

Trainee
Trainer
Manager



All Items in ITALICS must be checked off in Blue Step	Date Trained	House Manager Approval
Introduction to team		
Employee Handbook		
Emergency & Evacuation Procedures/Manual		
Fire Alarms Systems, Extinguishers		
Residents Rights		
Universal Precautions		
HIPAA		
Reporting Abuse and Neglect		
Clocking In/ Clocking Out/ Time Card Approval		
Time Off Request Procedure		
Work Schedules		
Kitchen (completed by HM Cook)		
Serving the Residents		
Food Storage (Pantry, Freezer, Refrigerator)		
Documenting Menu Substitutions		
Nutrition and Food Safety		
Individual Needs, likes, and dislikes		
Documentation (Bluestep and Binders)		
Incident Reports/ How to document in Bluestep		
How to document ADLs		
Shift Change Log		
Vitals Log		
Narcotics Log		
Reporting a Discrepancy in Narcotic Count		
Infection and Sharps Injury Log		
Medication Storage, Lock Up, and Safety		
Maintenance Request on BS		
Building Maintenance and Cleaning		
How to Operate Vacuum		

All Items in ITALICS must be checked off in Blue Step	Date Trained	House Manager Approval
How to mop and how often/ Use of different colored mops		
How to Dust and How Often		
How to Clean the Bathrooms		
How often to Change Linens		
How to Fold and Store the Sheets		
How to Make a Bed		
How to Clean a Window/Window Sills/Blinds		
How to Use Equipment		
Main TV and Cable		
A/C Unit and Individual Units		
Washers/Dryers/Ironing Board/Iron/Cleaning Dryer Vents		
Computer/Fax/Copy/Scanner		
Two-Way Radio		
Phone Calls		
How to answer the phone		
When prospective residents, family members call		
When doctors/agencies call		
When do you call the Manager/Administrator		
Where Are...?		
Cleaning, Office, Incontinent Supplies		
First Aid Supplies		
Disaster Binder and Bins		
Home Health/Hospice		
What is Home Health and Hospice?		
Identifying Residents on Home Health or Hospice		
Home Health/Hospice procedures		
Resident Death		
Identifying DNR Residents		
What to do if a Resident dies		
Preserving the Resident's dignity		
Activities (completed by Activity Director)		
Activity Calendar		
Employee Participation with Activities		
Documenting Activity Programs		

All Items in ITALICS must be checked off in Blue Step	Date Trained	House Manager Approval
Activity Room		
Social Events		
Entertainers/Visitors		
Clinical Training (conducted by Wellness Director)		
Ostomy Care		
How to properly empty bag and clean out		
How to change a disposable bag and put new one on		
Oxygen		
Proper Application of BIPAP/CPAP mask		
Turn on and off machine		
Check/Add water to canister		
Proper care of mask		
Applying oxygen		
Changing regulator L/PM as ordered by physician		
Nebulizer/Breathing Treatments		
Instilling medication to vile		
Application of mask		
Cleaning Mask		
Storing equipment		
Med Training (conducted by RN)		
Medication Management Class		
Overview of Bluestep, MAR		
What to do when preprescriptions are delivered		
What are the BP parameters?		
Taking Vitals, B/P, temperature, pulse, respirations, Weight		
When to call the Nurse		
Basic First Aid		
Resident Care		
Review all Residents Service Plans		
Identifying Diabetics		
Fall Prevention		
What to do when a Resident Falls		
Sudden change in physical or mental status		
Managing Disruptive Behavior		

All Items in ITALICS must be checked off in Blue Step	Date Trained	House Manager Approval
Promoting independence, dignity, self-determination, privacy, & choice		
Bathing Residents		
Showering a Resident		
Performing Skin Condition Checks		
Oral/Denture Care		
Hair Care		
Dressing a resident		
Transfers and Ambulation		
Ambulation Assistance		
Stand By/1 Person/2 Person Transfer		
Gate Belt Transfer		
Incontinence/Personal Care		
Toileting		
Depends Change		
Use of Bidet		

I have received and understand the concepts and procedures of the Basic Training for Caregivers as listed above. I acknowledge that it is my responsibility to ask questions or to seek clarification to ensure that I understand what is expected of me as an employee of New Haven Assisted Living and Memory Care.

Trainee Signature _____ Trainee Printed Name _____ Date _____

I certify that _____ has received training in the concepts and procedures of the Basic Training for Caregivers as listed above. I acknowledge that it is my responsibility as a Trainer to ensure that he/she has the foundational knowledge and training to successfully fulfill their responsibilities as an employee of New Haven Assisted Living and Memory Care

Trainee Signature _____ Trainee Printed Name _____ Date _____

Activity Director Signature _____ Activity Director Printed Name _____ Date _____

House Manager Signature _____ House Manager Printed Name _____ Date _____

Administrator Signature _____ Administrator Printed Name _____ Date _____