

Grace Assisted Living- New Hire Form

New Hire:	Personal Data Change:
Employee Name:	SS# - - Driver's license#:
Address:	Home phone: Cell phone:
City: State: Zip:	Emergency contact/ relationship: Phone # :
Male: Female:	Date of birth:
Hire Date: Rate:	Marital status: Single: Married:
Position:	Full time: Part time:
Does this employee have a current fingerprint background check through health and welfare?: Yes No Was the fingerprint background check transferred to your facility? Yes No If no, attach Payroll deduction	Which Grace facility GLLC Nampa _____ Fairview Lakes _____ Englefield Green _____ State Street _____ Twin Falls _____
Has the employee worked at any Grace before? If so which one: Does the employee currently work at any other Grace? If so which one:	Signature of Administrator Date

Bookkeeping office use only	
<input type="checkbox"/> QTS <input type="checkbox"/> BK <input type="checkbox"/> INS <input type="checkbox"/> S/C	Initials _____

Other Forms Bookkeeping office needs (fax or give to bookkeeping office along with this form)	
<input type="checkbox"/> W-4 <input type="checkbox"/> Background check appointment page <input type="checkbox"/> Insurance Waiver <input type="checkbox"/> Police report <input type="checkbox"/> Self-Deceleration <input type="checkbox"/> Drug Test Custody Form	<input type="checkbox"/> Pay Roll deduction for fingerprint <input type="checkbox"/> Copy of health and welfare background check <input type="checkbox"/> I-9 with two forms of identification <input type="checkbox"/> Pay roll deduction for med class <input type="checkbox"/> Completed notarized background check application <div style="text-align: right;">Initials _____</div>

Grace Assisted Living

New Hire Letter

Date: _____

Dear _____;

It is with pleasure that Grace Assisted Living is able to offer you the position of _____. We are excited about having you as part of our team, and look forward to working with you.

The shift you will be working is _____ on these days _____. At any point in your employment at Grace you can be moved to another shift or days working. Your first day working is _____. Your starting pay will be _____ per hour. There is a 90 day probationary period before you will be considered a regular member of the team (If you work PRN you must understand that this means that you are an “on call” employee. You must work one out of every seven shifts called failure to comply with prn status could result in termination due to inability to work). Any changes in the schedule (addition or subtraction in days or hours) must be submitted and approved by the administrator. We hope you will enjoy working with us.

Sincerely,

Grace Assisted Living Management

Please list any days or hours that you cannot work _____

_____.

Employee

Date

Grace Assisted Living

Authorization Form

For deduction from first pay check for background checks and fingerprinting.

All employees are required by law to have a fingerprinting and background check through Health and Welfare completed upon employment.

Therefore all employees are required to have on file with Grace, LLC a current fingerprinting background check completed by Health and Welfare. If you have a current Fingerprinting background check through Health and Welfare then the Administrator will contact Health and Welfare to see if it is transferable. If you do not have a current fingerprinting background check through Health and Welfare you are responsible for the fee that Health and Welfare charges. If you need Grace at Allumbaugh, LLC to deduct this fee out of your first pay check please sign below acknowledging that you are authorizing the deduction from your first pay check. If you would like to pay this fee on your own then Health and Welfare will require this payment at the time of your appointment.

By signing this form you are stating that you have read and fully understand the above information and are therefore authorizing Grace at Allumbaugh, LLC to deduct the fingerprinting background check through Health and Welfare in the following manner.

Amount to be deducted_____

☐

1st pay check

☐

1st and 2nd pay check

I also understand that if my employment ends before full payback, the remaining balance will be deduced from my final check.

Employee signature

Date

Employee name Print

Administrator/ Manager

Date

Probationary Waiting Period for Insurance

Grace Assisted Living offers insurance to employees who meet the following requirement:

Full time -working 30 or more hours per week

There is a 60 day waiting period for insurance, once you have completed this 60 days and are working the full time requirement you will be given the opportunity to apply for insurance coverage.

We currently provided Medical insurance through Select Health. Your premium for this insurance is around \$41.47 per pay period. Your insurance is effective the first of the month after completing probationary period. The first payroll deduction will occur on the 20th of the same month.

We also provide supplemental insurance for vision and dental.

I have read and understand that after 60 days of full time employment I will have the opportunity to apply for insurance.

Sign: _____

Date: _____

Date of employment: _____

Location: _____

Date eligible for insurance: _____

Insurance effective: _____

Insurance waived: _____

Insurance posted and cost:

Grace Senior Living Community

EMPLOYEE-ALCOHOL & DRUG USE POLICY

The uses of Drugs that have not been prescribed by the employee's personal physician are strictly prohibited.

Employee's Name:	Staff Position:	Date of Hire:	
<p>Illegal Drug Use:</p> <p>Employees of Grace Senior Living Community are our most valuable resource and for that reason their health and safety is our number one concern. Any drug use, which imperils the health and well-being of our employees and residents we care for, threatens our business and will not be tolerated. The use of illegal drugs and abuse of other controlled substances on or off duty is inconsistent with the law-abiding behavior expected of citizens.</p> <p>Employees who use illegal drugs or abuse other controlled substances on or off duty tend to be less productive, less reliable, and prone to greater absenteeism. This, in turn, can result in increased costs delays and risks to Grace Senior Living Community will promptly terminate any employee who tests positive for drugs while on duty.</p> <p>Furthermore any employee who should take medication that has been prescribed for a resident-either for their or the employees use or for purposes of sale to another individual, that employee will be immediately terminated and reported to local law enforcement authorities for prosecution.</p> <p>Alcohol Consumption:</p> <p>Grace Senior Living Community strictly prohibits the consumption of, possession of, or being under the influence of alcoholic beverages, of all employees while on the premises, in the office or in company vehicles.</p> <p>Violation of Policies:</p> <p>Violation of this policy is cause for immediate termination of employment. Grace Senior Living Community reserves the right to have employees tested, screened and/or searched on Grace Senior Living Community assigned property for drug and alcohol use as it deems necessary as long as these procedures do not violate any existing laws.</p> <p>Your signature below acknowledges your receipt of this information and your willingness to abide by the policies set forth in this document.</p>			
Signature of Employee:	Date:	Signature Grace Representative:	Date:

Name Tag and Key Policy

Grace Assisted Living

Upon hire you will receive a name tag. If your employment with Grace Assisted Living is terminated or you have quit, Grace Assisted Living must receive your name tag and keys back for recycling purposes. If you choose to not return your name tag and keys, Grace Assisted Living will deduct \$25.00 for each item from your final pay check. Name tags and keys must be returned before a final check will be issued.

By signing this form you are acknowledging that you have read and fully understand the terms listed above.

Employee Signature

Date

Employee Print

Administrator Signature

Date

Employee Initial once items are received

Keys received _____

Date _____

Name Tag received _____

Date _____

Administrator initial once items are given

Keys given _____

Date _____

Name Tag given _____

Date _____

Employee Initial once items are returned

Keys returned _____

Date _____

Name Tag returned _____

Date _____

Administrator initial once items are received

Keys received _____

Date _____

Name Tag received _____

Date _____

Resident's Rights-Sign off

Grace Assisted Living guarantees the following rights to our residents:

01. **Privacy:** Each resident will be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups;
02. **Resident Records:** Each facility must maintain and keep current a record of the specific information on each resident. Upon request a resident shall be provided access to information in his records.
03. **Humane Care and Environment:** Each resident shall have the right to humane care and humane environment, including the following:
 - a. The right a diet which is consistent with any religious or health-related restrictions;
 - b. The right to refuse a restricted diet;
 - c. The right to a safe and sanitary living environment;
04. **Dignity and Respect:** Each resident shall have the right to humane care and a humane environment, including:
 - a. The right to be treated in a courteous manner by staff;
 - b. The right to receive a response from the facility/home to any request of the resident within reasonable time;
 - c. The right to be free from intimidation, manipulation, coercion and exploitation.
05. **Behavior Management Programs:** Each resident shall have the right to be free of unwarranted use of Behavior Management Programs and chemical and physical restraints.
06. **Appropriate Habilitation/Training:** The resident shall have the right to participate

In a habilitation/training program if the resident qualifies for habilitation/training, as determined by an assessment, if he/she desires to participate, and if the program is available.
07. **Participation in the Development of the Negotiated Service Agreement:** Each resident shall have the opportunity to participate in his negotiated service agreement. Resident's or their legal guardians must be advised of alternate courses of care and their legal consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in the development of the negotiated service agreement.
08. **Personal Possessions:** Each resident shall have the right to:
 - a. Wear his own Clothing;
 - b. Determine his own dress and hair style;
 - c. Retain and use his/her own personal property in his/her own living area so as to maintain individuality and personal dignity;
 - d. Be provided a separate storage area in his/her own living area and at least one (1) locked cabinet or drawer, if the resident is capable of managing lock and key, for keeping personal property.
09. **Personal Funds:** Residents who are clients of the Department shall retain the basic allowance for their use. In addition, each client of the Department (Aid to the Aged, Blind, and Disabled (AABD) is to retain the standard unearned income disregard allowed by the Department. The resident may pay the facility for personal laundry service using the income disregarded by standard income disregard described in IDAPA 16.03.05, "Rule Governing Eligibility for Aid to the Aged, Blind, and Disabled". The resident is not required to use the facility's laundry service and may retain the disregarded income for personal use.
10. **Management of Personal Funds:** A facility/home shall not require a resident to deposit his/her personal funds with the facility/home. If resident funds are being managed, the facility/home must manage and account for the personal funds of the resident deposited with the facility/home as follows:
 - a. The resident must give the facility written authorization to manage his/her funds;
 - b. The facility/home will assure a full and complete separate accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds

deposited with the facility/home and afford the resident (or legal representative of the resident) reasonable access to such record;

- c. The facility/home will deposit any amount of resident's personal funds in excess of one hundred dollars (\$100) in an interest bearing account (or accounts) that is separate from any of the facility/home's operating accounts and credit all interest earned on such separate account to the resident's account.
- d. The facility/home must maintain any other personal funds in a non-interest bearing account or petty cash fund;
- e. The facility/home must assure that the resident has access to his personal funds during reasonable hours;
- f. Upon the death of a non-state client with such an account, the facility/home must promptly convey the resident's personal funds, with a final accounting of such funds, to the individual administering the resident's estate within ninety (90) days.
- g. Upon the death of a state client, with such an account, the facility/home must promptly refund the remaining balance of the resident's personal funds, with a final accounting of such funds, to the Department within thirty (30) days.

11. Access and Visitation Rights: The facility/home must permit:

- a. Immediate access to a resident, by any representative of the Department, by the state Ombudsman for the elderly or his designees, by Co-AD or their designees for individuals with a developmental disability or mental illness, by the Idaho Alliance For Mental Illness or their designee for individuals with a mental illness, or by the residents individual physician.
- b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives;
- c. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident;
- d. Reasonable access to a resident by any entity or individual that provides health, social, legal or other services to the resident, subject to the residents right to deny or withdraw consent at any time.

12. Access by Advocates and Representatives: A care facility/home shall permit advocates and representatives of community legal services program, whose purposes include rendering assistance without charge to residents, to have access to the facility/home at reasonable times in order to:

- a. Visit, talk with and make personal, social services programs and legal services available to all residents;
- b. Inform residents of their rights and entitlement, their corresponding obligations under state, federal and local laws by distribution of educational materials or discussion in groups and/or with individuals or both;
- c. Assist residents in asserting their legal rights regarding claims for public assistance medical assistance and social security benefits, as well as in all other matters in which residents are interested. This assistance may be provided individually or on a group basis, and may include organizational activity, counseling and litigation.
- d. Engage in all other methods of assisting, advising and representing residents so as to extend to them the full enjoyment of their rights;
- e. Communicate privately and without restrictions with any resident who consents to the communication;
- f. Observe all common areas of the facility/home;

13. Posting of Pertinent Advocacy Groups: The names, addresses, and telephone numbers of all pertinent advocacy groups shall be readily available in the facility/home for resident access. These groups shall include, but not be limited to:

- a. The state licensing/certifying agency;
- b. The state ombudsman program for the elderly;
- c. Co-AD, Inc., Idaho's Protection and Advocacy System for individuals with a disability;

- d. Idaho Alliance for Mental Illness for individuals with a mental illness;
- e. Adult Protection

14. **Employment:** Each resident shall have the right to refuse to perform services for the facility/home except as contracted for by the resident and the administrator of the facility/home. If the resident is hired by the facility/home to perform services as an employee of the facility/home, the wage paid to the resident shall be consistent with the state and federal law.
15. **Confidentiality:** Each resident shall have the right to confidentiality of personal and clinical records.
16. **Freedom from Abuse:** Each resident shall have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion and any physical or chemical restraints imposed for the purpose of discipline or convenience.
17. **Freedom of Religion:** Each resident shall have the right to practice the religion of their choice or to abstain from religious practice. Residents shall also be free from the imposition of the religious practices of others:
18. **Control and Receipts of Health-Related Services:** Each resident shall have the right to control his receipt of health-related services, including:
 - a. The right to retain any health related services including but not limited to the services of his own personal physician, dentist and health care professionals;
 - b. The right to select the pharmacy or pharmacist of his choice;
 - c. The right to confidentiality and privacy concerning his medical or dental condition and treatment.
19. **Grievances:** Each resident shall have the right to voice/file a grievance with respect to treatment or care that is furnished, without discrimination or reprisal for voicing the grievance and the right to prompt efforts by the facility/home to resolve grievances the resident may have, including those with respect to the behavior of other residents.
20. **Participation in Resident and Family Groups:** Each resident shall have the right to organize and participate in resident groups in the facility/home and the right of the resident's family to meet in the facility/home with families of other residents in the facility/home.
21. **Participation in Other Activities:** Each resident shall have the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the facility/home.
22. **Examination of Survey Results:** Each resident shall have the right to examine upon reasonable request, the results of the most recent survey of the facility/home conducted by the Department with respect to the facility/home and any plan of correction in effect with respect to the facility/home.
23. **Transfer or Discharge:** Each resident shall have the right to be transferred or discharged only for medical reasons or for his welfare or that of other residents, in non-emergency conditions is given at least a thirty (30) days advance written notice prior to the date of discharge as agreed to in the admission agreement except for nonpayment.
24. **Other Facilities/Homes:** the resident has a right to review a list of other residential care facilities/homes that may be available to meet his needs in case of transfer.
25. **Citizenship rights:** The resident has a right to be encouraged and assisted to exercise his rights as a resident and as a citizen, including the right to be informed and to vote.
26. **Other Rights:** Each resident shall have any other right established by law.
27. **Advanced Directives:** Elderly residents shall have the right to be informed, in writing, regarding the formulation of an advanced directive to include applicable State Law.
28. **Resident Councils:** Every facility over fifteen (15) beds should assist the residents in establishing and maintaining a resident council. The council shall be composed of residents of the facility and may include their family members. The council may extend membership to advocates, friends, and others.
29. **Council Duties:** The council shall have the following duties:
 - a. To assist the facility in developing a grievance program;
 - b. To communicate resident's opinions and concerns;
 - c. To obtain information from the facility and disseminate the information to the residents;
 - d. To identify problems and participate in the resolution of those problems;
 - e. To act as a liaison with the community.

30. **Waiver For Resident Council:** The requirement that every facility over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council may be waived provided the following conditions are met:
- a. The operator meets regularly with the residents.
 - b. Residents decline participation in a formal council; and
 - c. Appropriate documentation exists to indicate the resident's decision.
31. **Record Keeping:** Each facility/home must maintain and keep a current record of the following information on each resident.
- a. A copy of the resident's current Negotiated Service Agreement or physician's order;
 - b. Written acknowledgement that the resident has received copies of the resident rights;
 - c. A record of all personal property and funds which the resident has entrusted to the home including copies of receipts for the property;
 - d. Information about any specific health problems of the resident which may be used in a medical emergency;
 - e. The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident.
 - f. Any other health-related, emergency, or pertinent information which the resident requests the home to keep on record;
 - g. The current admission agreement between the resident and the facility/home.

I have read, understand, and received the Resident's Rights and Policies.

Employee Signature: _____ Date: _____

Administrator/Designee: _____ Date: _____

Resident-*Abuse/neglect/Exploitation Policy-Sign off*

Each resident shall have the right to be free from physical, mental, or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline or convenience (IDAPA 16.03.22.250.16).

Policy:

Grace Assisted Living has a duty to report all cases of suspected abuse, neglect or exploitation of vulnerable adults. All Grace Staff share the same duty, and must report all cases of suspected abuse, neglect, or exploitation to the facility Administrator immediately. If the Administrator has cause to believe that a vulnerable adult has been abused, neglected or exploited, she shall immediately report such information to Adult Protection Services and the Area Agency on Aging through the local Ombudsman.

When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, the Administrator must be notified immediately, and the Administrator must notify the appropriate law enforcement agency within four (4) hours.

Grace Assisted will make every effort to avoid hiring or continuing to employ persons with a history of or propensity for abuse. All allegations of abuse will be treated as serious and will be investigated, documented and reported per the standards set forth in the policy and procedure or per State of Idaho or Federal regulations, whichever is more stringent. Failure to follow policy and procedure as set forth will be considered a serious violation of one's employee responsibilities and will result in disciplinary action up to and including discharge. The Administrator will investigate all cases of alleged abuse or neglect.

Definition of Abuse/neglect/Exploitation:

Abuse means the non-accidental infliction of physical pain, injury or mental injury, involuntary seclusion or punishment. Neglect means failure to provide those goods or services which are reasonable necessary to sustain the life and health of a person pursuant to Section 39-5302 (8), Idaho Code. Exploitation means an action, which may include but is not limited to the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage.

Procedure-Prohibition of Abuse/Neglect/Exploitation:

Hiring Process:

- All applicants for employment of Grace Assisted Living will complete a criminal history background check.
- Grace Assisted Living will not extend a job offer to any applicant who declares a criminal history, which per State or Federal regulations would preclude their employment.
-

Training & Education:

- During the Orientation and Training process for new employee, Grace Assisted Living will discuss and assign homework reading concerning:
 - ***Aging, Illness and Behavior***
 - ***Recognizing Illness in the Elderly***
- Annually present a mandatory in-service for all staff on resident rights, prohibition of abuse, how to diffuse anger, aggressive and or catastrophic actions of residents in a manner that preserves the resident's dignity, what to do if they witness or suspect abuse, how to report abuse, and how to recognize signs of burnout, frustration and stress that may lead to abuse.
- At the time of admission, Grace Administrator will educate the resident and their family about resident rights and what to do if they feel they have been abused or neglected or exploited and how to report abuse to the community Ombudsman or Stat for investigation.
- A poster with information of how to contact the Ombudsman will be posted in each building.

What to do if you witness or suspect abuse has occurred:

- Ensure the safety of the resident. Separate the resident and the person allegedly abusing the resident.
- Immediately report the alleged abuse to your Administrator.
- Initiate an incident report.
- Write a statement on an “Incident/Accident Form” of what was seen, heard or what is suspected.
- Give a copy of the statement to your Administrator.

The Investigation:

- Ensure the resident is safe and provide assistance if the resident requests it or is in need of medical treatment or supportive services.
- Notify the resident’s primary physician and obtain medical treatment if indicated.
- The report will be given to the Administrator for investigation.
 - If the allegation of abuse is of a sexual nature or theft, notify the police.
 - If the alleged abuser is on duty, obtain their written statement about their knowledge or version of the alleged incident using the Incident/Accident form.
 - If alleged abuser refused to write and sign a statement, write what the alleged abuser said happened and document that they refused to write or sign it.
 - Suspend the alleged abuser informing them that they are not to be on the premises of Grace Assisted Living until the investigation is completed and the Administrator will contact them to set up an appointment to discuss the alleged incident.
 - Notify resident’s family of the alleged abuse if the resident is not their own guardian. Reassure the resident, family member or guardian that the resident is not in any further danger of alleged abuse and that Grace Assisted Living is committed to conducting a thorough and prompt investigation.
 - Interview the resident using the “Incident/Accident Report Form” attaching additional pages for documentation if needed.
 - Interview all staff who might have witnessed or have knowledge of the alleged abuse using the “Incident/Accident Report Form” attaching additional pages for documentation if needed.
 - Document a description of any alleged injury in the medial record.
 - If resident has signs of physical injury, request that the resident sign a “Consent to Photograph” form and take a picture of the alleged injury.
 - Interview of alleged abuser by the Administrator.

Conclusion of Investigation:

The Grace Assisted Living Administrator will review the documentation and determine if:

- The investigation was thorough and complete,
- The allegation of abuse is substantiated,
- The alleged abuser is to be terminated.

The Grace Assisted Living Administrator will then:

- Notify regulatory agencies as required,
- File a copy of all paperwork in the resident’s file and the “Incident/Accident File”, and
- Arrange for re-in-servicing of all staff about abuse prohibition and prevention if deemed appropriate.

By my signature below, I am acknowledging that I have read the above policy.

Employee: _____

Date: ____/____/____

Grace Assisted Living Caregiver Orientation/Training

Employee: _____

Day One:

New Employee to shadow (*Limited hands on work*)

Topics to Cover:

1. **Staff** (*Introduce to coworkers*)
2. **Tour Facility** (*Nurses Station, Office, Med Room, Kitchen, Laundry, Housekeeping, Dumpster and Resident Rooms*)
3. **How To Start Shift** (*Time Clock, Shift Report, Walkie Talkies, Checks, Task Sheet and Menu*)
4. **Start Routine and Take Notes**
5. **Residents** (*Introduce to residents on side of building staff will be working on*)
6. **Forms** (*BASIC: Location, Task Sheets, ADLs, Checks, Shift Reports, Schedule, Phone List*)

Day Two:

New Employee to start assisting (*Partial hands on work*)

Topics to Cover:

1. **Review Routine, Notes and Answer Questions**
2. **Review How To Start Shift** (*Time Clock, Report, Walkie Talkies, Checks, Task Sheet and Menu*)
3. **Review Locations** (*Nurses Station, Office, Med Room, Kitchen, Laundry, Housekeeping, Dumpster and Resident Rooms*)
4. **Forms** (*ADVANCED: Incident/Accident, Resident Report, Behavior Log, Request for Time Off, ETC*)
5. **Safety** (*Fire Alarm Procedure, Fire Extinguisher Locations, Maintenance Log*)
6. **HIPAA** (*Walkie Talkies, People in Facility, Information*)
7. **Infection Control** (*Hand Washing, Gloves, Residents on Isolation*)

Day Three:

New Employee to fully assist (*Trainer to Shadow Employee*)

Topics to Cover:

1. **Review Routine, Notes and Answer Questions**
2. **Have Employee Start Shift and Observe** (*Follow employee, correct mistakes and answer questions*)
3. **Review Resident Specifics** (*Colostomy Bags, G-Tube, Braces, Stockings, ETC*)
4. **Review Documentation Process**
5. **Review Facility Specifics**

Day One (Date): _____ **(Hours):** _____ **(Trainer Initial):** _____

- Items Covered:**
- ☐ *Introduce to staff*
 - ☐ *Starting the shift*
 - ☐ *Basic Forms* (Location, Task Sheets, ADLs, Checks, Shift Reports)
 - ☐ *Facility Toured* (Nurse Station, Office, Telephone Kitchen, Bathroom etc.)
 - ☐ *Call Lights*
 - ☐ *Resident Introductions*
 - ☐ *Routine Basics*

Notes:

Day Two (Date): _____ **(Hours):** _____ **(Trainer Initial):** _____

- Items Covered:**
- ☐ *Review starting the shift*
 - ☐ *Review Facility Locations*
 - ☐ *Fire Alarm Procedure*
 - ☐ *Vitals Training*
 - ☐ *Advanced Forms* (POST Location, Incident/Accident, Resident Report, Behavior Logs, Request for time off, etc.)
 - ☐ *Review Routine*
 - ☐ *HIPPA* (Confidentiality)
 - ☐ *Infection Control* (Hand washing)

Notes:

DayThree(Date): _____ **(Hours):** _____ **(Trainer Initial):** _____

- Items Covered:**
- ☐ *Review starting the shift*
 - ☐ *Heating Systems*
 - ☐ *Transfer Training*
 - ☐ *Language*
 - ☐ *Risk Management* (Maintenance Request Log)
 - ☐ *Dispatch Procedure*
 - ☐ *Review Routine*
 - ☐ *Complaint Protocol*
 - ☐ *Accident Process/Illness*
 - ☐ *Review Documented Items*

Notes:

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____