ISL ORIENTATION CHECKLIST

Employee's Name: _____ Date of Hire:_____

ISL Location: _____

Date: _____ Training Supervisor: _____

	Trainer Initials	Date Completed	Employee Initials
Prior to working with an Individual			
Abuse and Neglect (verify with office)			
Upon Hire:			
Meet Staff			
Meet Individuals			
Complete EMT CIMOR Training			
Prior to working alone and No later than 30 Days from Date of Hire			
CPR/First Aide: Date Scheduled_____			
Med Aide: Date Scheduled_____			
MANDT as directed by IP: Date Scheduled_____			
Tools as directed by IP: Date Scheduled_____			
Emergency Procedures, Fire and Disaster Training and Drill			
New hires - At least 8 hours of side by side (4 hours with Lead)			
Employees new to the field require 8 hours with the Lead			
Current employees - 4 hours of side by side with the Lead			
Understand Observation notes and read last 2 months monthly reviews			
Understand financial guidelines (budget & personal)			
Understand Medication Administration Records(MAR's),med counts			
Understand what the meds are for and know where they are kept			
Read medication side effect sheets			
Supervised administration of Medication for each shift they will be working			
At Least 2 med passes observed by LSP			
Read & understand Individual Plan (IP) and all trainings in Training Notebook			
(Training Plans, Hab Data, Therapy, Equipment, Communication)			
Dietary Training and Choking Precautions Training (as applicable)			
Specialized Nursing Delegations (as applicable)			
Review Cleaning and Home Care Checklist			
Find address and phone number (guardian, physicians, staff etc.)			
Find locations of all necessary agency, guardian, on-call and emergency #'s			
Read and understand on-call procedures			
Locate 1st Aid kit/CPR barrier masks are located for home and auto			
Locate where the staff notebook is located			
Read and understand Habilitation Data			
Review:			
a. staff duties, telephone clock in/out procedures, mileage sheets, absence forms			
b. employee schedules, identify monthly staff meeting schedule change of shift forms			
c. read last 3 monthly staff meeting agendas			
Within 30 days of employment:			
a. Supervisor complete 30 Day Positive/Negative Observation Form			
Within 90 days of employment:			
a. Missouri Quality Outcomes: Date Scheduled_____			
b. Positive Behavioral Supports: Date Scheduled_____			

Please turn this form into the main office upon completion of 30 days of employment and/or when fully complete.