STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Bashir Ahmed

Date of hire: 7.22.20

Date of background study submission: 7/22/20

Date of background study clearance: 7/23/2020

Ongoing annual training period: May 2021 - 2022

Date of first supervised contact: 12-27-2021

Date of first unsupervised contact: 12/31/2021

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Jerry Boethin

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	12/27/2021	12/27/2021 verbal	.1hr	Christina Anderson Program Leader
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	12.27.2021	12.27.2021 Verbal	.1hr	Christina Anderson Phyxius inc.
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	12.27.2021	12.27.2021	.1hr	Christina Anderson Phyxius inc.
CPR, if required by the *CSSP* or *CSSP Addendum*	N/A	N/A	N/A	N/A

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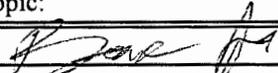|			
CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	12·27·21	12.27.2021 verbal	.1hr	Christina Anderson Phyxius inc
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12·27·21	12.27.2021 Verbal	.1hr	Christina Anderson Phyxius inc.
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	8.6.20	8·6·20 verbal Physical	.1hr	logan nuesse Phyxius inc
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	12·27·21	12.27.21 verbal Physical	.1hr	Christina Anderson Phyxius inc
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	8.7.20	8.7.20 verbal Physical	.1hr	Logan nuesse Phyxius inc.
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature _____ Date 12/27/21

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Bashir Ahmed   Date of hire: 7.22.20

Date of background study submission: 7/22/20   Date of background study clearance: 7/23/2020

Ongoing annual training period: May 2021 - 2022

Date of first supervised contact: 12-27-2021   Date of first unsupervised contact: 12/31/2021

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person**. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Ariel Koenig

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	12/27/2021	12/27/2021 verbal	.1hr	Christina Anderson Program Leader
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	12.27.2021	12.27.2021 Verbal	.1hr	Christina Anderson Phyxius inc.
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	12.27.2021	12.27.2021	.1hr	Christina Anderson Phyxius inc.
CPR, if required by the *CSSP* or *CSSP Addendum*	N/A	N/A	N/A	N/A

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	12.27.21	12.27.2021 verbal	.1hr	Christina Anderson Phyxius inc-
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12.27.21	12.27.2021 Verbal	.1hr	Christina Anderson Phyxius inc.
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	8.6.20	8:6.2D Verbal Physical	.1hr	logan nuesse Phyxius inc
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	12.27.21	12.27.21 verbal Physical	.1hr	Christina Anderson Phyxius inc
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	8.7.20	8.7.20 verbal Physical	.1hr	Logan nuesse Phyxius inc.

Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company:
  Topic:
  Topic:
  Topic:
	N/A	N/A	N/A	N/A

_____   12/27/21
Staff signature   Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Bashir Ahmed
Date of hire: 7.22.20
Date of background study submission: 7/22/20
Date of background study clearance: 7/23/2020
Ongoing annual training period: may 2021 - 2022
Date of first supervised contact: 12-27-2021
Date of first unsupervised contact: 12/31/2021

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Christine Kroemer

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care, Bathing, Care of teeth, gums, and oral prosthetic devices, Other activities of daily living (ADLs) per 256B.0659-specify:	12/27/2021	12/27/2021 verbal	.1hr	Christina Anderson Program Leader
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	12.27.2021	12.27.2021 Verbal	.1hr	Christina Anderson Phyxius inc.
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	12.27.2021	12.27.2021	.1hr	Christina Anderson Phyxius inc.
CPR, if required by the *CSSP* or *CSSP Addendum*	N/A	N/A	N/A	N/A

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CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	12.27.21	12.27.2021 verbal	.1hr	Christina Anderson Phyxius inc
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12.27.21	12.27.2021 Verbal	.1hr	Christina Anderson Phyxius inc.
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	8.6.20	8.6.2D Verbal Physical	.1hr	logan nuesse Phyxius inc
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	12.27.21	12.27.21 Verbal Physical	.hr	Christina Anderson Phyxius inc
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	8.7.20	8.7.20 Verbal Physical	.1hr	Logan nuesse Phyxius inc.

Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:
 	
    Topic:
 	
    Topic:
 	
    Topic:
	N/A	N/A	N/A	N/A

_____   12/27/21
Staff signature   Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Bashir Ahmed
Date of hire: 7/22/2020
Date of background study submission: 7/22/2020
Date of background study clearance: 7/23/2020
Ongoing annual training period: July 2021 - July 2022
Date of first supervised contact: 8/6/2021
Date of first unsupervised contact: 8/13/2021

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person**. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Ronald Lewis

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	8/6/2021	8/6/2021 Verbal	0.1 hrs	Logan Nuesse Program Lead
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	8/6/2021	8/6/2021 Verbal	0.1 hrs	Logan Nuesse Program Lead
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	8/6/2021	8/6/2021 Verbal	0.1 hrs	Logan Nuesse Program Lead
CPR, if required by the *CSSP* or *CSSP* Addendum	N/A	N/A	N/A	N/A

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Bashir Ahmed

CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	8/6/2021	8/6/2021 Verbal	0.1 hours	Logan Nuesse Program Lead
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	8/6/2021	8/6/2021 Verbal	0.1 hrs	Logan Nuesse Program Lead
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	8/6/2021	8/6/2021 Verbal + Physical	0.1 hrs	Logan Nuesse Program Lead
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	8/6/2021	8/6/2021 Verbal + Physical	0.1 hrs	Logan Nuesse Program Lead
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	8/7/2020	8/7/2020 Verbal + Physical	4.15 hrs	Logan Nuesse Program Lead
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

___Bashir AK___   ___8/6/2021___
Staff signature   Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

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[Type here]

STAFF NAME: **Bashir Ahmed**   STAFF EVALUATING THE SKILLS: **Logan Nuesse**   INSERT DATE SKILL WAS OBSERVED BY EACH___NUMBER.

Have the "Safe Medication Assistance & Administration" in hand and review with this document.
You only need to do the demonstrated observed skill for the routes of administration that you will be using. Later, if you find out that someone now has eye drops that need to be administered, staff will need to do the demonstrated observed skill prior to administration. Example: someone gets pink eye and needs an eye antibiotic administered every 4 hours, then you will need to get that route completed prior to actual administration.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

EAR DROP MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:	7. To prevent medication errors.

___ Right Individual ___ Right Medication
   ___ Right Date ___ Right Time
   ___ Right Route ___ Right Dose	

___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands the medication procedure.
___ 14. Had individual sit or lie down. **If sitting:** individual tilted head sideways until affected ear was as horizontal as possible. **If lying down:** individual turned head so affected ear was up.	14. To ensure most effective position for proper administration.
___ 15. Put on gloves.	15. To follow proper sanitary procedures.
___ 16. Observed ears and notified PL/DC of any unusual condition prior to administration.	16. To notify PL/DC of conditions to be monitored.
___ 17. Administered the correct number of drops into the correct ear. **Adult:** pulled the ear gently backward and upward. **Child:** pulled the ear gently backward and downward.	17. To avoid dosage and route errors and to straighten ear canal for most effective administration.
___ 18. Had individual remain in the required position for two to three minutes.	18. To keep medication from dripping out of ear.
___ 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain.	19. To wipe away any excess medication.
___ 20. Repeated procedure for other ear, if necessary.	20. To administer medication as ordered.
___ 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container.	21. To prevent contamination of the medication.
___ 22. Returned medication to locked area.	22. To ensure individual safety, medications are kept locked.
___ 23. Disposed of used supplies.	23. To clean the area.
___ 24. Washed hands.	24. To prevent the spread of disease.

April 2021

[Type here] Burhir Ahmed

___ 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

[Type here] Bashir Ahmed

EYE MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	
___ 14. Had individual sit or lie down.	13. To ensure individual understands the medication procedure.
___ 15. Put on gloves.	14. To ensure most effective position for proper administration.
___ 16. Observed eye(s) and notified PL/DC of any unusual conditions prior to administration.	15. To follow proper sanitary procedures. 16. To notify PL/DC of conditions to be monitored.
___ 17. Cleansed the eye once with a clean, warm, wet cloth, gently wiping from the inner corner outward (if medication is used in both eyes, used a separate cloth for each eye).	17. To avoid spreading infection and to ensure proper eye hygiene.
___ 18. Assisted or asked individual to tilt their head back and to look up.	
___ 19. Pulled correct lower eyelid down and upper lid up to form a 'pocket' or asked individual to do so.	18. To make eye area accessible.
___ 20. **For eye ointment:** administered ¼ inch strand of eye ointment from inner corner to outer corner of lower eyelid. Had individual slowly blink or close their eyes. **For eye drops:** administered drops into the lower eyelid. Had individual slowly blink or close their eyes.	19. To administer drop or ointment by minimizing blink reflex. 20. To follow correct medication administration procedure.
___ 21. Avoided touching the tip of the dropper or tube to individual's eyelid(s) or any other surface then replaced cap on container.	
___ 22. Offered individual tissue for each eye or blotted individual's eye with separate tissues.	21. To prevent contamination of medication. 22. To wipe away excess medication and avoid spreading infection.
___ 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
___ 24. Disposed of used supplies.	24. To clean the area.
___ 25. Washed hands.	25. To prevent the spread of disease.
___ 26. Charted medication administered correctly.	26. To follow policy and procedure on medication administration and documentation.

April 2021

25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

ORAL LIQUID MEDICATIONS	RATIONALE
8/6 1. Washed hands.	1. To prevent the spread of disease.
8/6 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
8/6 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
8/6 4. Assembled equipment necessary for administration.	4. To be organized.
8/6 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
8/6 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
8/6 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: 8/6 Right Individual 8/6 Right Medication 8/6 Right Date 8/6 Right Time 8/6 Right Route 8/6 Right Dose	7. To prevent medication errors.
8/6 8. Checked expiration date.	8. To avoid administering ineffective medication.
8/6 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
8/6 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
8/6 11. Shake the medication if it is a suspension.	11. To ensure even dispersion of medication.
8/6 12. Poured the correct amount of medication, **at eye level on a level surface**, with the label facing up, into a plastic medication measuring cup or measuring spoon. If indicated: diluted or dissolved medication with the correct amount of fluid.	12. To ensure correct dose is poured, label is easy to read and preserved, and correct administration procedures are followed.
8/6 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap.	13. To maintain cleanliness of bottle.
8/6 14. Compared medication label against individual's medication sheet for the 3rd time.	14. To verify accuracy of 2nd check.
8/6 15. Identified individual prior to administration of medication.	15. To avoid giving medication to the wrong individual.
8/6 16. Explained to individual what is to be done.	16. To ensure individual understands medication procedure.
8/6 17. Administered correct dose of medication according to directions and in the appropriate container.	17. To follow correct procedure for administration.
8/6 18. Remained with individual until medication is swallowed.	18. To ensure entire dose is taken.
8/6 19. Returned medication to locked area.	19. To ensure individual safety, medications are kept locked.
8/6 20. Disposed of used supplies.	20. To clean the area.
8/6 21. Washed hands.	21. To prevent the spread of disease.
8/6 22. Charted medication administered correctly.	22. To follow policy and procedure on medication administration and documentation.

[Type here] Bashir Ahmed

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TABLET/CAPSULE, LOZENGE MEDICATIONS	RATIONALE
8/6 1. Washed hands.	1. To prevent the spread of disease.
8/6 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
8/6 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
8/6 4. Assembled equipment necessary for administration.	4. To be organized.
8/6 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
8/6 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
8/6 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: 8/6 Right Individual 8/6 Right Medication 8/6 Right Date 8/6 Right Time 8/6 Right Route 8/6 Right Dose	7. To prevent medication errors.
8/6 8. Checked expiration date.	8. To avoid administering ineffective medication.
8/6 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
8/6 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
8/6 11. **For medications in a bottle:** poured correct number of tablets/capsules into the lid of the medication container and transferred them into a medication cup. **For medications in a 'bubble pack':** started at the highest number, pushed the correct dosage into a medication cup, and wrote the date and their initials on the card next to the dosage(s) popped out. **For lozenges:** unwrapped the lozenge and transferred it into a medication cup.	11. To follow correct and sanitary procedures for medication administration.
8/6 12. Compared medication label against individual's medication sheet for the 3rd time.	12. To verify accuracy of 2nd check.
8/6 13. Identified individual prior to administration of medication.	13. To avoid giving medication to the wrong individual.
8/6 14. Explained to individual what is to be done.	14. To ensure individual understands medication procedure.
8/6 15. Administered correct dose of medication by instructing individual to swallow meds (offered min. 4 oz. water). If the medication is in lozenge form, instructed individual not to chew or swallow; the lozenge needs to dissolve in their mouth.	15. To administer medication as ordered.
8/6 16. **For swallowed medication:** remained with individual until medication was swallowed. **For lozenges:** remained in same area of the individual until the lozenge was completely dissolved. Checked to ensure individual did not chew or swallow the lozenge.	16. To ensure entire dose is taken.
8/6 17. Returned medication to locked area.	17. To ensure individual safety, medications are kept locked.
8/6 18. Disposed of used supplies.	18. To clean the area.
8/6 19. Washed hands.	19. To prevent the spread of disease.
8/6 20. Charted medication administered correctly.	20. To follow policy and procedure on medication administration and documentation.

April 2021

[Type here] *Bashir Ahmed*

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TOPICAL/TRANSDERMAL SKIN MEDICATIONS	RATIONALE
8/6 1. Washed hands.	1. To prevent the spread of disease.
8/6 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
8/6 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
8/6 4. Assembled equipment necessary for administration.	4. To be organized.
8/6 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication been given.
8/6 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
8/6 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: 8/6 Right Individual 8/6 Right Medication 8/6 Right Date 8/6 Right Time 8/6 Right Route 8/6 Right Dose	7. To prevent medication errors.
8/6 8. Checked expiration date.	8. To avoid administering ineffective medication.
8/6 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
8/6 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
8/6 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
8/6 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
8/6 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
8/6 14. Positioned individual if indicated.	14. To provide comfort and to gain access to correct body area.
8/6 15. Observed body area(s) and notified RN of any unusual conditions prior to administration.	15. To notify RN of conditions to be monitored.
8/6 16. If indicated, washed and dried affected area.	16. To enhance absorption of the medication.
8/6 17. Put on gloves.	17. To avoid staff absorption of the medication.
8/6 18. **For ointment or cream:** squeezed ointment or cream onto finger or applicator, then applied correct amount of ointment or cream as needed to adequately cover the affected area. Applied medication in a circular motion from the outside of the affected area into the center. New glove or applicator was used for larger areas requiring extra ointment or cream to avoid "double dipping." **For transdermal patches**: removed old patch and selected new patch site. Unwrapped new patch (signed and dated patch) and applied to clean, dry skin on upper torso (which is free of hair, cuts, sores, or irritation), unless indicated otherwise.	18. To administer medication as ordered and to verify date and person who administered the dose.
8/6 19. Replaced cap on container and avoided contact with other surfaces.	19. To avoid spillage of medication and to prevent contamination of medication.
8/6 20. Disposed of used supplies.	20. To clean the area.
8/6 21. Returned medication to locked cabinet.	21. To ensure individual safety, medications are kept locked.
8/6 22. Washed hands.	22. To prevent the spread of disease.
8/6 23. Charted medication administered correctly.	23. To follow policy and procedure on medication administration and documentation.

April 2021

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Bashir Ahmed

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

METERED DOSE INHALER	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Checked label on medication container for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
___ 14. Had individual sit down, if possible.	14. To ensure most effective position for proper administration.
___ 15. Assembled inhaler properly (may include spacers or aero chambers), if required, and removed cover (Diskus: slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).	15. To properly deliver inhaled dose.
___ 16. Shook inhaler gently (Diskus: do not require shaking).	16. To ensure even dispersion of medication in correct dose.
___ 17. Had individual exhale through their mouth completely.	17. To empty the airways before inhaling medication.
___ 18. Placed mouthpiece in individual's open mouth and instructed individual to close lips around mouthpiece.	18. To have proper placement of inhaler for delivered dose.
___ 19. Pressed down on the inhaler or Diskus once and instructed individual to inhale deeply and slowly through their mouth then to hold their breath for 10 seconds or as long as possible.	19. To follow correct procedure for administration.
___ 20. Waited 1 minute and repeated steps 18-20 if more than one puff of inhaler is needed.	20. To allow time for first puff of medication to begin working.
___ 21. Provided water or instructed individual to rinse mouth out.	21. To avoid oral yeast infection from repeated medication exposure.
___ 22. Washed inhaler mouthpiece with soap and warm water, and dried with a clean paper towel (If Diskus style inhaler, wiped mouthpiece with clean dry cloth).	22. To remove oral secretions from mouthpiece.
___ 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
___ 24. Washed hands.	24. To prevent the spread of disease.
___ 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation

April 2021

26. For PRN or emergency use of an inhaler, stated when to call PL/DC, clinic, or 911.	26. To ensure individual safety and to follow proper protocol for PRN use of inhaler or for emergencies.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

RECTAL MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:	7. To prevent medication errors.

___ Right Individual   ___ Right Medication
    ___ Right Date   ___ Right Time
    ___ Right Route ___ Right Dose	

___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Checked label on medication container for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
___ 14. Staff put on double gloves.	14. To prevent the spread of disease.
___ 15. Have individual lay down on left side with top leg flexed.	15. To ensure most effective position for proper administration.
___ 16. Remove protective foil from suppository or tip from disposable enema.	16. To ensure medication can be released.
___ 17. Lubricate suppository or tip of enema with water-soluble lubricant.	17. To allow for easier and more comfortable insertion.
___ 18. Encourage relaxation by instructing to breathe slowly through mouth.	18. To help muscles relax.
___ 19. Enema: inserted enema tip gently into the rectum beyond the sphincter muscle. Slowly squeeze the contents of the enema bag into the rectum. Have client stay on the left sided position until necessary to expel enema. Minimum of 15 minutes.	19. To follow correct procedure for administration and allow time for medication to work properly.
___ 20. Suppository: with double gloved finger, insert suppository into the rectum, along the colon wall, beyond the sphincter muscle. If rectum is blocked with stool, contact Program Leader for instruction.	20. To follow correct procedure for administration and allow time for medication to work properly.
___ 21. Withdraw enema tip/gloved finger from the rectum, place heel of hand against anus until the urge to expel has subsided.	21. To follow correct procedure for administration and allow time for medication to work properly.
___ 22. Dispose of used supplies.	22. To clean the area.
___ 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
___ 24. Wash hands.	24. To prevent the spread of disease.

___ 25. Charted medication administered correctly.
 	
Additional Training Items:
    8/6 Buddy Checking Medications-check that each bubblepack has been popped and signed off on, review MAR for correct documentation and that all medications were given correctly.
    8/6 Standing Orders and PRN-reference each client's standing orders for instructions on administering PRNs when needed. Document on the Standing Orders/PRN documentation sheet in the MAR when administering Standing Orders PRN.
    8/6 Review Packing Medications. When packing medications complete medication set up by preparing all medications for a set date/time in one envelope. Clearly label the envelope with date and time medications should be passed and list every medications included in the envelope.
    8/6 Medication Discrepancy Procedure- Have "Medication or Treatment Error or Refusal Report" in hand and review. When a discrepancy is discovered that involves a missed or late medication call Coborn's Pharmacy, speak with a Pharmacist and inquire if the medication can still be passed. If it can not ask about side effects to monitor for. Follow Pharmacist instructions and fill out the "medication or treatment error or refusal report."
    8/6 Medication Disposal Procedure- Remove label that contains PPI. Bring Medications to any Police Department for disposal.
	25. To follow policy and procedure on medication administration and documentation

PHYXIUS
Medication Administration Competency

** Automatic Failure

Name: Bashir Ahmed   Date: 09/10/20

MEDICATION ADMINISTRATION CHECKLIST   Pass ✓ Fail ____

Evaluator: Sabrina Ballard   Date: 9·10·20

1. __✓__ ****Attended Medication Class/Satisfactorily passed oral/written exam (Date: 9/10/20)**
   Date you observed medications passed **9/12/20**.
   Date you were observed passing medications **9/13/20**.

2. .... ****Identified the "8 Rights" of Medication Administration**

__✓__ Right Paitent	__✓__ Right Route	__✓__ Right Exp. Date
__✓__ Right Medication	__✓__ Right Time/Date	__✓__ Right Documentation
__✓__ Right Amount/Dose	__✓__ Right Start/Stop Date	

3. __✓__ Understood/demonstrated approved abbreviations
4. .... After completion of Medication Administration:
   - __✓__ Cleaned/replaced supplies
   - __✓__ Properly disposed of gloves/waste
   - __✓__ Correctly documented Medication Administration
5. __✓__ Understood purpose and side-effects of medication/verbalized location of medication information
6. .... ****Liquid Medication-Preparation for Administration**
   - __✓__ Removed cap/placed "cap top down"
   - __✓__ Medication cup at eye level/or syringe dose accurate in cc's
   - __✓__ Poured away from label
   - __✓__ Cleaned lip of bottle with clean wipe
7. __✓__ Correct hand washing/Appropriate use of wearing gloves   *Sabrina Ballard*

ORAL MEDICATION   Pass ✓ Fail ____

Evaluator: Sabrina Ballard   Date: 9·10·20

1. __✓__ Washed hands
2. __✓__ Assembled necessary supplies
3. .... ****Medication Preparation**
   - __✓__ Removed medication from client's supply
   - __✓__ Checked medication label with MAR for "Rights"
   - __✓__ Checked medication label again when medication returned to client's supply
4. __✓__ ****Correct number of tablets/capsules into medication cup**
5. __✓__ ****Correctly identified client**
6. .... ****Administration of Medication**
   - __✓__ Performed tasks prior to medication administration such as pulse, B.P., etc.
   - __✓__ Water given to client before medication
   - __✓__ Medication given to client/water given/remained with client until medication swallowed.
7. .... If applicable to client/or N/A
   - __✓__ Sublingual Medication - given under tongue with client to retain tablet under tongue until dissolved
   - __✓__ Buccal Medication - placed to the side and back/between the cheek and teeth. Retain until dissolved
8. __✓__ Washed hands
9. __✓__ Charted correctly on MAR   *Sabrina Ballard*

EYE MEDICATION   Pass __✓__ Fail ____

Evaluator: _Sabrina Ballard_   Date: _9·10·20_

1. __✓__ Assembled necessary supplies
2. __✓__ Washed hands
3. .... **Medication Preparation
   __✓__ Removed medication from client's supply
   __✓__ Checked medication label with MAR for "Rights"
   __✓__ Checked medication label again, before administering medication
4. __✓__ **Correctly identified client
5. __✓__ Explained procedure/provided privacy
6. __✓__ Properly positioned client/ lying or sitting with head tilted back
7. __✓__ Applied gloves
8. __✓__ If necessary, cleansed eye with clean tissue, wiping from inner corner of eye outward. If both eyes receive medication repeat procedure using clean tissue.
9. __✓__ Gently pulled down on lower lid to form a pouch (on lower lid).
10. __✓__ **Applied correct amount of medication into pouch of lower lid. Avoided contact of medication container with the eye. If more than one medication was prescribed, waited 5 minutes between medications.
11. ...... **Ointment Medication
    __✓__ Applied a thin "bead" along the length of lower lid pouch - from innter to outer eye
    __✓__ Asked client to keep eyes closed for a 2 - 3 minutes.
    __✓__ Excess medication wiped away using clean tissue for each eye
12. __✓__ Properly disposed of gloves/waste
13. __✓__ Washed hands
14. __✓__ Charted correctly on MAR   _Sabrina Ballard_

EAR MEDICATION   Pass ✓__ Fail ____

Evaluator: _Sabrina Ballard_   Date: _9·10·20_

1. __✓__ Assembled necessary supplies
2. __✓__ Washed hands
3. .... **Medication Preparation
   __✓__ Removed medication from client's supply
   __✓__ Checked medication label with MAR for "Rights"
   __✓__ Checked medication label again, before administering medication. Tightly held medication in hand 2 - 3 minutes to warm medication
4. __✓__ **Correctly identified client
5. __✓__ Explained procedure/provided privacy
6. __✓__ Properly positioned client/ lying or sitting with affected ear upwards
7. __✓__ Applied gloves
8. __✓__ If necessary, cleansed ear with clean tissue/(clean tissue for each ear)
9. __✓__ **Administered the prescribed number of ear drops/gently pulled top of ear backward and upward. Avoided contact of medication container with the ear. Cap placed "cap top down"
10. __✓__ Client instructed to maintain position for 2 - 3 minutes. DID NOT APPLY cotton to the ear.
11. __✓__ Repeated procedure if medication prescribed for both ears.
12. __✓__ Properly disposed of gloves/waste
13. __✓__ Washed hands
14. __✓__ Charted correctly on MAR   _Sabrina Ballard_

TOPICAL MEDICATION

Pass ✓ Fail ____

Evaluator: Sabrina Ballard   Date: 9·10·20

1. ✓ Assembled necessary supplies
2. ✓ Washed hands
3. .... **Medication Preparation
　　　✓ Removed medication from client's supply
　　　✓ Checked medication label with MAR for "Rights"
　　　✓ Checked medication label again, before administering medication
4. ✓ **Correctly identified client
5. ✓ Explained procedure/provided privacy
6. ✓ Properly positioned client, depending on location of skin compromise
7. ✓ Applied gloves
8. ✓ If necessary, cleansed the site, changed gloves if contaminated.
9. ✓ **Applied medication according to directions. Removed cap with "cap top down".
10. ✓ Properly disposed of gloves/waste
11. ✓ Washed hands
12. ✓ Charted correctly on MAR

Sabrina Ballard

RECTAL MEDICATION

Pass ✓ Fail ____

Evaluator: Sabrina Ballard   Date: 9·10·20

1. ✓ Assembled necessary supplies
2. ✓ Washed hands
3. .... **Medication Preparation
　　　✓ Removed medication from client's supply
　　　✓ Checked medication label with MAR for "Rights"
　　　✓ Checked medication label again, before administering medication
4. ✓ **Correctly identified client
5. ✓ If enema prescribed, warm enema in "lukewarm" water for 10 min. (A warm enema decreases cramping)
6. ✓ Explained procedure/provided privacy
7. ✓ Positioned client, on left side with top leg flexed
8. ✓ Applied "double" gloves
9. ✓ Remove protective foil from suppository or tip from disposable enema
10. ✓ Lubricate suppository or tip of enema with water-soluble lubricant (K-Y Jelly)
11. ✓ Encourage relaxation by instructing to breath slowly through mouth

12a. ENEMA
　　　✓ Inserted enema tip gently into the rectum beyond the sphincter muscle. Slowly "squeezed" the contents of the enema bag into the rectum. Had client stay on the left sided position until necessary to expel enema. Minimum of 15 minutes.

12b. SUPPOSITORY
　　　✓ With "double" gloved finger, inserted suppository into the rectum, along the colon wall, beyond the sphincter muscle. If rectum blocked with stool, contacted supervisor for instruction.

13. ✓ Withdrew enema tip/gloved finger from rectum, placed heel of hand against anus until the urge to expel had subsided
14. ✓ Removed and properly disposed of contaminated gloves (double bagged for disposal)
15. ✓ Washed hands
16. ✓ Charted correctly on MAR/documented results

Sabrina Ballard

Certificate
OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

Standard - First-Aid

Injury Prevention

Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Bashir Ahmed

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2015** ECC/ILCOR and AHA® guidelines.   ID#:**FB999E**

Completion: **July 22, 2020**

Instructor: **Paul J. Scruton**

COURSE PROVIDED BY:

NationalCPRFoundation

Signature:

PHYXIUS
HOUSE FILE ORIENTATION INFORMATION
Please initial and date each area as the tasks and/or paperwork are completed.

EMPLOYEE NAME: _Bashir Ahmed_

DATE OF HIRE: _7/22/2020_

DCS Orientation Training (this form) Date: _7/28_ Initials: _W_
Date of First Supervised Contact   Date: _7/28_ Initials: _W_
Date of First Unsupervised Contact   Date: _8/13_ Initials: _W_
Employee Counseling Record   Date: _7/28_ Initials: _W_
First Aid (print from online)   Date: _7/22_ Initials: _W_
Medication Demonstration Form   Date: _9/10_ Initials: _W_
Van Rules   Date: _7/22_ Initials: _W_
Written Van Test   Date: _7/22_ Initials: _W_
Completed behind the wheel Driving Test   Date: _7/22_ Initials: _W_
TI Training Class Certificate   Date: _8/7_ Initials: _W_
Employee Training Log   Date: _7/28_ Initials: _W_
Universal Precautions/Blood-born Pathogens/
OSHA/COVID   Date: _7/28_ Initials: _W_

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..

*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.

House Specific Items: Tour of Program
- Read and Review Program Abuse Prevention Plan (PAPP)   _7/28 W_
- Location of fire extinguisher, emergency exits, storm shelter, fire alarms, furnace, furnace filter, water shut off valves, electrical box, thermometer, etc.
- 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 where the spare keys to the house are located
- Review Garbage/Recycling pick up   _7/28 W_

Activities
- Review the calendar for the day when your shift starts to help plan out your shift.
- Cook, bake, play games, interact as much as you can with the clients. Go on walks, play ball.
- Do not just sit on your phones or ignore clients. Phones are allowed for Deputy use, researching information for clients, and emergencies.

                                               _7/28 W_

Bashir Ahmed

Add Name to Employee Phone List   7/28/21 W

Location: Kalihuru
Date/Hours of Training for Orientation: 8/6/21 W
Date/Hours Shadow Shift 1: 8/6/21 W
Date/Hours Shadow Shift 2: 8/13/21 W
Date/Hours Shadow Shift 3: _____

Location: Alpha
Date/Hours of Training for Orientation: 7/28/20 W
Date/Hours Shadow Shift 1: 8/3/20 W
Date/Hours Shadow Shift 2: 8/5/20 W
Date/Hours Shadow Shift 3: 8/6/20 W

Location: Gamma
Date/Hours of Training for Orientation: 12/27/21 CA
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

March 2021

Bashir Ahmed

Add staff name tag to a mailbox slot in the house   _7/28/21 W_

Specialists
- Who are they at this house?
- What do they do that is different from a Variable DCS?
- How do you become a Specialist?   _7/28/21 W_

Scheduling of Hours-Deputy
- Enter your unavailability in the app
- 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.
  _7/28 W_

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.
  _7/28 W_

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.   _7/28 W_

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.
  _7/28 W_

March 2021

Bashir Ahmed

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.
- You are responsible for purchases made on your credit card. If you do not have a receipt for a purchase, you may need to reimburse Phyxius for the purchase.
- Turn your ledger and receipts in to the OA's on or before the 1st and 15th of each month.

7/28 W

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.

7/28 W

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.
- Eat the prepared meals with clients as much as possible.
- No food delivery unless it is food being ordered for a client meal.
- Conceal food in a lunch box (not a McDonald's bag)

7/28 W

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.

Bashir Ahmed

- If it is the end of your shift write "EOSR" in the left column, if it is medical concerns write "medical" etc.
- 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!

7/28 W

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 Vehicle 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.

7/28 W

House File Cabinet review entire KEY to the file cabinet   *7/28 W*

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.

7/28 W

Review Fire/Storm Drills/Emergency Exit
- Fire & Storm drills conducted monthly
- Locate all emergency exits and storm safety meeting places *7/28 W*

Review Home Maintenance
- Notify your Program Leader and they will reach out to Office Advisors to arrange for repairs. *7/28 W*

Bashir Ahmed

Review Vehicle Maintenance
- Identify where the contact information is for the vehicle maintenance
- Notify the Program Leader if vehicle maintenance is required prior to scheduling any vehicle maintenance

7/28 W

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: 7/28/2021

_____
Employee Signature

_____
Program Leader Signature

Certificate of Attendance

Awarded to:

Bashir Ahmed

Therapeutic Intervention and Personal Safety Training
Provided by:

PHYXIUS

The class content includes information on the reasons behind behavior problems, strategies to avoid confrontations, and personal safety techniques to protect the safety of self and others.

Class Hours = 4.15

Instructors: Amber Jensen BS, DM, MHP, WBA
Laura Dyre DM, MHP, WBS
Logan Nuesse, Program Leader

_____
Instructor Signature

8/7/2020
Date

Staff Name: _Bashir Ahmed_ Date: _8/7/2020_ Program/Home: _Alpha_

Therapeutic Intervention and Personal Safety Training
Phyxius Inc.

Personal Safety Techniques

Techniques	Date Reviewed/Taught	Trainer Initials / Comments
Personal Awareness	8/7/2020	LN
Therapeutic Distance		
Basic Stance		
Glides and Pivots		
Blocks		
Inside Block		
Outside Block		
2 Handed Overhead		
Wrist Release		
1 Handed		
6 to 12 Release		
Chest Grasp		
Outside Block		
Down Block		
Release from Bites		
Anchor into mouth		
Release from Hair Pull		
Two Handed Outside		
Rear		
Escorts		
Simple		
Wrist Grab		
Cross Arm		
2 Person Come A-Long		
Containment/Takedowns		
Arm Bar		
Side Lying Position		

Always caution force required depending upon client

Therapeutic Intervention and Personal Safety Training
Providing Safety for Self and Others

Within 60 days of hire the program must provide instruction on the following topics: All of these topics are covered within the verbal portion of Therapeutic Intervention class.

    a. Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;

    b. De-escalation methods, positive support strategies, and how to avoid power struggles;

    c. Simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;

    d. How to properly identify thresholds for implementing and ceasing restrictive procedures;

    e. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia;

    f. The physiological and psychological impact on the person and the staff when restrictive procedures are used;

    g. The communicative intent of behaviors; and

    h. Relationship building

Date Trained: 8/7/2020

Staff Training _____