

Oregon Department of Human Services
State Operated Community Program

Core Competencies

OAR 411-345-0210 requires a minimum of 6 hours training before working unassisted.
SOCP provides 3 days (24 hours) of New Employee Training at Central Office and In-House.

Employee name: _____

Human Resources:	_____	Date:	_____
OIS Central Trainer:	_____	Date:	_____
AHA Central Trainer:	_____	Date:	_____
Documentation Trainer	_____	Date:	_____
Nurse/Med. Admin.:	_____	Date:	_____
Home assignment:	_____	Date:	_____
Home assignment:	_____	Date:	_____
Home assignment:	_____	Date:	_____
Transfer home:	_____	Date:	_____
Transfer home:	_____	Date:	_____
Transfer home:	_____	Date:	_____
24-Hour Nurse:	_____	Date:	_____
24-Hour Nurse:	_____	Date:	_____

Site Manager review before returning to Central Office: _____

See "refresher/additional" training signatures on back page.

Core Comp Training folder process

DAY 1: NEO HR/HOUSE

Human Resources (HR) video(s), powerpoint presentation and begin paperwork.

(Signature required on front cover - initials on the inside.)

- R4= Identify right of consumer confidentiality and state examples of violation of confidentiality.
- R5= Locate organization's grievance procedure for individuals supported and for the organization's employees.
- R6= Identify actions defined as sexual harassment.
- R8= Respect confidentiality.
- S14= Use safe handling procedures when handling, preparing and storing food
- M3 = Describe the mission and value statement of the organization.
Describe SOCP Weapons policy

WEEKS 1 and 2: CENTRAL TRAINING

Trainers, OIS and Nurse upon completion (score of 85% or better) –trainer(s) will sign their signature on the cover and initial/date appropriate *BUFF colored F1 Training* sect.

- *Nurse trainer will notify HR if NEO receives <85% and update tracking sheet.*
- *Central Training “plastic sleeves” are for Medication Administration test sheets. Additional trainer signature(s) and date(s) are allowed on the Cover back page.*

Safety S1 – S14	Health H1 – H9	Rights R1 – R10	Values V1 – V18	Mission M1 – M5
--------------------	-------------------	--------------------	--------------------	--------------------

NOTE: Refer to “*Core Comps paraphrased, numbered and responsibilities cheat sheet.*”

End of WEEK 2: VOC delivery of NEO folder(s) to assigned house

Central Training will coordinate with VOC for delivery of the Core Comp folders.

Occasionally – the folders will arrive late due to Med Admin or OIS training.

- *In these instances, print out F2 on (green paper) and begin training w/o folder.*
- *When the folder arrives, remove the blank F2 pages and insert pages already in progress.*

30-90 days deadlines are located at the top of the “NEO Class Tracking Sheet.” It also contains NEO class number, hire date, house, employee name, and assigned trainer(s)/evaluator(s) within the house: SM, BVS1s & 2s and nurses.

■ IN-HOUSE TRAINING

Keep Core Comp folders in the Site Manager’s office when not training.

Site Manager(s), BVS1s, BVS2s and/or Nurse(s): Signatures are required on the cover (or back page of cover), also initial and date the appropriate In-House *GREEN* section. All competencies **MUST** contain a checkmark, initials or NA. (✓, ✗ and/or *NA* required)

Fill in “Employee name” and “Home assignment” at the top of the F2 Core Comp section.

- **BVS2(s)** review and train the new employee – See Q&A samples of how to initial and date appropriate sections > hand off to BVS1(s);
- **BVS1(s)** review and train the new employee – See Q&A samples of how to initial and date appropriate sections > hand off to Nurse(s);
- **Nurse(s)** review and train the new employee – See Q&A samples of how to initial and date appropriate sections (if applicable) > hand off to the SM.
- **Site Manager(s)** Site Manager will initial appropriate sections **and** finalize with signature on the cover (verifying all sections are initialed and complete). See Q&A samples.

Return to Central Office in a confidential envelope **within 90 days of hire** (or sooner) for placement in “Employee Working File.”

As needed “**Client Specific In-House (green) and Transfer (blue)**” sheets are available on the *SOC*P Training web page, FORM server (*DHS 4586 Client Specific*) and through Central Office.

Employee’s name **must** be at the top of the training sheet.

■ CENTRAL OFFICE REVIEW:

VOC Manager, BVS2 Manager and Nurse Manager will review the returned employee core comp folders and return them to the house(s) if not complete.

Completed folders are given to the Business Manager.

■ FILING of FOLDERS:

Business Manager and Support Staff will file the completed folders in the “Employee’s Working File.”

Q&A and examples:

What is 30d stand for? OARS state this **must** be trained within 30 days of hire.

What is 3M stand for? OARS state this **must** be trained within 3M or 90 days of hire.

	SAFETY	Date	Staff Initials	Eval. Initial
	Competency			
	Demonstration			
S-9 BVS2 (N)= Nurse	Safely operate work environment equipment: <i>(insert NA if not applicable)</i> Demonstrated proper operation of equipment: <input checked="" type="checkbox"/> Phones/faxes <input checked="" type="checkbox"/> Kitchen appliances <input checked="" type="checkbox"/> Fire alarm shut of <input checked="" type="checkbox"/> Gas shut-off <input checked="" type="checkbox"/> Panic buttons <input checked="" type="checkbox"/> Medical equipment (e.g. Respiratory orientation) (N) <input checked="" type="checkbox"/> Tie-downs <input checked="" type="checkbox"/> Lawn/garden tools <input checked="" type="checkbox"/> Code /emergency alarms <input checked="" type="checkbox"/> Furnace/filter <input checked="" type="checkbox"/> Laundry room appliances <input checked="" type="checkbox"/> Lifts <input checked="" type="checkbox"/> Power tools <input checked="" type="checkbox"/> Vehicles <input checked="" type="checkbox"/> Feeding pumps <input checked="" type="checkbox"/> Generator <input checked="" type="checkbox"/> Water shut-off	30d 06/24/10	30d SI SI	30d DH PK

Staff initials – acknowledges training/instruction.

S-9 requires BVS2 and/or Nurse's initials (if applicable). Place a checkmark, X or NA.

S-2 SM	Locate emergency notification information including who is to be informed of an emergency, how, and in proper order.	When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals. <input checked="" type="checkbox"/> Missing client <input checked="" type="checkbox"/> Emergency evacuation <input checked="" type="checkbox"/> Emergency notification information <input checked="" type="checkbox"/> Fire evacuation <input checked="" type="checkbox"/> Natural disasters <i>(insert NA if not applicable)</i>	30d 06/24	30d SI	30d WB
-------------------------	--	---	--------------	-----------	-----------

S-2 requires the Site Managers initials.

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-14 BVS1 BVS2 NURSE	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> Carry out the program plan as written Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. 	3M 08/02 07/22 07/28	3M SI SI SI	3M AB KF PK
Client initials: J. I.	<input checked="" type="checkbox"/> Financial plan (2) <input checked="" type="checkbox"/> Voc/Day plan (1) <input checked="" type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input checked="" type="checkbox"/> DHS 4588 FA/BSP (2) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> ISP (1) <input checked="" type="checkbox"/> PFW (1) <input checked="" type="checkbox"/> DHS 4588 Good Day Plan (2) <input checked="" type="checkbox"/> Nursing care plan (N) PK <input checked="" type="checkbox"/> Aspiration protocol (2) <input checked="" type="checkbox"/> Constipation protocol (2) <input checked="" type="checkbox"/> DHS 4588 Interaction Guide (2)			<input checked="" type="checkbox"/> Dehydration protocol (2) <input checked="" type="checkbox"/> Seizure protocol (2) <input checked="" type="checkbox"/> Action plan (1)

V-14 requires BVS1 (1), BVS2 (2) or Nurse's (N) initials for corresponding objective.

Must be trained within 3M (90 days of hire) and returned to Central Office.

State Operated Community Program

F1 Central Training Core Competencies

Safety, Health, Rights, Values, Mission

Requirements: Before working unassisted (without experienced co-worker)

Central Training (F-1)

Name: _____

Home assignment: _____

SAFETY			Date	Staff Initials	Eval. Initial
Competency		Demonstration			
S-1	Obtain First Aid and CPR certification. (AHA)	Present current certification card from qualified first aid and CPR training.	Central Training – F1		
			30d	30d	30d
S-5	Lift or transfer an individual or material using recognized safe body mechanics. (Lifting Safely Curriculum)	Follow general or individualized protocols such as: <ul style="list-style-type: none"> • Use proper body mechanics • Keep back straight • Bend at the knees • Lift using legs • Use assistive lifting devices (such as back belts) 	Central Training – F1		
			30d	30d	30d
S-6	Complete documentation required for incident and accident reporting process. (NEO & OIS)	<ul style="list-style-type: none"> • Correctly identify situation as an incident. • Notify appropriate personnel, as per approved procedures. • Complete and submit form through appropriate channels. 	Central Training – F1		
			30d	30d	30d
S-14	Use safe handling procedures when handling, preparing and storing food.	The four steps of food safety are presented: (NEO) <ul style="list-style-type: none"> • Always wash hands, cutting boards, dishes, utensils • Separate raw meats, seafood and poultry • Refrigerate foods immediately and cook meat thoroughly 	HR – F1		
			30d	30d	30d

HEALTH			Date	Staff Initials	Eval. Initial
Competency		Demonstration			
H-5	Use appropriate infection control techniques. (AHA)	<ul style="list-style-type: none"> • Describe proper hand washing procedures. • Describe approved isolation techniques. • Describe proper use of antibacterial agent for surface cleaning. 	Central Training – F1		
			30d	30d	30d
H-6	Demonstrate appropriate medication administration and documentation. (Sign after Medication. Admin. Training)	<ul style="list-style-type: none"> • Verify physician's order. • Follow organizations approved medication administration procedures. • Administer meds according to individual's Physician's Order Sheet. • Complete required documentation. 	Nurse – F1		
			30d	30d	30d

State Operated Community Program

RIGHTS		Date	Staff Initials	Eval. Initial	
Competency	Demonstration				
R-1 (OIS)	Identify basic civil and human rights are held by all individuals regardless of ability.	Indicate that consumers and staff have the same rights unless restricted through court action (such as guardianship).	Central Training – F1		
			30d	30d	30d
R-2 (OIS) OAR 411-325-0300	Identify additional rights of people with developmental disabilities who receive service from ODDS.	List (orally or in writing) at least 5 rights of individual receiving services <ul style="list-style-type: none"> • Adequate food, housing, clothing, medical care, training • Visits to and from family, friends, advocates • Confidential communication • Control and freedom re: personal property • Privacy • Protection from abuse and neglect • Expression of sexuality • Access to community resources • Transfer within program • Choice and ownership of personal affairs • Appropriate services • Consent to or refuse treatment • Choice to participate in community activities 	Central Training – F1		
			30d	30d	30d
R-3	Identify examples of abuse, neglect; and state the mandated reporting requirements and process. State mandated reporting procedures. such as: (NEO) DHS4624A (Adults) DHS 4624C (Children) Mandatory Reporting	List orally (or in writing) 5 items from definition of abuse as defined in OAR 411-325-20 <ul style="list-style-type: none"> • Physical assault such as hitting, kicking • Neglect of care including medication, medical care, clothing, personal grooming • Denying meals, clothing or aids to physical functions • Use of derogatory names, ridicule, coercion, threats, cursing, intimidation • Sexual exploitation • Restrictions on individual freedom by seclusion • Use of restraints without physician’s order • Financial exploitation • Punishment of one individual by another • Implied or direct threat of termination of residential services 	Central Training – F1		
			30d	30d	30d
R-4	Identify right of consumer confidentiality and state examples of violation of confidentiality. (NEO)	List orally or in writing at least two examples of confidentiality such as: All individuals’ records are confidential except as otherwise <ul style="list-style-type: none"> • Indicated by applicable rule or law • Individuals have access to own records • Individual can authorize release of records 	HR – F1		
			30d	30d	30d

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
R-5	Locate organization's grievance /complaints procedures for individuals supported and for the organization's employees. (NEO slide presentation #41) If you feel you have been treated unfairly you are encouraged to discuss and resolve the situation with your supervisor or HR. Temporary employee's with the Employee Relations Board. http://www.dhs.state.or.us/spd/tools/dd/afscme0709.pdf		HR – F1		
			30d	30d	30d
R-6	Identify actions defined as sexual harassment. (NEO)	List orally (or in writing) examples such as: <ul style="list-style-type: none"> • Offer enticements in exchange for sexual favors • Unwelcome sexual advancements Verbal, graphic or physical conduct of a sexual nature which creates an offensive work environment	HR – F1		
			3M	3M	3M
R-8	Respect confidentiality. (Specific measures to be determined by organization.) (NEO)	Demonstrate behavior that supports individuals: <ul style="list-style-type: none"> • Keep medical, financial, and personal information private • Privacy when communicating by phone or mail • Appropriate disclosure of individual information (i.e., consent, HIPPA) • Refrains from "gossiping" 	HR – F1		
			3M	3M	3M

VALUES and PERSONAL REGARD			Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
V-2	Demonstrate behavior that indicates respect and courteousness to individuals being supported. (OIS)	<ul style="list-style-type: none"> • Use eye contact (as appropriate). • Address people by name. • Talk to people rather than about them. • Don't patronize or talk down to people. • Listen and respond with empathy. • Identify how staff's own moods, attitudes & actions impact supported individuals. 	Central Training – F1		
			30d	30d	30d
V-3	Use people first language in interactions with staff and individuals. (OIS)	<ul style="list-style-type: none"> • Speak of person first then the disability (if necessary). • Emphasize abilities, not limitations. • Do not label people as part of a disability group. • Encourage person to speak for him/herself. 	Central Training – F1		
			30d	30d	30d
V-4	Describe the importance of providing choices to individuals with disabilities. (OIS)	State orally (or in writing) concepts such as: <ul style="list-style-type: none"> • Choice as basic need and protected right • Importance of having options • Importance of choice in achieving independence and integration • Importance of choice in selecting goals & objectives • Importance of providing opportunities for choices in daily activities (i.e., foods, work, leisure activities) 	Central Training – F1		
			30d	30d	30d
V-5	Describe the importance of supporting independence for individuals. (OIS)	State orally (or in writing) concepts such as: <ul style="list-style-type: none"> • Individuals must have control over their own lives. • Independence does not necessarily mean doing things alone or without the support of others. • A person's level of dependence on the support of others is not an indication of individual worth or value. 	Central Training – F1		
			30d	30d	30d

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-6	Describe the importance of supporting productivity for individuals. (OIS)	State orally (or in writing) concepts such as: <ul style="list-style-type: none"> • Right to engage in income-producing work • Value of income level, employment status, and job advancement • Value of sharing talent that contributes to a household/Community • Productive time spent in alternatives to employment 	Central Training – F1		
			30d	30d	30d
V-7	Describe the importance of supporting individuals in community activities. (OIS)	State orally (or in writing) concepts such as: <ul style="list-style-type: none"> • Use by all people of common community resources • Participation common community activities • Adequate transportation and accessibility to community resources • Community based employment or alternatives to employment • Regular contact with other citizens in their communities 	Central Training – F1		
			30d	30d	30d
V-8	Use listening and confirmation skills that increase communication. (OIS)	Demonstrate: <ul style="list-style-type: none"> • Use of paraphrasing and other effective listening skills • Use of appropriate eye contact and individual’s name • Allow adequate time for a person to respond • Use of communication techniques identified to be effective with individual • Sensitivity to non-verbal communication 	Central Training – F1		
			30d	30d	30d
V-13	Describe the purpose and basic components of the ISP and staff role in its implementations.	Identify key factors such as: <ul style="list-style-type: none"> • Assess interests and support needs of individual • Determine goals and objectives required to meet needs • Identify strategies for achieving goals • Collect pertinent information about achieving those goals • Evaluate effectiveness of service plans and support strategies • Modify plans as needed • Work with other partners in plan implementation i.e. ISP team members, families, VR, other providers and the community. <i>Central Training: General ISP overview</i> <i>In-House: Client specific training is done at the assigned home.</i>	Central Training – F1		
			3M	3M	3M
V-15	Identify elements of the individualized planning.	List orally or in writing: <ul style="list-style-type: none"> • Services are organized around the unique needs of the individual • Individual is directly involved in planning process to the fullest extent possible • Services are flexible and responsive to identified individual needs <i>Training: General / In-House: Client specific training at the assigned home.</i>	Central Training – F1		
			3M	3M	3M
	MISSION and POLICIES		Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
M-3	Describe the mission and value statement of the organization. <i>Paraphrase orally or in writing.</i>		HR– F1		
			3M	3M	3M
	Describe “Weapons” policy. <i>Paraphrase orally or in writing.</i>		30d	30d	30d

State Operated Community Program

F-2 In-House Core Competencies

Safety, Health, Rights, Values, Mission

Requirements: Before working unassisted (*without experienced co-worker*)

In-House (F-2) Name: _____ **Position:** _____

Date of hire: _____ **Home assignment:** _____

SAFETY		Date	Staff Initials	Eval. Initial	
Competency	Demonstration				
S-2 SM	Locate emergency notification information including who is to be informed of an emergency, how, and in proper order.	When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals. <input type="checkbox"/> Missing client <input type="checkbox"/> Fire evacuation <input type="checkbox"/> Emergency evacuation <input type="checkbox"/> Natural disasters <input type="checkbox"/> Emergency notification information <i>(insert NA if not applicable)</i>	30d	30d	30d
S-3 SM & BVS2	Follow posted emergency evacuation procedures.	<ul style="list-style-type: none"> Identifies what is an emergency. Locate and follow posted evacuation plan. Locate emergency exits and safe areas. Notify appropriate agency and emergency personnel. 	30d	30d	30d
S-4 BVS2	Demonstrate appropriate methods of support and non-physical intervention for individuals. (Sign after OIS Certification)	<ul style="list-style-type: none"> Correctly identify situation as potentially harmful. Seek assistance from others, if needed Use appropriate body language, tone of voice, listening skills, redirection, etc. Follow prescribed procedures & protocols for individuals 	30d	30d	30d
S-7 BVS2	Use safe handling and storage techniques for chemicals and cleaners	<ul style="list-style-type: none"> State safe handling and storage procedures. Locate and present MSDS (Material Safety Data Sheets) as available. www.coastwidelabs.com 	30d	30d	30d
S-8 BVS2	Locate safety equipment. Present:	<input type="checkbox"/> First aid kit <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> PPE <input type="checkbox"/> Eye wash station <input type="checkbox"/> MSDS (if applicable)	30d	30d	30d
S-9 BVS2 (N)= nurse	Safely operate work environment equipment: <i>(insert NA if not applicable)</i> Demonstrated proper operation of equipment:	<input type="checkbox"/> Phones/faxes <input type="checkbox"/> Tie-downs <input type="checkbox"/> Lifts <input type="checkbox"/> Kitchen appliances <input type="checkbox"/> Lawn/garden tools <input type="checkbox"/> Power tools <input type="checkbox"/> Fire alarm shut of <input type="checkbox"/> Code /emergency alarms <input type="checkbox"/> Vehicles <input type="checkbox"/> Gas shut-off <input type="checkbox"/> Furnace/filter <input type="checkbox"/> Feeding pumps (N) <input type="checkbox"/> Panic buttons <input type="checkbox"/> Laundry room appliances <input type="checkbox"/> Generator <input type="checkbox"/> Medical equipment (e.g. Respiratory orientation) (N) <input type="checkbox"/> Water shut-off	30d	30d	30d

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
S-10 SM	Recommend/suggest environmental modifications:	Recommend and make suggested modifications to environment as required for individual's safety. <ul style="list-style-type: none"> • Identify dangerous areas and hazardous situations. • Properly place equipment and objects. 	3M	3M	3M
S-11 BVS2	Respond to emergency by acting to protect individuals and self from harm. (Sign after OIS Certification)	When presented with a hypothetical situation involving a person-to-person or person-to-property emergency, staff will: <ul style="list-style-type: none"> • Correctly identify situation as potentially harmful • Seek assistance from others, if needed • Use approved non-physical interventions • Use appropriate least restrictive techniques of physical interventions if non-physical interventions are ineffective • Complete required documentation • Debrief with appropriate personnel 	3M	3M	3M
S-12 BVS2	Properly respond to emergency situation (<i>fire, explosion, accident, or other emergency, including evacuation of individuals</i>) or drill to ensure safety of individuals and staff.	When presented with a hypothetical emergency situation, staff will: <ul style="list-style-type: none"> • Follow approved emergency procedures (as determined for location or individuals) • Provide necessary assistance to individuals. • Call for assistance as necessary • Report situation to appropriate personnel 	3M	3M	3M
S-13 SM	Identify and report potential safety hazards.	<ul style="list-style-type: none"> • Conduct safety check. • Report safety hazards to supervisor or other appropriate personnel. • Suggest modifications to environment. 	3M	3M	3M

	HEALTH		Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
H-1 BVS2*	Locate medical information for specific individuals.	Present appropriate information on individuals.	30d	30d	30d
H-2 BVS2*	Respond to specific medical and health concerns of individuals. (<i>eg., diet, exercise, seizures, diabetes, g-tube, allergies.</i>)	<ul style="list-style-type: none"> • Follow menu as developed. • Describe special dietary, seizure, and physical concerns of individuals. • Describe staff responsibility in dealing with those concerns. • Follow established procedures & protocols. • Document in medical progress notes. 	30d	30d	30d

*BVS2 when there is no nurse/client relationship.

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
H-3 BVS2	Provide personal care supports appropriate to needs of individuals (including use of adaptive equipment). Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, use of AFOs, (braces) etc. <input type="checkbox"/> Sidelyer <input type="checkbox"/> Wheelchair <input type="checkbox"/> Rocking bed <input type="checkbox"/> KAFO's <input type="checkbox"/> Crawligator <input type="checkbox"/> Other: _____	<input type="checkbox"/> Side cans <input type="checkbox"/> Gurney <input type="checkbox"/> Body brace <input type="checkbox"/> Hand splints <input type="checkbox"/> Walker <input type="checkbox"/> _____ <input type="checkbox"/> Lifts <input type="checkbox"/> Standers <input type="checkbox"/> AFO's <input type="checkbox"/> Hand cones <input type="checkbox"/> Wedges <input type="checkbox"/> _____	30d	30d	30d
H-4 BVS2	Use appropriate procedures / protocols for blood/ body fluids.	<ul style="list-style-type: none"> • Show locations for PPE. Demonstrate “Universal Precautions” for blood borne pathogens including use and disposal of gloves, disposal of contaminated clothing, cleaning and disinfecting, etc. 	30d	30d	30d
H-7 BVS2	Identify situations that require immediate medical intervention. (Sign after Med. Admin. Training)	<ul style="list-style-type: none"> • Identify methods individuals may use to indicate pain. • Identify symptoms of acute illness such as dehydration or constipation. • Seek medical assistance as needed. • Notify appropriate personnel. 	30d	30d	30d
H-8 BVS2	Describe individual's medication:	Describe individual's medication desired therapeutic effects and locate information about possible medication side affects. <ul style="list-style-type: none"> • Identify and locate written information about medications used by individuals being supported. • Indicate the effects and side effects that staff needs to monitor. 	3M	3M	3M
H-9 BVS2	Be specific in identifying the individual's illness symptom(s) or injuries:	<i>(e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)</i> <ul style="list-style-type: none"> • Observe and record changes in activity level, skin color, communication, etc. • Report changes to appropriate personnel. • Implement appropriate action to respond to situation. • Observe and respond appropriately specific changes as identified for individuals. 	3M	3M	3M

	RIGHTS	Date	Staff Initials	Eval. Initial
	Competency	Demonstration		
R-7 BVS2	Protect the rights of the individuals supported. <i>(Specific measures to be determined by organization.)</i> Demonstrate behavior that supports individuals in activities relating to:	3M	3M	3M
		<ul style="list-style-type: none"> • Involvement in decision making and community involvement • Control over finances, including earning and managing money • Choice of religion, work, clothes, friendships, etc. • The purchase and maintenance of personal possessions • Having privacy • Voting • Receiving information about rights, treatment, risks, records, • Being free from abuse and neglect. 		

State Operated Community Program

R-9 BVS2	Act to prevent abuse, neglect, and exploitation of individuals. Demonstrate methods to prevent abuse such as:	<ul style="list-style-type: none"> Identify events and circumstances that could bring about (i.e., responding to an aggressive situation) staff to be abusive. (self-awareness) Assess individuals' susceptibility to abuse, including self-abuse. Teach skills to decrease personal vulnerability. Follow any prevention plan in place through ISP or agency policy/protocol. 	3M	3M	3M
R-10 SM	Describe the role of the legal guardian. List at least two responsibilities of a legal guardian such as:	<ul style="list-style-type: none"> Provide consent on behalf of the ward (individual determined by the court to need a guardian) Assure the ward receives appropriate medical care and services Assure ward resides in least restrictive setting Provide for care, treatment, support, etc. as designated. 	3M	3M	3M

VALUES and PERSONAL REGARD			Date	Staff Initials	Eval. Initial
Competency	Demonstration				
V-1 BVS1	Locate personal information about individuals.	<ul style="list-style-type: none"> Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) 	30d	30d	30d
V-9 BVS1	Demonstrate behaviors that increase opportunities and individual's ability to make choices.	Measures to be determined based on preferences and needs of individuals being supported, i.e.: <ul style="list-style-type: none"> Involve individuals in decision making Presents opportunities for choice in daily activities (such as meal preparation, budget, clothing, break-time activities) Facilitates and respects communication of individuals 	3M	3M	3M
V-10 BVS1	Demonstrate behaviors that increase independence and functional skill levels of individuals.	Measures to be determined based on preferences and needs of individuals being supported. <ul style="list-style-type: none"> Presents choices in everyday activities Encourages use of demonstrated skills in all activities 	3M	3M	3M
V-11 BVS1	Demonstrate behaviors that increase productivity of individuals.	<ul style="list-style-type: none"> Promote involvement of individual in household and environmental duties. Support individuals in activities that are seen as a contribution to their community/general society. 	3M	3M	3M
V-12 BVS1	Participate in activities & processes to support com. integration for individuals	Measures to be determined by organization e.g.: <ul style="list-style-type: none"> Supports individuals in community activities as directed in ISP Supports individuals in a variety of desired communities 	3M	3M	3M
V-13 BVS1 BVS2	Central Training: General ISP overview. In-House: Client specific training at assigned home <u>(See client specific check boxes V-14)</u> Describe the purpose and basic components of the ISP and staff role in its implementations. Identify key factors such as: <ul style="list-style-type: none"> Assess interests and support needs of individual Determine goals & objectives required to meet needs Identify strategies for achieving goals Collect pertinent information about achieving those goals Evaluate effectiveness of service plans and support strategies Modify plans as needed Work with other partners in plan implementation i.e. ISP team members, families, VR, other providers and the community. 		3M	3M	3M

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial																																
V-14 BVS1 BVS2 NURSE	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> • Carry out the program plan as written • Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. 	3M	3M	3M																																
Client initials: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Financial plan (2)</td> <td style="width: 25%;"><input type="checkbox"/> ISP (1)</td> <td style="width: 25%;"><input type="checkbox"/> Nursing care plan (N)</td> <td style="width: 25%;"><input type="checkbox"/> Dehydration protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Voc/Day plan (1)</td> <td><input type="checkbox"/> PFW (1)</td> <td><input type="checkbox"/> Aspiration protocol (2)</td> <td><input type="checkbox"/> Seizure protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Safety Plans DHS 4614 H & W (1)</td> <td><input type="checkbox"/> Constipation protocol (2)</td> <td><input type="checkbox"/> Action plan (1)</td> <td><input type="checkbox"/> Interaction Guidelines (2)</td> </tr> <tr> <td><input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)</td> <td><input type="checkbox"/> Good Day Plan (2)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)	<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)	<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)	<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)			<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)																																		
<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)																																		
<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)																																		
<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)																																				
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
Client initials: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Financial plan (2)</td> <td style="width: 25%;"><input type="checkbox"/> ISP (1)</td> <td style="width: 25%;"><input type="checkbox"/> Nursing care plan (N)</td> <td style="width: 25%;"><input type="checkbox"/> Dehydration protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Voc/Day plan (1)</td> <td><input type="checkbox"/> PFW (1)</td> <td><input type="checkbox"/> Aspiration protocol (2)</td> <td><input type="checkbox"/> Seizure protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Safety Plans DHS 4614 H & W (1)</td> <td><input type="checkbox"/> Constipation protocol (2)</td> <td><input type="checkbox"/> Action plan (1)</td> <td><input type="checkbox"/> Interaction Guidelines (2)</td> </tr> <tr> <td><input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)</td> <td><input type="checkbox"/> Good Day Plan (2)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)	<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)	<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)	<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)			<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)																																		
<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)																																		
<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)																																		
<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)																																				
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
Client initials: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Financial plan (2)</td> <td style="width: 25%;"><input type="checkbox"/> ISP (1)</td> <td style="width: 25%;"><input type="checkbox"/> Nursing care plan (N)</td> <td style="width: 25%;"><input type="checkbox"/> Dehydration protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Voc/Day plan (1)</td> <td><input type="checkbox"/> PFW (1)</td> <td><input type="checkbox"/> Aspiration protocol (2)</td> <td><input type="checkbox"/> Seizure protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Safety Plans DHS 4614 H & W (1)</td> <td><input type="checkbox"/> Constipation protocol (2)</td> <td><input type="checkbox"/> Action plan (1)</td> <td><input type="checkbox"/> Interaction Guidelines (2)</td> </tr> <tr> <td><input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)</td> <td><input type="checkbox"/> Good Day Plan (2)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)	<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)	<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)	<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)			<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)																																		
<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)																																		
<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)																																		
<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)																																				
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
Client initials: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Financial plan (2)</td> <td style="width: 25%;"><input type="checkbox"/> ISP (1)</td> <td style="width: 25%;"><input type="checkbox"/> Nursing care plan (N)</td> <td style="width: 25%;"><input type="checkbox"/> Dehydration protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Voc/Day plan (1)</td> <td><input type="checkbox"/> PFW (1)</td> <td><input type="checkbox"/> Aspiration protocol (2)</td> <td><input type="checkbox"/> Seizure protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Safety Plans DHS 4614 H & W (1)</td> <td><input type="checkbox"/> Constipation protocol (2)</td> <td><input type="checkbox"/> Action plan (1)</td> <td><input type="checkbox"/> Interaction Guidelines (2)</td> </tr> <tr> <td><input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)</td> <td><input type="checkbox"/> Good Day Plan (2)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)	<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)	<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)	<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)			<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)																																		
<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)																																		
<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)																																		
<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)																																				
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
Client initials: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Financial plan (2)</td> <td style="width: 25%;"><input type="checkbox"/> ISP (1)</td> <td style="width: 25%;"><input type="checkbox"/> Nursing care plan (N)</td> <td style="width: 25%;"><input type="checkbox"/> Dehydration protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Voc/Day plan (1)</td> <td><input type="checkbox"/> PFW (1)</td> <td><input type="checkbox"/> Aspiration protocol (2)</td> <td><input type="checkbox"/> Seizure protocol (2)</td> </tr> <tr> <td><input type="checkbox"/> Safety Plans DHS 4614 H & W (1)</td> <td><input type="checkbox"/> Constipation protocol (2)</td> <td><input type="checkbox"/> Action plan (1)</td> <td><input type="checkbox"/> Interaction Guidelines (2)</td> </tr> <tr> <td><input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)</td> <td><input type="checkbox"/> Good Day Plan (2)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)	<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)	<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)	<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)			<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Financial plan (2)	<input type="checkbox"/> ISP (1)	<input type="checkbox"/> Nursing care plan (N)	<input type="checkbox"/> Dehydration protocol (2)																																		
<input type="checkbox"/> Voc/Day plan (1)	<input type="checkbox"/> PFW (1)	<input type="checkbox"/> Aspiration protocol (2)	<input type="checkbox"/> Seizure protocol (2)																																		
<input type="checkbox"/> Safety Plans DHS 4614 H & W (1)	<input type="checkbox"/> Constipation protocol (2)	<input type="checkbox"/> Action plan (1)	<input type="checkbox"/> Interaction Guidelines (2)																																		
<input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2)	<input type="checkbox"/> Good Day Plan (2)																																				
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					
<input type="checkbox"/> Other: _____																																					

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-15 BVS1 BVS2	<p>Central Training: General ISP overview. In-House: Client specific training at assigned home (<u>See client specific check boxes V-14</u>)</p> <p>Identify elements of the individualized planning. List orally or in writing:</p> <ul style="list-style-type: none"> • Services are organized around the unique needs of the individual • Individual is directly involved in planning process to the fullest extent possible • Services are flexible and responsive to identified individual needs 		3M	3M	3M
V-16 BVS1	Encourage the participation of individuals in preferred activities.	<p>Staff will:</p> <ul style="list-style-type: none"> • Determine individual’s preferences • Support the scheduling of preferred activities • Structure activity to allow for as much participation as possible • Assure proper materials and equipment are available for activities • Connect the individual to community resources. 	3M	3M	3M
V-17 BVS2	Demonstrate effective communication skills and strategies with individuals being supported.	<p>Measures to be based on communication strengths and needs of individuals being supported. Suggestions include:</p> <ul style="list-style-type: none"> • Make recommendation on how to improve effective communication • Structure activities to promote interaction • Recognize and respond to various forms of communication, spoken and unspoken • Respond to individual’s level of communication 	3M	3M	3M
V-18 BVS1 BVS2	Describe key information and events for individuals being supported.	<p>List orally (or in writing) the following information:</p> <p>Background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics</p>	3M	3M	3M

	MISSION and POLICIES		Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
M-1 SM	Locate the mission and value statement of the organization.		30d	30d	30d
M-2 BVS2	<p>Locate organization’s Policy and Procedure notebook and show ability to find policies by use of the table of contents: policies, procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration.</p> <p><i>Policies will be reviewed in NEO and Medication Administration training.</i></p>		30d	30d	30d
M-3 SM	<p>Describe the mission and value statement of the organization.</p> <p><i>Paraphrase orally or in writing:</i></p>		3M	3M	3M
SM	Describe “Weapons” policy. <i>Paraphrase orally or in writing.</i>		30d	30d	30d

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
M-4 BVS1 BVS2	Correctly complete all required documentation according to agency policies and procedures (i.e., correct content, within timelines, sent to correct individuals, etc.) <input type="checkbox"/> Daily Log (BVS2) <input type="checkbox"/> IRs (DHS 4595) (BVS2)		3M	3M	3M
M-5 SM	Locate site copy of applicable Oregon Administrative Rules (OARs). Present appropriate OARS upon request. Oregon Administrative Rules (OAR) 411-325: 24-Hour Residential Services http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html Oregon Administrative Rules (OAR) 411-345: VOC http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340 Oregon Revised Statutes (ORS): http://www.leg.state.or.us/ors/ SOCP Policies and Procedures: http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html		3M	3M	3M

	Policy Transmittals / Memorandums	Date	Staff Initials	Eval. Initial
	Review with new staff			
SM	<p>2008_12_22_Employee Restroom Breaks</p> <p>2009_12_18_ SOCP Smoking Policy (IM)</p> <p>2010_04_15_911 Emergency Services Guidelines (PT)</p> <p>2010__05_18__Hep B / Post exposure Guidelines (IM) (and 2010_06_11)</p> <p>2010_06_16_Employee Found Sleeping Abuse 2.006 (PT)</p> <p>2010_06_21_3.006 Client Money / Shift Spending Log (PT)</p> <p>2010_10_11_Guardianship / Food Handling (IM)</p>			

State Operated Community Program

In-House training duties / responsibilities

Site Managers (SM)	BVS1	BVS2	24-Hour Nurses
<ul style="list-style-type: none"> ■ Overtime ■ 911 Emergency Services Guidelines * ■ Code of Conduct * ■ Cell Phone Usage * ■ Dress Code * ■ House Rules * ■ Memo's/Alerts/Transmittals ■ FMLA ■ Mandatory Reporting/Abuse* ■ House Finances/Petty Cash ■ On-call/Call-ins ■ Shopping Groceries/Menus ■ Core Values ■ Time Capture/Schedule ■ Archiving ■ Incident Reporting (DHS 4595) ■ Agency policies/procedures ■ Emergency Book ■ Core Comps (DHS 4585) ■ Client Finances ■ SAIF / forms / Emp. Accd. ■ POLST policy * (DHS 4672) 	<ul style="list-style-type: none"> ■ Voc Payroll Data ■ Client Schedules and Client Daily Planner (DHS 4587) ■ Task Analysis (Tool) /Self admin. ■ Safety Plan (DHS 4614 H & W) ■ CORE Comps (DHS 4585) ■ Voc Fire Drill (DHS 4637H & V) ■ Change Forms (DHS 4591) ■ Job Procedures (TOOL) ■ New Voc Worksite Orientation ■ New Client Transfers ■ PFW (OTAC) ■ Discussion Record (OTAC) ■ Employment Evaluation (TOOL) ■ Individual Summary Sheet (ORS) ■ Interest Survey (Tool) ■ Lifestyle assessment (Tool) ■ Ind. Support Plan (ISP) Doc. 	<ul style="list-style-type: none"> ■ Van, trailer and vehicle training ■ ISP/Support Doc's/ Protocols/ Health List ■ SAIF / Earthquake Plan (April) ■ Fire Extinguishers *(add dates) ■ FA/BSP Blended Plan (DHS 4588) ■ Good Day Plan (DHS 4588) ■ Interaction guidelines (DHS 4588) ■ OIS Oversight ■ CORE Comps (DHS 4585) ■ Medication Follow-up/Grn sheet ■ New Client Transfers ■ Medical/Psychiatric appts. ■ Incident Reporting (DHS 4595) ■ Outing Log (DHS 4628) ■ Daily Log (DHS 4629) ■ Behavior Discuss/Action Plan ■ Positioning, Lifting ■ Staff alerts ■ Universal Precautions * ■ Hep B / Bite Protocols 	<ul style="list-style-type: none"> ■ Nursing Care Plans ■ ISP Protocols/Support Doc's/Health List ■ Range of Motion (ROM) ■ Oral feeding/Stimulation (GTube) Nurse/Client relationship specifics: <ul style="list-style-type: none"> <input type="checkbox"/> Constipation <input type="checkbox"/> Dehydration <input type="checkbox"/> Aspiration <input type="checkbox"/> Seizures <input type="checkbox"/> Hypertension <input type="checkbox"/> Epi pen <input type="checkbox"/> Glucagon protocol <input type="checkbox"/> CPAP, BIPAP care <input type="checkbox"/> Insulin administration <input type="checkbox"/> Diabetic protocol <input type="checkbox"/> Inhaler use/nebulizers <input type="checkbox"/> Blood Glucose monitoring <input type="checkbox"/> Other:

*Trained annually - items are trained annually and/or are contained in the "Annual Mandatory Forms packet" materials. Packet contains Employee Tracking Record (SM returns to Central Office) and Employee Emergency Information (SM keeps at the house.)

State Operated Community Program

Transfer Core Competencies

Safety, Health, Rights, Values, Mission

Requirements: Before working unassisted (*without experienced co-worker*)

Transfer Name: _____ Position: _____

Date of transfer: _____ House (site): _____

Evaluator(s): _____

SAFETY		Date	Staff Initials	Eval. Initial	
Competency	Demonstration				
S-2 SM	Locate emergency notification information including who is to be informed of an emergency, how, and in proper order.	When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals. <input type="checkbox"/> Missing client <input type="checkbox"/> Fire evacuation <input type="checkbox"/> Emergency evacuation <input type="checkbox"/> Natural disasters <input type="checkbox"/> Emergency notification information <i>(insert NA if not applicable)</i>	30d	30d	30d
S-3 SM & BVS2	Follow posted emergency evacuation procedures.	<ul style="list-style-type: none"> Identifies what is an emergency. Locate and follow posted evacuation plan. Locate emergency exits and safe areas. Notify appropriate agency and emergency personnel. 	30d	30d	30d
S-7 BVS2	Use safe handling and storage techniques for chemicals and cleaners	<ul style="list-style-type: none"> State safe handling and storage procedures. Locate and present MSDS (Material Safety Data Sheets) as available. www.coastwidelabs.com 	30d	30d	30d
S-8 BVS2	Locate safety equipment. Present:	<input type="checkbox"/> First aid kit <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Eye wash station <input type="checkbox"/> MSDS (if applicable)	30d	30d	30d
S-9 BVS2 (N)= nurse	Safely operate work environment equipment: <i>(insert NA if not applicable)</i> Demonstrated proper operation of equipment: <input type="checkbox"/> Phones/faxes <input type="checkbox"/> Tie-downs <input type="checkbox"/> Lifts <input type="checkbox"/> Kitchen appliances <input type="checkbox"/> Lawn/garden tools <input type="checkbox"/> Power tools <input type="checkbox"/> Fire alarm shut of <input type="checkbox"/> Code /emergency alarms <input type="checkbox"/> Vehicles <input type="checkbox"/> Gas shut-off <input type="checkbox"/> Furnace/filter <input type="checkbox"/> Feeding pumps (N) <input type="checkbox"/> Panic buttons <input type="checkbox"/> Laundry room appliances <input type="checkbox"/> Generator <input type="checkbox"/> Medical equipment (e.g. Respiratory orientation) (N) <input type="checkbox"/> Water shut-off	30d	30d	30d	
S-10 SM	Recommend/suggest environmental modifications:	Recommend and make suggested modifications to environment as required for individual's safety. <ul style="list-style-type: none"> Identify dangerous areas & hazardous situations. Properly place equipment and objects. 	3M	3M	3M

State Operated Community Program

	HEALTH		Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
H-1 BVS2*	Locate medical information for specific individuals.	Present appropriate information on individuals. *NOTE: BVS2 when there is no nurse/client relationship.	30d	30d	30d
H-2 BVS2*	Respond to specific medical and health concerns of individuals. (eg., diet, exercise, seizures, diabetes, g-tube, allergies.)	<ul style="list-style-type: none"> • Follow menu as developed. • Describe special dietary, seizure, and physical concerns of individuals. • Describe staff responsibility in dealing with those concerns. • Follow established procedures and protocols. • Document in medical progress notes. 	30d	30d	30d
H-3 BVS2	Provide personal care supports appropriate to needs of individuals.	(Included use of adaptive equipment). Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, etc.	30d	30d	30d
H-6 BVS2 Nurse	Demonstrate appropriate medication administration and documentation.	<ul style="list-style-type: none"> • Verify physician's order. • Follow organizations approved medication administration procedures. • Administer meds according to individual's Physician's Order Sheet. • Complete required documentation. 	30d	30d	30d
H-7 BVS2	Identify situations that require immediate medical intervention.	<ul style="list-style-type: none"> • Identify methods individuals may use to indicate pain. • Identify symptoms of acute illness such as dehydration or constipation. • Seek medical assistance as needed. • Notify appropriate personnel. 	30d	30d	30d
H-8 BVS2	Describe the desired therapeutic effects and locate information about possible side effects of medications being used by individuals.	<ul style="list-style-type: none"> • Identify and locate written information about medications used by individuals being supported. • Indicate the effects and side effects that staff needs to monitor. 	30d	30d	30d
H-9 BVS2	Identify symptoms of illness or injury for individuals being supported (e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)	<ul style="list-style-type: none"> • Observe and record changes in activity level, skin color, communication, etc. • Report changes to appropriate personnel. • Implement appropriate action to respond to situation. • Observe and respond appropriately specific changes as identified for individuals. 	30d	30d	30d

*BVS2 when there is no nurse/client relationship.

State Operated Community Program

RIGHTS			Date	Staff Initials	Eval. Initial
Competency		Demonstration			
R-9 BVS2	Act to prevent abuse, neglect, and exploitation of individuals.	Demonstrate methods to prevent abuse such as: <ul style="list-style-type: none"> Identify events and circumstances that could bring about (i.e., responding to an aggressive situation) staff to be abusive. (self-awareness) Assess individuals' susceptibility to abuse, including self-abuse. Teach skills to decrease personal vulnerability. Follow any prevention plan in place through ISP or agency policy/protocol. 	3M	3M	3M

VALUES and PERSONAL REGARD			Date	Staff Initials	Eval. Initial
Competency		Demonstration			
V-1 BVS1	Locate personal information about individuals.	<ul style="list-style-type: none"> Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) 	30d	30d	30d
V-12 BVS1	Participate in activities and processes that support community integration for individuals	Measures to be determined by organization e.g.: <ul style="list-style-type: none"> Supports individuals in community activities as directed in ISP Supports individuals in a variety of desired communities 	3M	3M	3M
V-13 BVS1 BVS2	Describe the purpose and basic components of the ISP and staff role in its implementations. Identify key factors such as:	<ul style="list-style-type: none"> Assess interests and support needs of individual Assess interests and support needs of individual Determine goals & objectives required to meet needs Identify strategies for achieving goals Collect pertinent information about achieving those goals Evaluate effectiveness of service plans and support strategies Modify plans as needed Work with other partners in plan implementation i.e. members, families, VR, other providers and the community. 	30d	30d	30d
V-14 BVS1 BVS2	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> Carry out the program plan as written Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. <i>(SEE NEXT PAGE for client specific information)</i>	3M	3M	3M
V-15 BVS1 BVS2	Identify elements of the individualized planning. (NEO)	List orally or in writing: <ul style="list-style-type: none"> Services are organized around the unique needs of the individual Individual is directly involved in planning process to the fullest extent possible Services are flexible and responsive to identified individual needs 	3M	3M	3M

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-16 BVS1	Encourage the participation of individuals in preferred activities. Staff will:	<ul style="list-style-type: none"> • Determine individual's preferences • Support the scheduling of preferred activities • Structure activity to allow for as much participation as possible • Assure proper materials and equipment are available for activities • Connect the individual to community resources. 	30d	30d	30d
V-18 BVS1 BVS2	Describe key information and events for individuals being supported.	List orally (or in writing) the following information: Background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics	30d	30d	30d

MISSION and POLICIES			Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
M-2 BVS2	Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration.	Locate the Policy and Procedure notebook and show ability to find policies using the table of contents, etc. Policies will actually be reviewed in NEO and Medication Administration training.	30d	30d	30d
M-5 SM	Locate site copy of applicable Oregon Administrative Rules (OARs).	Present appropriate OARS upon request. OAR 411-325: 24-Hour Residential Services http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html OAR 411-345: VOC http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340 SOCP Policies and Procedures: http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html	3M	3M	3M

State Operated Community Program

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-14 BVS1 BVS2 NURSE	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> • Carry out the program plan as written • Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. 	3M	3M	3M
Client initials: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
Client initials: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
Client initials: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
Client initials: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
Client initials: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				

State Operated Community Program

State Operated Community Program

Core Competencies: Safety, Health, Rights, Values, Mission

Requirements: Before working unassisted (*without experienced co-worker*)

■ Central Training (F-1) ◆ In-House (F-2) ● Transfer

Employee copy Name: _____*For employee reference and tracking purposes. Keep track and attend required trainings.*

SAFETY 1 - 14			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
Competency		Demonstration			
S-1 ■	Obtain First Aid and CPR certification. (AHA)	Present current certification card from qualified first aid and CPR training.	Central Training – F1		
			30d	30d	30d
S-2 ◆●	Locate emergency notification information including who is to be informed of an emergency, how, and in proper order.	When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals. <input type="checkbox"/> Missing client <input type="checkbox"/> Fire evacuation <input type="checkbox"/> Emergency evacuation <input type="checkbox"/> Natural disasters <input type="checkbox"/> Emergency notification information	30d	30d	30d
S-3 ◆	Follow posted emergency evacuation procedures.	<ul style="list-style-type: none"> Identifies what is an emergency. Locate and follow posted evacuation plan. Locate emergency exits and safe areas. Notify appropriate agency and emergency personnel. 	30d	30d	30d
S-4 ◆●	Demonstrate appropriate methods of support and non-physical intervention for individuals. (Sign after OIS Certification)	<ul style="list-style-type: none"> Correctly identify situation as potentially harmful. Seek assistance from others, if needed Use appropriate body language, tone of voice, listening skills, redirection, etc. Follow prescribed procedures & protocols for individuals 	30d	30d	30d
S-5 ■	Lift or transfer an individual or material using recognized safe body mechanics. (Lifting Safely Curriculum)	Follow general or individualized protocols such as: <ul style="list-style-type: none"> Use proper body mechanics Keep back straight Bend at the knees Lift using legs Use assistive lifting devices (such as back belts) 	Central Training – F1		
			30d	30d	30d
S-6 ■	Complete documentation required for incident and accident reporting process. (NEO & OIS)	<ul style="list-style-type: none"> Correctly identify situation as an incident. Notify appropriate personnel, as per approved procedures. Complete and submit form through appropriate channels. 	Central Training – F1		
			30d	30d	30d
S-7 ◆	Use safe handling and storage techniques for chemicals and cleaners	<ul style="list-style-type: none"> State safe handling and storage procedures. Locate and present MSDS (Material Safety Data Sheets) as available. www.coastwidelabs.com	30d	30d	30d

SAFETY (continued 8 - 14)		Date Trained Initials	Date Demonstrated Initials	Eval. Initial			
Competency	Demonstration						
S-8 ◆●	Locate safety equipment. Present:	<input type="checkbox"/> First aid kit <input type="checkbox"/> Eye wash station	<input type="checkbox"/> Fire extinguisher <input type="checkbox"/> MSDS (if applicable)	30d	30d	30d	
S-9 ◆●	Safely operate work environment equipment: <i>(insert NA if not applicable)</i> Demonstrated proper operation of equipment:	<input type="checkbox"/> Phones/faxes <input type="checkbox"/> Kitchen appliances <input type="checkbox"/> Fire alarm shut of <input type="checkbox"/> Gas shut-off <input type="checkbox"/> Panic buttons <input type="checkbox"/> Medical equipment (e.g. Respiratory orientation)	<input type="checkbox"/> Tie-downs <input type="checkbox"/> Lawn/garden tools <input type="checkbox"/> Code /emergency alarms <input type="checkbox"/> Furnace/filter <input type="checkbox"/> Laundry room appliances	<input type="checkbox"/> Lifts <input type="checkbox"/> Power tools <input type="checkbox"/> Vehicles <input type="checkbox"/> Feeding pumps <input type="checkbox"/> Generator <input type="checkbox"/> Water shut-off	30d	30d	30d
S-10	Recommend/suggest environmental modifications:	Recommend and make suggested modifications to environment as required for individual's safety. • Identify dangerous areas & hazardous situations. • Properly place equipment and objects.		3M	3M	3M	
S-11 ◆	Utilizes the appropriate proactive, reactive and crisis strategies to support and protect the individual, peers and self from harm (Sign after OIS Certification)	When presented with a hypothetical situation involving a person-to-person or person-to-property emergency, staff will: • Correctly identify situation as potentially harmful • Seek assistance from others, if needed • Use approved non-physical interventions • Use appropriate least restrictive techniques of physical interventions if non-physical interventions are ineffective • Complete required documentation • Debrief with appropriate personnel		3M	3M	3M	
S-12 ◆	Properly respond to emergency situation (<i>fire, explosion, accident, or other emergency, including evacuation of individuals</i>) or drill to ensure safety of individuals and staff.	When presented with a hypothetical emergency situation, staff will: • Follow approved emergency procedures (as determined for location or individuals) • Provide necessary assistance to individuals. • Call for assistance as necessary • Report situation to appropriate personnel		3M	3M	3M	
S-13 ◆	Identify and report potential safety hazards.	• Conduct safety check. • Report safety hazards to supervisor or other appropriate personnel. • Suggest modifications to environment.		3M	3M	3M	
S-14 ◆◆	Use safe handling procedures when handling, preparing and storing food.	• Use appropriate handling procedures (e.g., clean area/utensils) • Prepare food safely (hot foods hot, cold foods cold, etc.) • Use appropriate storage techniques (e.g. clean containers, label and date contents)		3M	3M	3M	

HEALTH 1 - 9		Date Trained Initials	Date Demonstrated Initials	Eval. Initial	
Competency	Demonstration				
H-1 ◆●	Locate medical information for specific individuals.	Present appropriate information on individuals.	30d	30d	30d
H-2 ◆●	Respond to specific medical and health concerns of individuals. (<i>eg., diet, exercise, seizures, diabetes, g-tube, allergies.</i>)	<ul style="list-style-type: none"> Follow menu as developed. Describe special dietary, seizure, and physical concerns of individuals. Describe staff responsibility in dealing with those concerns. Follow established procedures and protocols. Document in medical progress notes. 	30d	30d	30d
H-3 ◆●	Provide personal care supports appropriate to needs of individuals (including use of adaptive equipment). Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, use of AFOs, (braces) etc. <input type="checkbox"/> Sidelyer <input type="checkbox"/> Side cans <input type="checkbox"/> Lifts <input type="checkbox"/> Wheelchair <input type="checkbox"/> Gurney <input type="checkbox"/> Standers <input type="checkbox"/> Rocking bed <input type="checkbox"/> Body brace <input type="checkbox"/> AFO's <input type="checkbox"/> KAFO's <input type="checkbox"/> Hand splints <input type="checkbox"/> Hand cones <input type="checkbox"/> Crawligator <input type="checkbox"/> Walker <input type="checkbox"/> Wedges <input type="checkbox"/> Other		30d	30d	30d
H-4 ◆	Use appropriate procedures / protocols for blood/ body fluids.	<ul style="list-style-type: none"> Show locations for PPE. Describe "Universal Precautions" for blood borne pathogens including use and disposal of gloves, disposal of contaminated clothing, cleaning and disinfecting, etc. 	30d	30d	30d
H-5 ■	Use appropriate infection control techniques. (AHA)	<ul style="list-style-type: none"> Describe proper hand washing procedures. Describe approved isolation techniques. Describe proper use: antibacterial surface cleaning agent 	Central Training – F1		
			30d	30d	30d
H-6 ■◆●	Demonstrate appropriate medication administration and documentation. (Sign after Med. Admin. Training)	<ul style="list-style-type: none"> Verify physician's order. Follow organizations approved medication administration procedures. Administer meds according to individual's Physician's Order Sheet. Complete required documentation. 	Nurse – F1		
			30d	30d	30d
H-7 ◆●	Identify situations that require immediate medical intervention.	<ul style="list-style-type: none"> Identify methods individuals may use to indicate pain. Identify symptoms of acute illness such as dehydration or constipation. Seek medical assistance as needed. Notify appropriate personnel. 	30d	30d	30d
H-8 ◆●	Describe the desired therapeutic effects and locate information about possible side effects of medications being used by individuals.	<ul style="list-style-type: none"> Identify and locate written information about medications used by individuals being supported. Indicate the effects and side effects that staff needs to monitor. 	3M	3M	3M
H-9 ◆●	Be specific in identifying the individual's illness symptom(s) or injuries: (<i>e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.</i>)	<ul style="list-style-type: none"> Observe and record changes in activity level, skin color, communication, etc. Report changes to appropriate personnel. Implement appropriate action to respond to situation. Observe and respond appropriately specific changes as identified for individuals. 	3M	3M	3M

RIGHTS 1 -10		Date Trained Initials	Date Demonstrated Initials	Eval. Initial
Competency	Demonstration	Central Training – F1		
R-1 ■	Identify basic civil and human rights are held by all individuals regardless of ability. (OIS)	Indicate that consumers and staff have the same rights unless restricted through court action (such as guardianship).		
		30d	30d	30d
R-2 ■●	Identify additional rights of people with developmental disabilities who receive service from ODDS. List (orally or in writing) at least 5 rights of individual receiving services (OIS)	As defined in OAR 309-49-150 such as: <ul style="list-style-type: none"> • Adequate food, housing, clothing, medical care, training • Visits to and from family, friends, advocates • Confidential communication • Control and freedom re: personal property • Privacy • Protection from abuse and neglect • Expression of sexuality • Access to community resources • Transfer within program • Choice and ownership of personal affairs • Appropriate services • Consent to or refuse treatment • Choice to participate in community activities 		
		30d	30d	30d
R-3 ■	Identify examples of abuse, neglect; and state the mandatory reporting requirements and process. (NEO) DHS4624A (Adults) DHS 4624C (Children) Mandatory Reporting Letter	List orally (or in writing) 5 items from definition of abuse as defined in OAR 411-325-20 such as: <ul style="list-style-type: none"> • Physical assault such as hitting, kicking • Neglect of care including medication, medical care, clothing, personal grooming • Denying meals, clothing or aids to physical functions • Use of derogatory names, ridicule, coercion, threats, cursing, intimidation • Sexual exploitation • Restrictions on individual freedom by seclusion • Use of restraints without physician’s order • Financial exploitation • Punishment of one individual by another • Implied/direct threat of termination of residential services 		
		30d	30d	30d
R-4 ■	Identify right of consumer confidentiality and state examples of violation of confidentiality.	List orally or in writing at least two examples of confidentiality such as: (NEO) All individuals’ records are confidential except as otherwise <ul style="list-style-type: none"> • Indicated by applicable rule or law • Individuals have access to own records • Individual can authorize release of records 		
		30d	30d	30d
R-5 ■	Locate organization’s grievance/complaints procedure for individuals supported and for the organization’s employees. (NEO – Slide #41)	Locate organization’s grievance/complaints procedures for individuals supported and for the organization’s employees. If you feel you have been treated unfairly you are encouraged to discuss and resolve the situation with your supervisor or HR. Temporary employee’s with the Employee Relations Board. http://www.dhs.state.or.us/spd/tools/dd/afscme0709.pdf		
		30d	30d	30d

RIGHTS (continued 6 – 10)			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
	Competency	Demonstration			
R-6 ■	Identify actions defined as sexual harassment. List orally (or in writing) examples such as: (NEO)	<ul style="list-style-type: none"> • Offer enticements in exchange for sexual favors • Unwelcome sexual advancements • Verbal, graphic or physical conduct of a sexual nature which creates an offensive work environment 	HR – F1		
			3M	3M	3M
R-7 ◆	Protect the rights of the individuals supported. <i>(Specific measures to be determined by organization.)</i> Demonstrate behavior that supports individuals in activities relating to:	<ul style="list-style-type: none"> • Involvement in decision making and community involvement • Control over finances, including earning and managing money • Choice of religion, work, clothes, friendships, etc. • The purchase and maintenance of personal possessions • Having privacy • Receiving information about rights, treatment, risks, records • Being free from abuse & neglect. • Voting 	3M	3M	3M
R-8 ■	Respect confidentiality. <i>(Specific measures to be determined by organization.)</i> Demonstrate behavior that supports individuals: (NEO)	<ul style="list-style-type: none"> • Keep medical, financial, and personal information private • Privacy when communicating by phone or mail • Appropriate disclosure of individual information (i.e., consent, HIPPA) • Refrains from “gossiping” 	HR – F1		
			3M	3M	3M
R-9 ◆●	Act to prevent abuse, neglect, and exploitation of individuals Demonstrate methods to prevent abuse such as: .	<ul style="list-style-type: none"> • Identify events and circumstances that could bring about (i.e., responding to an aggressive situation) staff to be abusive. (self-awareness) • Assess individuals’ susceptibility to abuse, including self-abuse. • Teach skills to decrease personal vulnerability. • Follow any prevention plan in place through ISP or agency policy/protocol. 	3M	3M	3M
R-10 ◆	Describe the role of the legal guardian. List orally (or in writing) at least two responsibilities of a legal guardian such as:	<ul style="list-style-type: none"> • Provide consent on behalf of the ward (individual determined by the court to need a guardian) • Assure the ward receives appropriate medical care and services • Assure ward resides in least restrictive setting • Provide for care, treatment, support, etc. as designated. 	3M	3M	3M

Oregon Department of Human Services – Core Values

Integrity: We maintain the highest standards of individual and institutional integrity.

Stewardship: Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this stewardship of the public trust.

Responsibility: We take responsibility for our actions.

Respect: We respect the dignity and the diversity of our colleagues, communities and people we assist.

Professionalism: We maintain the highest standards of professionalism.

VALUES & PERSONAL REGARD 1 -18			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
Competency	Demonstration				
V-1 ◆●	Locate personal information about individuals.	<ul style="list-style-type: none"> Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) 	30d	30d	30d
V-2 ■	Demonstrate behavior that indicates respect and courteousness to individuals being supported. (OIS)	<ul style="list-style-type: none"> Use eye contact (as appropriate). Address people by name. Talk to people rather than about them. Don't patronize or talk down to people. Listen and respond with empathy. Identify how staff's own moods, attitudes and actions impact supported individuals. 	Central Training - F1		
			30d	30d	30d
V-3 ■	Use people first language in interactions with staff and individuals (OIS)	<ul style="list-style-type: none"> Speak of person first then the disability (if necessary). Emphasize abilities, not limitations. Do not label people as part of a disability group. Encourage person to speak for him/herself. 	Central Training - F1		
			30d	30d	30d
V-4 ■	Describe the importance of providing choices to individuals with disabilities. State orally (or in writing) concepts such as: (OIS)	<ul style="list-style-type: none"> Choice as basic need and protected right Importance of having options Importance of choice in achieving independence & integration Importance of choice in selecting goals & objectives Importance of providing opportunities for choices in daily activities(i.e., foods, work, leisure activities) 	Central Training - F1		
			30d	30d	30d
V-5 ■	Describe the importance of supporting independence for individuals State orally (or in writing) concepts such as: (OIS)	<ul style="list-style-type: none"> Individuals must have control over their own lives. Independence does not necessarily mean doing things alone or without the support of others. A person's level of dependence on the support of others is not an indication of individual worth or value. 	Central Training - F1		
			30d	30d	30d
V-6 ■	Describe the importance of supporting productivity for individuals. State orally (or in writing) concepts such as: (OIS)	<ul style="list-style-type: none"> Right to engage in income-producing work Value of income level, employment status, and job advancement Value of sharing talent that contributes to a household or Community Productive time spent in alternatives to employment 	Central Training - F1		
			30d	30d	30d

VALUES & PERSONAL REGARD <i>(continued 7 – 12)</i>			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
	Competency	Demonstration	Central Training – F1		
V-7 ■	Describe the importance of supporting individuals in community activities. State orally (or in writing) concepts such as: (OIS)	<ul style="list-style-type: none"> • Use by all people of common community resources • Participation common community activities • Adequate transportation and accessibility to community resources • Community based employment or alternatives to employment • Regular contact with other citizens in their communities 	30d	30d	30d
V-8 ■	Use listening and confirmation skills that increase communication. Demonstrate: (OIS)	<ul style="list-style-type: none"> • Use of paraphrasing and other effective listening skills • Use of appropriate eye contact and individual's name • Allow adequate time for a person to respond • Use of communication techniques identified to be effective with Individual • Sensitivity to non-verbal communication 	30d	30d	30d
V-9 ◆	Demonstrate behaviors that increase opportunities and individual's ability to make choices.	Measures to be determined based on preferences and needs of individuals being supported, i.e.: <ul style="list-style-type: none"> • Involve individuals in decision making • Presents opportunities for choice in daily activities (<i>such as meal preparation, budget, clothing, break-time activities</i>) • Facilitates and respects communication of individuals 	3M	3M	3M
V-10 ◆	Demonstrate behaviors that increase independence and functional skill levels of individuals.	Measures to be determined based on preferences and needs of individuals being supported. <ul style="list-style-type: none"> • Presents choices in everyday activities • Encourages use of demonstrated skills in all activities 	3M	3M	3M
V-11 ◆	Demonstrate behaviors that increase productivity of individuals.	<ul style="list-style-type: none"> • Promote involvement of individual in household and environmental duties. • Support individuals in activities that are seen as a contribution to their community/general society. 	3M	3M	3M
V-12 ◆	Participate in activities and processes that support community integration for individuals	Measures to be determined by organization e.g.: <ul style="list-style-type: none"> • Supports individuals in community activities as directed in ISP • Supports individuals in a variety of desired communities 	3M	3M	3M

VALUES & PERSONAL REGARD <i>(continued 13 – 17)</i>			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
Competency	Demonstration		Central Training – F1		
V-13 ●●	Describe the purpose and basic components of the ISP and staff role in its implementations. Identify key factors such as: <i>Central Training: General ISP overview. In-House: Client specific training at assigned home (See Client specific check boxes V-14)</i>	<ul style="list-style-type: none"> Assess interests and support needs of individual Assess interests and support needs of individual Determine goals & objectives required to meet needs Identify strategies for achieving goals Collect pertinent information about achieving those goals Evaluate effectiveness of service plans and support strategies Modify plans as needed Work with other partners in plan implementation i.e. ISP team members, families, VR, other providers and the community. 	3M	3M	3M
V-14 ◆●	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> Carry out the program plan as written Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. 	3M	3M	3M
	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> DHS4588 GDP (2) <input type="checkbox"/> DHS4588 IG (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
V-15 ●●	<i>Central Training: General ISP overview. In-House: Client specific training at assigned home (See client specific check boxes V-14)</i>	List orally or in writing: Identify elements of the individualized planning. <ul style="list-style-type: none"> Services are organized around the unique needs of the individual Individual is directly involved in planning process to the fullest extent possible Services are flexible and responsive to identified individual needs 	Central Training – F1		
			3M	3M	3M
V-16 ◆●	Encourage the participation of individuals in preferred activities. Staff will:	<ul style="list-style-type: none"> Determine individual's preferences Support the scheduling of preferred activities Structure activity to allow for as much participation as possible Assure proper materials and equipment are available for activities Connect the individual to community resources. 	3M	3M	3M
V-17 ◆	Demonstrate effective communication skills & strategies with individuals being supported.	Measures to be based on communication strengths and needs of individuals being supported. Suggestions include: <ul style="list-style-type: none"> Make recommendation on how to improve effective communication Structure activities to promote interaction Recognize and respond to various forms of communication, spoken and unspoken Respond to individual's level of communication 	3M	3M	3M

VALUES & PERSONAL REGARD			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
Competency	Demonstration				
V-18 ◆●	Describe key information and events for individuals being supported. List orally (or in writing) the following information:	Background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics	3M	3M	3M
MISSION & POLICIES 1 - 5			Date Trained Initials	Date Demonstrated Initials	Eval. Initial
Competency	Demonstration				
M-1 ◆	Locate the mission and values statement of the organization.	Locate mission and value statement located on the cover sheet of the Policy and Procedures notebook.	30d	30d	30d
M-2 ◆●	Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration.	Locate the Policy and Procedures notebook and show ability to find policies using the table of contents, etc. Policies will actually be reviewed in NEO and Medication Administration training.	30d	30d	30d
M-3 ■	Describe the mission and value statement of the organization.	<i>Paraphrase orally or in writing</i>	HR - F1		
			3M	3M	3M
M-3 ■◆	Describe "Weapons" policy.	<i>Paraphrase orally or in writing.</i>	30d	30d	30d
M-4 ◆	Correctly complete all required documentation according to agency policies and procedures (i.e., correct content, within timelines, sent to correct individuals, etc.) <input type="checkbox"/> Daily Log (BVS2) <input type="checkbox"/> IRs (DHS 4595) (BVS2)		3M	3M	3M
M-5 ◆●	Locate site copy of applicable Oregon Administrative Rules (OARs). Present appropriate OARS upon request. Oregon Administrative Rules (OAR) 411-325: 24-Hour Residential Services http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html Oregon Administrative Rules (OAR) 411-345: VOC http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340 Oregon Revised Statutes (ORS): http://www.leg.state.or.us/ors/ SOCP Policies and Procedures: http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html		3M	3M	3M

The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.

State Operated Community Program

Mission, Vision, Goals and Values

Oregon Department of Human Services (DHS) Mission

Assisting people to become independent, healthy and safe

Seniors and People with Disabilities (SPD) Mission

Helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support, and services that promote independence, choice, and dignity.

State Operated Community Program (SOCP) Mission

The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.

Vision

Better outcomes for clients and communities through collaboration, integration and shared responsibility

Goals

- People are healthy
- People are living as independently as possible
- People are safe
- People are able to support themselves and their families

DHS Core Values

Integrity

We maintain the highest standards of individual and institutional integrity.

Stewardship

Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this stewardship of the public trust.

Responsibility

We take responsibility for our actions.

Respect

We respect the dignity and the diversity of our colleagues, communities and people we assist.

Professionalism

We maintain the highest standards of professionalism.

State Operated Community Program

SOCP common acronyms

AFO – Ankle Foot Orthosis (corrective brace)

AHA – American Heart Association

BBP – Bloodborne Pathogens

BSP – Behavior Support Plan

BSRC – Behavior Support Review Committee

BVS – Behavior/Vocational Specialist

CDDP – Community Developmental Disability Program

CSM – Clinical Services Manager

DAS – Department of Administrative Services

DD – Developmentally Disabled

DHS – Department of Human Services

ER – Emergency Room

FA – Functional Assessment

HIPAA – Health Insurance Portability and Accountability Act

HR – Human Resources

IEAR – Income and Expense Account Record

IR – Incident Report

ISP – Individual Support Plan

KAFO's – Knee Ankle Foot Orthosis

MAR/TAR – Medication Administration Record/Treatment Administration Record

MIR – Medical Incident Report

MSDS – Material Safety Data Sheets

NEO – New Employee Orientation

OAR – Oregon Administrative Rule

ODDS – Office of Developmental Disabilities Services

OIS – Oregon Intervention System

OIT – Office of Investigations and Training

OR-OSHA – State of Oregon Occupational Safety and Health Agency

ORS – Oregon Revised Statutes

OSHA – Occupational Safety and Health Administration

PA – Program Administrator

PCC – Psychiatric Crisis Center

PD – Position Description

PFW – Personal Focus Worksheet

PM – Program Manager

PPE – Personal Protective Equipment

PPI – Protective Physical Intervention

PSRB – Psychiatric Security Review Board

PVO – Physician Visit Order

RTR – Risk Tracking Record

SAIF – State Accident Insurance Fund

SM – Site Manager

SOCP – State Operated Community Program

SPD – Seniors and People with Disabilities

VR – Vocational Rehabilitation

ORS Chapter 426 – Civil Commitment of a mentally ill individual – up to 180 days

ORS Chapter 427 – Civil Commitment of a mentally retarded individual - up to 365 days

801 – The SAIF form work-related injury requiring medical treatment.

State Operated Community Program

Common medical abbreviations:

Abbreviation	Explanation	Abbreviation	Explanation
gtts.	drops	X	times
@	at	↑	increase
am	morning	↓	decrease
BP	Blood pressure	TPR	temperature, pulse, respiration
b.i.d./bid	Twice a day	WNL	within normal limits
gm. or GM	gram	p̄	after
c̄	with	QD or qd	daily or every day
cc	cubic centimeter	Q.6h or q6°	every 6 hours
hs	Bedtime (hour of sleep)	Q.8h or q8°	every 8 hours
Tx	treatment	Q.12h or q12°	every 12 hours
tsp	teaspoon	QID	4 times daily
Hr or hr	hour	q.o.d. or qod	every other day
NKA	no known allergies	s̄	without
Rx	Prescription	tab.	tablet
D/C or d/c	discontinued	t.i.d. or tid	three times a day
mg.	milligrams	NPO	nothing by mouth
p.o. or po	by mouth	oint	ointment
PRN or prn	as needed	Tbsp	tablespoon
Q. or q	every	i	one
Q.4h or q4°	every 4 hours	ii	two
c/o	complaint of	iii	three
Wt.	weight		

Core Competencies

Safety (14) Health (9) Rights (10) Values & Personal Regard (18) Mission (5)

The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.

- ***Cross over exists in the Core Competency Training.*** Some competencies are done at Central Office and in the house.
- Some competencies are done by more than 1 individual in the house see Duties list.
Example: BVS1s are responsible for some ISP support documents as are the BVS2s, who also do protocols and the health list.

SAFETY 1 - 14

S-1	Obtain First Aid and CPR certification. (AHA)	AHA	<input type="checkbox"/>
S-2	Locate emergency notification information including who is to be informed of an emergency, how, and in proper order.	SM	<input type="checkbox"/>
S-3	Follow posted emergency evacuation procedures.	SM	<input type="checkbox"/> BVS2 <input type="checkbox"/>
S-4	Demonstrate appropriate methods of support and non-physical intervention for individuals.	BVS2	<input type="checkbox"/>
S-5	Lift or transfer an individual or material using recognized safe body mechanics. (<i>Lifting Safely Curriculum</i>).	OIS	<input type="checkbox"/>
S-6	Complete documentation required for incident and accident reporting process. (<i>NEO & OIS</i>)	OIS	<input type="checkbox"/>
S-7	Use safe handling and storage techniques for chemicals and cleaners (<i>NEO</i>). www.coastwidelabs.com	BVS2	<input type="checkbox"/>
S-8	Locate safety equipment. (<i>Evacuation house maps</i>) http://www.dhs.state.or.us/spd/tools/dd/socp/safetynet.htm	BVS2	<input type="checkbox"/>
S-9	Safely operate any equipment used within the work environment.	BVS2	<input type="checkbox"/> Nurse <input type="checkbox"/>
S-10	Recommend and make suggested modifications to environment as required for individual's safety.	SM	<input type="checkbox"/>
S-11	Respond to emergency by acting to protect individuals and self from harm. (<i>OIS</i>)	OIS	<input type="checkbox"/> BVS2 <input type="checkbox"/>
S-12	Properly respond to emergency situation. (fire, explosion, accident, or other emergency, including evacuation of individuals) or drill to ensure safety of individuals and staff.	BVS2	<input type="checkbox"/>
S-13	Identify and report potential safety hazards. (<i>HRNEO Slide 43</i>)	SM	<input type="checkbox"/>
S-14	Use safe handling procedures when handling, preparing & storing food www.foodsafety.gov	HR	<input type="checkbox"/>

HEALTH 1 - 9

- | | | |
|-----|--|---|
| H-1 | Locate medical information for specific individuals.
* When there is NO Nurse Client Relationship | *BVS2 <input type="checkbox"/> |
| H-2 | Respond to specific medical & health concerns of individuals.(<i>eg., diet, exercise, seizures, diabetes, g-tube, allergies.</i>)
* When there is NO Nurse Client Relationship | *BVS2 <input type="checkbox"/> |
| H-3 | Provide personal care supports appropriate to needs of individuals (<i>including use of adaptive equipment</i>). | BVS2 <input type="checkbox"/> |
| H-4 | Use appropriate procedures and protocols for blood / body fluids. (<i>AHA</i>) | BVS2 <input type="checkbox"/> |
| H-5 | Use appropriate infection control techniques. (<i>After Medication Administration Training</i>) | AHA <input type="checkbox"/> MedTRN.RN <input type="checkbox"/> |
| H-6 | Demonstrate appropriate medication administration and documentation. (<i>After Medication Administration Training</i>) | MedTRN.RN <input type="checkbox"/> |
| H-7 | Identify situations that require immediate medical intervention. (<i>After Medication Administration Training</i>) | BVS2 <input type="checkbox"/> |
| H-8 | Describe the desired therapeutic effects and locate information about possible side effects of medications being used by individuals. | BVS2 <input type="checkbox"/> |
| H-9 | Identify symptoms of illness or injury for individuals being supported (e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.) | BVS2 <input type="checkbox"/> |

RIGHTS 1 - 10

- | | | |
|------|---|--|
| R-1 | Identify basic civil and human rights are held by all individuals regardless of ability.(<i>OIS</i>) | OIS <input type="checkbox"/> |
| R-2 | Identify additional rights of people with developmental disabilities who receive service from ODDS. (<i>OIS</i>) | OIS <input type="checkbox"/> |
| R-3 | Identify examples of abuse, neglect; and state the mandated reporting requirements and process. (<i>NEO</i>) | OIS <input type="checkbox"/> |
| R-4 | Identify right of consumer confidentiality and state examples of violation of confidentiality. (<i>NEO Slide 45</i>) | HR <input type="checkbox"/> |
| R-5 | Locate organization's grievance procedure for individuals supported and for the organization's employees.(<i>HR NEO.Slide 42</i>) | HR <input type="checkbox"/> |
| R-6 | Identify actions defined as sexual harassment. (<i>HR NEO- Slide 30</i>) | HR <input type="checkbox"/> |
| R-7 | Protect the rights of the individuals supported. | BVS2 <input type="checkbox"/> |
| R-8 | Respect confidentiality. (<i>NEO Slide 45, 46</i>) | HR <input type="checkbox"/> |
| R-9 | Act to prevent abuse, neglect, and exploitation of individuals. (<i>Abuse Policy and Mandatory Abuse sign-off</i>) | BVS2 <input type="checkbox"/>
HR NEO ½ day <input type="checkbox"/> |
| R-10 | Describe the role of the legal guardian. (<i>Annually & Memorandums review</i>) <i>Considerations are on a case-by-case basis contact Clinical Service Manager.</i> | SM <input type="checkbox"/> |

VALUES and PERSONAL REGARD 1 – 18

- | | | |
|------|--|--|
| V-1 | Locate personal information about individuals. | BVS1 <input type="checkbox"/> |
| V-2 | Demonstrate behavior that indicates respect and courteousness to individuals being supported. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-3 | Use people’s first language in interactions w/staff and individuals. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-4 | Describe the importance of providing choices to individuals with disabilities. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-5 | Describe the importance of supporting independence for individuals. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-6 | Describe the importance of supporting productivity for individuals. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-7 | Describe the importance of supporting individuals in community activities. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-8 | Use listening and confirmation skills that increase communication. <i>(OIS)</i> | OIS <input type="checkbox"/> |
| V-9 | Demonstrate behaviors that increase opportunities and individual’s ability to make choices. | BVS1 <input type="checkbox"/> |
| V-10 | Demonstrate behaviors that increase independence and functional skill levels of individuals. | BVS1 <input type="checkbox"/> |
| V-11 | Demonstrate behaviors that increase productivity of individuals. | BVS1 <input type="checkbox"/> |
| V-12 | Participate in activities and processes that support community integration for individuals. | BVS1 <input type="checkbox"/> |
| V-13 | Describe the purpose and basic components of the ISP and staff role in its implementations. <i>(OIS overview – In-House specifics)</i> | OIS <input type="checkbox"/> BVS1 <input type="checkbox"/> BVS2 <input type="checkbox"/> |
| V-14 | Follow the objectives and strategies set forth in the ISP. <i>(OIS overview – In-House specifics)</i> | BVS1 <input type="checkbox"/> BVS2 <input type="checkbox"/> RN <input type="checkbox"/> |
| V-16 | Encourage the participation of individuals in preferred activities. | BVS1 <input type="checkbox"/> |
| V-15 | Identify elements of the individualized planning. | OIS <input type="checkbox"/> BVS1 <input type="checkbox"/> BVS2 <input type="checkbox"/> |
| V-17 | Demonstrate effective communication skills and strategies with individuals being supported. | BVS2 <input type="checkbox"/> |
| V-18 | Describe key information and events for individuals being supported. | BVS1 <input type="checkbox"/> BVS2 <input type="checkbox"/> |

MISSION 1 - 5

- | | | |
|-----|---|--|
| M-1 | Locate the mission and values statement of the organization. | SM <input type="checkbox"/> |
| M-2 | Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and medication administration. | BVS2 <input type="checkbox"/> |
| M-3 | Describe the mission and value statement of the organization.
Describe SOCP Weapons policy (Slide 36, 37) | HR <input type="checkbox"/> Site Manager <input type="checkbox"/>
HR <input type="checkbox"/> Site Manager <input type="checkbox"/> |
| M-4 | Complete documentation according to agency policies & procedures. | BVS1 <input type="checkbox"/> BVS2 <input type="checkbox"/> |
| M-5 | Locate site copy of applicable Oregon Administrative Rules(OARs).
SOCP Main Webpage: http://www.dhs.state.or.us/spd/tools/dd/socp/ | SM <input type="checkbox"/> |

Mandatory Annual Forms packet*

1	Position Description DHS 0105 (08/07) *annually	HR <input type="checkbox"/>
2	Universal Precautions DHS 4640 (10/09) *annually	BVS2 <input type="checkbox"/>
3	Mandatory Abuse Adult/Child DHS 4624 A & C *annually	HR <input type="checkbox"/> Site Manager* <input type="checkbox"/>
4	Employee Property Tracking Record DHS 4559 (10/09) *annually	(return to Central) SM <input type="checkbox"/>
5	Driving Record Certification (02/10) *annually	HR prehire <input type="checkbox"/> SM * <input type="checkbox"/>
6	SOCP Dress Guidelines (10/09) (HR NEO Slide 24) *annually	HR <input type="checkbox"/> SM * <input type="checkbox"/>
7	SOCP Employ. Emergency Info. DHS 0121 (10/09) *annually	(Keep in house) SM <input type="checkbox"/>
8	SOCP Cell Phone Usage (10/09) (HR NEO Slide 39, 40) *annually	HR <input type="checkbox"/> SM * <input type="checkbox"/>
9	SOCP Code of Conduct (10/09) *annually	SM * <input type="checkbox"/>
10	SOCP House Rules (09/09) *annually	SM * <input type="checkbox"/>
11	SOCP Confidentiality 911/10)*annually	SM * <input type="checkbox"/>
12	SOCP Role of Legal Guardian (10/10) *annually	SM * <input type="checkbox"/>
13	SOCP Food Handling (10/10) *annually	SM * <input type="checkbox"/>

Site Manager other duties / responsibilities cheat sheet items contained On the F2 In-House CC back page

- A Overtime
- B 911 Emergency Services Guideline (***annually**)
- C Memo's/Alerts/Transmittals
- D FMLA
- E House Finances/Petty Cash
- F On-call/Call-ins
- G Shopping Groceries/Menus
- H Core Values (also covered by HR Slide 22)
- I Time Capture/Schedule
- J Archiving
- K Incident Reporting (4595, 4595A, 4595B, 4595C, 4595D)
- L Agency policies/procedures
- M Emergency Book
- N Core Comps (DHS 4585)
- O Client Finances
- P SAIF / forms / Emp. Accd.
- Q POLST policy (DHS 4672 – ***annually**)

***ANNUALLY** through filling out the “Mandatory Annual Packets” or an annual training.