STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Adna Hassan
Date of hire: 9/22/22
Date of background study submission: 9/22/22
Date of background study clearance: 9/22/22
Ongoing annual training period: Oct 22 - Oct 23
Date of first supervised contact: 10/13/22
Date of first unsupervised contact: 10/23/22

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: Louis Wojcik.

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:	10/19/22	Verbal	.30hr	Tessa Sitko Program Leader
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/19/22	Verbal	.30 hr	Tessa Sitko Program leader
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/19/22	Verbal	.30hr	Tessa Sitko Program Leader
CPR, if required by the *CSSP* or *CSSP Addendum*	10/19/22	Verbal	.30hr	Tessa Sitko Program leader.

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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	10/19/22	Verbal	.30hr	Tessa Sitko Program leader
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	10/19/22	Verbal	.30hr	Tessa Sitko Program leader
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	10/19/22	Verbal	.30hr	Tessa Sitko Program Leader.
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				
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9/28/22	Verbal + Physical	2.17hr	Nick Tran 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:	10/19/22	Verbal	.30hr	Tessa Sitko Program Leader

Staff signature

10/21/22
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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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: Cody Forcier

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:	10/17/22	Verbal	.30hr	Tessa Sitko Program leader
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/17/22	Verbal	.30hr	Tessa Sitko Program leader
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/17/22	Verbal	.30hr	Tessa Sitko Program leader
CPR, if required by the *CSSP* or *CSSP Addendum*	10/17/22	Verbal	.30hr	Tessa Sitko Program leader

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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	10/17/22	verbal	.30 hr	Tessa Sitko Program leader.
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	10/17/22	verbal	.30 hr	Tessa Sitko Program leader
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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	—	—	—	—
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9/28/22	verbal + physical	2.17 hr	Nick Tran 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:	10/17/22	verbal	.30 hr	Tessa Sitko Program leader.

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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: Dominick Cochrane.

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:	10/21/22	verbal	.30hr	Tessa Sitko Program leader
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/21/22	verbal	.30hr	Tessa Sitko Program leader
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/21/22	verbal	.30hr	Tessa Sitko Program leader
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*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	—	—	—	—
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9/28/22	verbal & physical	2.17hr	Nick Tran 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:	10/17/22	verbal	.30hr	Tessa Sitko Program Leader.

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DPF-025 Rev. 7/14

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[Type here]

STAFF NAME: Adna Hassan STAFF EVALUATING THE SKILLS: Tessa Sitko 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: ___ 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.	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.