Appendix D

DHS 4562

Employee Instruction Record

- DHS 4562 Revised form (06/10)
- Directions for completing Instruction Record

Employee Instruction Record

Date training started: _____   Trainer signature: _____

Length of time: _____   Trainer signature: _____

Subject: _____

SECTION A:

Client(s): *(initials)* _____ _____ _____ _____ _____

☐ Initial training   ☐ Revisions/updates   ☐ Re-training

☐ Internal client transfer   ☐ Other _____

☐ Annual review   _____

(list documents, including dates, if applicable)

SECTION B:

☐ Individual Support Plan (ISP)   Date: _____   ☐ ISP Protocols *(list below)* Date: _____
   (including Action Plans)   _____

☐ FA/BSP   Date: _____   ☐ Staffing Expectations   Date: _____

☐ Safety Plan (Home)   Date: _____   ☐ Safety Plan (Voc)   Date: _____

☐ PFW   Date: _____   ☐ Nursing Care Plan   Date: _____

☐ Vocational Day Supports *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*

☐ Nursing Protocols *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*

☐ Other *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*

Points covered: _____

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Employee Instruction Record

DHS — Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Subject: _____

My signature below indicates that I have read the applicable instructions and will follow the instructions to the best of my ability. My signature also indicates that I was given the opportunity to ask questions and express concerns. My signature, further indicates, that I was given a copy of all necessary documentation on the documented subject(s), when applicable.

Date	Staff	Signature & Title	Trainer initials	Date	Staff	Signature & Title	Trainer initials

Directions for completing
Employee Instruction Record

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

1.	Date training started	The date that you began training staff. This should correspond to the earliest date that an employee signs off that they received the training.
2.	Trainer signature(s)	Signatures of the trainer(s).
3.	Length of time	Total length of time that the training took. **Remember:** The duration of the training should be structured according to the magnitude of the points covered. For example, at a minimum, training for an ISP and support documents should last an hour.
4.	Subject	Input and/or check the following in **SECTION A**:
	Client(s)	**a).** Initial of the client(s) to whom the training pertains.
	Initial training	**b).** Check this box if this is the first time that the staff is receiving the training. This would include such training as: A client's new ISP, client transfers, new and/or changes to policy/procedures, new/revised support documents, etc.
	Revisions/updates	**c).** Check this box if you are training staff on any updated documents/policies/procedures, etc.
	Re-training	**d).** Check this box if this is a re-training for any of the staff on the particular subject.
	Annual training	**e).** Check this box if the training covers any mandatory annual training (e.g. Mandatory Abuse, Dress Code, Fire Extinguisher, Earthquake Drills, etc.). *Note: This does not include the mandatory training taught by the Central Training Department (e.g. CPR/First Aid, Conflict Resolution, etc.).*
	Internal client transfers	**f).** Check this document if you are training staff when a client transfers to another SOCP home.
5.	**SECTION B**	This section includes several check boxes to indicate what support/other documents were trained. You must check the appropriate box, and if applicable the date of the document being trained. Check only the applicable boxes; if all were trained then check all.
6.	**Points covered**	What is included in this section may vary, however the following must be documented *Note: "See Attached" is not an acceptable entry*
	ISP Training / Internal Client Transfers / Client Entries	**a).** If you are training a client's new ISP/Transfer/Entry, you will check the appropriate boxes in Section B that you are responsible for training. In the **Points Covered**, you will indicate "all points in the above marked documents." If any of the boxes that you marked in **Section B** require that you "list below," you will <u>individually</u> list these in the points covered, including dates, if applicable. *For example, "Constipation Protocol, dated 5/1/10; Insulin Pump, Client Schedule, etc.*

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Revisions/updates	**b).** Indicate what the specific revision(s)/update(s) to a particular document are being trained. For example, if client JS' staffing expectations were revised from 15 minute checks while sleeping to 30 minute checks on 5/3/10, you would mark and input the following: • **Section A:** Client Initials (JS), Check "Revisions/Updates" • **Section B:** Check Staffing Expectations and input the date of 5/3/10 • **Points covered:** Staff is now to perform 30 minute checks on JS while he is sleeping (or something similar).
Re-training	**c).** Indicate what was re-trained. If it was the entire contents of a particular document, you will write: "all points in the above marked document." If it was only a part of any document/box marked in section B, indicate the specifics. *For example:* *"JS liquid consumption guidelines: Staff are to……"* **Annual Training:** Indicate what documents/training was provided. *For example,* *"Earthquake Drills, Code of Conduct, Mandatory abuse, etc."*
Other	**d).** Indicate the document and if applicable, specific points covered, as well as the document dates (if applicable).
7. **Signatures**	In this section, ensure that it is accurately and fully completed. You must include the date that the staff was trained, their name, signature/title, and the trainer's initials.