-6-20

Activity Calendar

- Review the calendar for the day when your shift starts to help plan out your shift.

3-6-20

Review Cleaning List

- All staff are responsible for the appearance and well being of the house.
- Overnights are responsible for the majority of the deep cleaning of the house.
- Initial all tasks you completed,
 - Although cleaning is an important aspect of the job, we would rather you are engaging the clients when possible, and cleaning during downtime.

3-6-20

Review Garbage/Recycling pick up

3-6-20

Review Dietary Menu & Guidelines

- Overnights pull out the frozen food needed for the next day to thaw out.
- All food in the refrigerator must be dated and labeled.
- Leftovers are good for three days before they need to be thrown away
- Condiments are good for 3 months
- All other food read the expiration dates
- All staff are responsible for cooking.
- What to do if a client does not want what is on the menu.
- Any Individual dietary restrictions for clients.

3-6-20

Progress Notes

- Start the entry with your name and shift in parenthesis.
- Only use black ink
- All clients must be charted on for each shift
- There should never be open lines or spaces in the notes where others could write.
- If you make an error use a single solid line to cross it out and write "error" next to it with your initials.
- Do not use other housemate names in client's progress notes.
- If it is the end of your shift write "EOSR" in the left column, if it is medical concerns write "medical" ect.
- Choose your words carefully!
- Avoid slang and abbreviations.
- Detail oriented, but objective is the key
- Sign the entry with your name, title, and use a solid, straight line to end the entry.
- WHY we track what we track, WHAT we use it for!

3-6-20

Program Book/MAR/other end of shift documentation

- Sign off/complete all charting prior to leaving your shift. Examples: subtract any purchases from the Monthly Budget Ledger/Petty Cash Log, initial that you passed medications, record the behavior data in the Program Book, write your mileage in the Van Mileage Log if you went on an outing, put an entry in the Incident/Emergency Log if you noticed a large bruise on a client after they returned home from work, initial the items you cleaned in the Cleaning Book, fill out the Schedule Discrepancy for why you had to stay late today, sign off on the Staff Meeting notes in the Training book if you missed the last staff meeting, write a note in the com log giving a brief narrative of how the clients are doing, and what is going on for the remainder of the day.

3-6-20

Incident/ Emergency Reports

- Client to client contact
- Falls
- Broken bones/burns
- Elopements
- Bites
- Missed medications
- Negative Behaviors not covered in the behavior program
- Property destruction of another housemates property or Phyxius property
- A scene in the community that could lead to negative press for Phyxius.
- Any Police Involvement
- In "Reports" section of house forms.
- Detail oriented, but objective is the goal. Speak to the points of what happened.

- Social Worker and Guardian must be notified within 24 hours of incident occurring.

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Incident Report Log (Log of Individual Incidents)

- Minor injuries (Scrapes, bruises, falls, etc)
- Minor falls that currently do not show any sign of injury
- Used to protect staff and Phyxius from liability in the event a case manager or guardian was to question a client's injury.

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Medication Administration

- You must go through Medication Administration class, pass the test, and complete the observation of med passing prior to passing any medications.
- Medication refusals –complete the Medication/Treatment Error/Refusal Report form and notify guardian and case manager if a medication is not taken at all.
- Only medications on the Standing Orders form or Physician Orders form/scripts may be given.
- Medication Release Form needs to be completed prior to us releasing medications to be passed outside of our care ex. client going on a home visit
- If a client takes a PRN Psychotropic Medication the protocol for how, and when to pass that medication is located in the MAR section for that client.
- Know the side effects of the client's medications and notify your Program Leader if you have concerns.

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Emergency Use of Manual Restraint

- When to complete this form: anytime we go "hands on."
- People that need to be called within 24 hours (SW, Guardian, family)
- In "Reports" section of house forms.

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First Report of Injury (form & treatment)

- Preferred clinic is the St. Cloud Medical Group during regular business hours
- 24 hours to fill out after Program Leader or management was notified about the injury, whether you are planning to see the doctor or not.
- Express Care at St. Cloud Medical Group or CentraCare Urgency Center after business hours.
- Emergency Room at the St. Cloud Hospital when Express Care/Urgency Center is closed
- Get medical treatment for any bite that breaks skin
- Bring 2 forms to the doctor: "First Report of Injury" & "Return to Work Release"
- If you go to the doctor you cannot return to work until we have received the Return to Work Release form from your doctor.
- Stay in contact with Program Leader regarding recovery

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Client Dr. Appointments/ER

- Program Leader and select staff are responsible for the majority of the client appointments but the DCS may need to accompany a client to an appointment for common colds, illnesses, or some other unplanned medical need.
- Visit to the Health Professional form must be completed and accompany the client to the doctor. The staff is responsible for filling out the top portion of the sheet and verifying that the doctor/nurse has completed the second section before leaving the appointment.
- The completed sheet must be given to the Program Leader so recommendations can be followed, and the form can be filed.
- If there are any follow up appointments please write them on the schedule.
- Dental referral Form must accompany clients to all dental appointments and be completed by the physician.

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Review Fire/Storm Drills/Emergency Exit

- Fire & Storm drills conducted monthly
- Locate all emergency exits and storm safety meeting places _____

3-6-20

Review Home Maintenance

- Notify your Program Leader and they will reach out to Office Advisors to arrange for repairs. _____

3-6-20

Client 1:

Read Self Management Assessment
Read Coordinated Service and Support Plan (CSSP)
Read Coordinated Service and Support Plan Addendum
Read Individual Abuse Prevention Plan (IAPP)
Review Client Medication & Side Effects
Review Client Medical Concerns/Hx
Review Client Financial Affairs/Checking
Review Client Social History (if available)
Review Client Programs
Review Client Behavioral Concerns
Review Completion of Self-Care Tasks
Review Community Outing & Precautions
Review Important Family Hx/Concerns
Review Regular Scheduled Appointments/Activities
Review Seizure Plan of Care (if needed)
Review Phone Call/Visitation with family protocol
Review Diet/Menu
Review Service Recipient Rights & staff's role in upholding them
Discuss Person Centered Approach

3-6-20

Client 2:

Read Self Management Assessment
Read Coordinated Service and Support Plan (CSSP)
Read Coordinated Service and Support Plan Addendum
Read Individual Abuse Prevention Plan (IAPP)
Review Client Medication & Side Effects
Review Client Medical Concerns/Hx
Review Client Financial Affairs/Checking
Review Client Social History (if available)
Review Client Programs
Review Client Behavioral Concerns
Review Completion of Self-Care Tasks
Review Community Outing & Precautions
Review Important Family Hx/Concerns
Review Regular Scheduled Appointments/Activities
Review Seizure Plan of Care (if needed)
Review Phone Call/Visitation with family protocol
Review Diet/Menu
Review Service Recipient Rights & staff's role in upholding them
Discuss Person Centered Approach

3-6-20

Client 3:

Read Self Management Assessment
Read Coordinated Service and Support Plan (CSSP)
Read Coordinated Service and Support Plan Addendum
Read Individual Abuse Prevention Plan (IAPP)
Review Client Medication & Side Effects
Review Client Medical Concerns/Hx
Review Client Financial Affairs/Checking
Review Client Social History (if available)
Review Client Programs
Review Client Behavioral Concerns
Review Completion of Self-Care Tasks
Review Community Outing & Precautions
Review Important Family Hx/Concerns
Review Regular Scheduled Appointments/Activities
Review Seizure Plan of Care (if needed)
Review Phone Call/Visitation with family protocol
Review Diet/Menu
Review Service Recipient Rights & staff's role in upholding them
Discuss Person Centered Approach

Client 4:

Read Self Management Assessment
Read Coordinated Service and Support Plan (CSSP)
Read Coordinated Service and Support Plan Addendum
Read Individual Abuse Prevention Plan (IAPP)
Review Client Medication & Side Effects
Review Client Medical Concerns/Hx
Review Client Financial Affairs/Checking
Review Client Social History (if available)
Review Client Programs
Review Client Behavioral Concerns
Review Completion of Self-Care Tasks
Review Community Outing & Precautions
Review Important Family Hx/Concerns
Review Regular Scheduled Appointments/Activities
Review Seizure Plan of Care (if needed)
Review Phone Call/Visitation with family protocol
Review Diet/Menu
Review Service Recipient Rights & staff's role in upholding them
Discuss Person Centered Approach

Completion of CPR Class

- A. Registered for class (list date & time)
B. Attended Class & Received Certificate

3/6/20 *SN*

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Completion of First Aid Training

- A. Registered for First Aid training
B. Attended Class & Received Certificate

3/6/20 *SN*

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Completion of Driver's Training

- A. Written Test
B. Behind the Wheel driving test

12.6.21 *SN*
12.6.21 *SN*

Completion of Medication Training

- A. Registered for class (list date & time)
B. Attended Class (list date & time)
C. Passed Medication Competency (date & time)
D. Watched Medications Passed (date & time)

~~6.3.20~~ *SN* *Error*
~~6.3.20~~ *SN*
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6.3.20 *SN*

Completion of Therapeutic Intervention Training

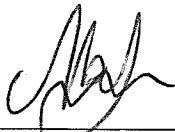
- A. Registered for class (list date & time)
B. Attended class and received certificate

9.22.21
9.22.21 (4)

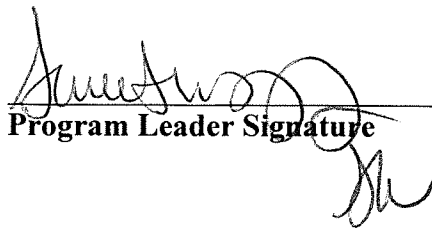
I have read and reviewed the information outlined above. The issues have been reviewed by me and the Program Leader. All of my questions have been answered. I agree and accept to the following guidelines and perform my duties in my Orientation Training.

Date of Completion

3-6-20



Employee Signature



Program Leader Signature