Trainee	
Trainer	NEWHAVEN
Manager	Assisted Living & Memory Care

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 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		Assisted	<ul> <li>Assisted Living &amp; Memory Care</li> </ul>	
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Maintenance Request on BS  Building Maintenance and Cleaning	Infection and Sharps Injury Log			
Building Maintenance and Cleaning	Medication Storage, Lock Up, and Safety			
	Maintenance Request on BS			
How to Operate Vacuum	Building Maintenance and Cleaning			
	How to Operate Vacuum			

How to Dust and How Often How to Clean the Bathrooms How of 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 Ald 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	All Items in ITALICS must be checked off in Blue Step	Date Trained	House Manager Approval
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	Activity Calendar		
Documenting Activity Programs	Employee Participation with Activities		
	Documenting Activity Programs		

Activity Room  oocial Events  Intertainers/Visitors  ClinicalTraining (conducted by Wellness Director)  Ostomy Care  dow to properly empty bag and clean out  dow to change a disposable bag and put new one on  Oxygen  Oroper Application of BIPAP/CPAP mask  Furn on and off machine  Check/Add water to canister  Oroper care of mask  Applying oxygen  Changing regulator L/PM as ordered by physian  Medulizer/Breathing Treatments  Instilling medication to vile  Application of mask  Cleaning Mask  Cleaning Mask  Cleaning Mask  Cleaning (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  Sesior First Aid  Review all Residents Service Plans  dentifying Diabetics  Tail Prevention  What to do when a Resident Falls  Guidden change in physical or mental status	All Items in ITALICS must be checked off in Blue Step	Date Trained	House Manager Approval
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What to do when a Resident Falls Sudden change in physical or mental status	Identifying Diabetics		
Sudden change in physical or mental status	Fall Prevention		
	What to do when a Resident Falls		
Managing Disruptive Behavior	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
, ,	has received training in the concepts and procedures of to bility at a Trainer to ensure that he/she has the foundational knowledge 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