

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: _____
Date of background study submission: 9/18/22
Ongoing annual training period: 9/22-9/23
Date of first supervised contact: 10/14/22
Date of hire: 9/7/22
Date of background study clearance: 9/14/22
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: Emilee Cury

| 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-specific: | 10/20/22 | Physical & Verbal | 5 hr | Angela Raine Physixus inc. |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | 10/20/22 | Verbal | 5 hr | Angela Raine Physixus inc. |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific: | 10/20/22 | Physical & Verbal | 5 hr | Angela Raine Physixus inc. |
| CPR, if required by the CSSP or CSSP Addendum | N/A | N/A | N/A | N/A |

| <p>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</p> | | | | <p>Angela Ravis Phyllis inc</p> |
|--|----------------------|------------------------------|---------------|--|
| <p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p> | <p>10/26/22</p> | <p>Reading</p> | <p>0.5 hr</p> | <p>Angela Ravis Phyllis inc.</p> |
| <p>Medication set up or medic action administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p> | <p>10/28/22</p> | | | <p>Angela Ravis Phyllis inc.</p> |
| <p>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</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> |
| <p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p> | <p>9/16/22</p> | <p>Physical & Verbal</p> | <p>4.08</p> | <p>Brandon Jensen Phyllis inc.</p> |
| <p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p> | <p>10/26/22</p> | <p>Physical & Verbal</p> | <p>1.0 hr</p> | <p>Angela Ravis Phyllis inc.</p> |
| <p>Staff signature _____</p> | <p>Date 10/26/22</p> | | | |

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