

# Appendix D

DHS 4562

## Employee Instruction Record

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



# Employee Instruction Record

Date training started: \_\_\_\_\_ Trainer signature: \_\_\_\_\_  
Length of time: \_\_\_\_\_ Trainer signature: \_\_\_\_\_  
Subject: \_\_\_\_\_

## SECTION A:

Client(s): *(initials)* \_\_\_\_\_

- Initial training                       Revisions/updates                       Re-training  
 Internal client transfer                       Other \_\_\_\_\_  
 Annual review

*(list documents, including dates, if applicable)*

## SECTION B:

- Individual Support Plan (ISP)    Date: \_\_\_\_\_     ISP Protocols *(list below)*    Date: \_\_\_\_\_  
*(including Action Plans)*  
 FA/BSP                      Date: \_\_\_\_\_     Staffing Expectations    Date: \_\_\_\_\_  
 Safety Plan (Home)                      Date: \_\_\_\_\_     Safety Plan (Voc)                      Date: \_\_\_\_\_  
 PFW                      Date: \_\_\_\_\_     Nursing Care Plan                      Date: \_\_\_\_\_  
 Vocational Day Supports *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*  
 Nursing Protocols *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*  
 Other *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*

Points covered: \_\_\_\_\_  
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## Directions for completing Employee Instruction Record

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

## Directions for completing Employee Instruction Record

### Revisions/updates

**b).** Indicate what the specific revision(s)/update(s) to a particular document are being trained. For example, if client JS' staffing expectations were revised from 15 minute checks while sleeping to 30 minute checks on 5/3/10, you would mark and input the following:

- **Section A:** Client Initials (JS), Check "Revisions/Updates"
  - **Section B:** Check Staffing Expectations and input the date of 5/3/10
  - **Points covered:** Staff is now to perform 30 minute checks on JS while he is sleeping (or something similar).
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### Re-training

**c).** Indicate what was re-trained. If it was the entire contents of a particular document, you will write: "all points in the above marked document." If it was only a part of any document/box marked in section B, indicate the specifics.

**For example:** "JS liquid consumption guidelines: Staff are to....."

**Annual Training:** Indicate what documents/training was provided.

**For example,** "Earthquake Drills, Code of Conduct, Mandatory abuse, etc."

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### Other

**d).** Indicate the document and if applicable, specific points covered, as well as the document dates (if applicable).

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## 7. Signatures

In this section, ensure that it is accurately and fully completed. You must include the date that the staff was trained, their name, signature/title, and the trainer's initials.

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