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. ☐ Missing client ☐ Fire evacuation ☐ Emergency evacuation ☐ Natural disasters ☐ Emergency notification information *(insert NA if not applicable)*	30d	30d	30d
S-3 **SM** **&** **BVS2**	Follow posted emergency evacuation procedures.	• 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)	• 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	• 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:**	☐ First aid kit ☐ Fire extinguisher ☐ PPE ☐ Eye wash station ☐ MSDS (if applicable)	30d	30d	30d
S-9 **BVS2** **(N)=** **nurse**	Safely operate work environment equipment: *(insert NA if not applicable)* **Demonstrated proper operation of equipment:** ☐ Phones/faxes ☐ Tie-downs ☐ Lifts ☐ Kitchen appliances ☐ Lawn/garden tools ☐ Power tools ☐ Fire alarm shut of ☐ Code /emergency alarms ☐ Vehicles ☐ Gas shut-off ☐ Furnace/filter ☐ Feeding pumps (N) ☐ Panic buttons ☐ Laundry room appliances ☐ Generator ☐ Medical equipment (e.g. Respiratory orientation) (N) ☐ Water shut-off		30d	30d	30d

	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. • 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:** • 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 *(fire, explosion, accident, or other emergency, including evacuation of individuals)* 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 **SM**	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

	HEALTH Competency	Demonstration	Date	Staff Initials	Eval. Initial
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. *(eg., diet, exercise, seizures, diabetes, g-tube, allergies.)*	• 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.*

	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. ☐ Sidelyer ☐ Side cans ☐ Lifts ☐ Wheelchair ☐ Gurney ☐ Standers ☐ Rocking bed ☐ Body brace ☐ AFO's ☐ KAFO's ☐ Hand splints ☐ Hand cones ☐ Crawligator ☐ Walker ☐ Wedges ☐ Other:_____ ☐ _____ ☐ _____		30d	30d	30d
H-4 BVS2	Use appropriate procedures / protocols for blood/ body fluids.	• 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)	• 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. • 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:	*(e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)* • 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 Competency	Demonstration	Date	Staff Initials	Eval. Initial
R-7 BVS2	Protect the rights of the individuals supported. *(Specific measures to be determined by organization.)* **Demonstrate behavior that supports individuals in activities relating to:**	• 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.	3M	3M	3M

R-9 **BVS2**	Act to prevent abuse, neglect, and exploitation of individuals. **Demonstrate methods to prevent abuse such as:**	• 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:**	• 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.	• 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.: • 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. • 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.	• 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.:** • 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* ***(See client specific check boxes V-14)*** Describe the purpose and basic components of the ISP and staff role in its implementations. **Identify key factors such as:** • Assess interests and support needs of individual • Determine goals & objectives required to meet needs • Identity 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

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-14 **BVS1** **BVS2** **NURSE**	Follow the objectives and strategies set forth in the ISP.	• 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:_____

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

Client initials:_____

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☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-15 **BVS1** **BVS2**	***Central Training:*** *General ISP overview.* ***In-House:*** *Client specific training at assigned home* ***(See client specific check boxes V-14)*** Identify elements of the individualized planning. **List orally or in writing:** • 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.	**Staff will:** • 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.	Measures to be based on communication strengths and needs of individuals being supported. Suggestions include: • 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.	**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 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**	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. *Policies will be reviewed in NEO and Medication Administration training.*		30d	30d	30d
M-3 **SM**	Describe the mission and value statement of the organization. *Paraphrase orally or in writing:*		3M	3M	3M
SM	Describe "Weapons" policy. *Paraphrase orally or in writing.*		30d	30d	30d

	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.) ☐ Daily Log (BVS2) ☐ 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 Statues (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 Review with new staff	Date	Staff Initials	Eval. Initial
SM	**2008_12_22_Employee Restroom Breaks** 2009_12_18_ SOCP Smoking Policy (IM) 2010_04_15_911 Emergency Services Guidelines (PT) 2010__05_18__Hep B / Post exposure Guidelines (IM) (and 2010_06_11) 2010_06_16_Employee Found Sleeping Abuse 2.006 (PT) 2010_06_21_3.006 Client Money / Shift Spending Log (PT) 2010_10_11_Guardianship / Food Handling (IM)			

State Operated Community Program

In-House training duties / responsibilities

Site Managers (SM)	BVS1	BVS2	24-Hour Nurses
■ Overtime	■ Voc Payroll Data	■ Van, trailer and vehicle training	■ Nursing Care Plans
■ 911 Emergency Services Guidelines *	■ Client Schedules and Client Daily Planner (DHS 4587)	■ ISP/Support Doc's/ Protocols/ Health List	■ ISP Protocols/Support Doc's/Health List
■ Code of Conduct *	■ Task Analysis (Tool) /Self admin.	■ SAIF / Earthquake Plan (April)	■ Range of Motion (ROM)
■ Cell Phone Usage *	■ Safety Plan (DHS 4614 H & W)	■ Fire Extinguishers *(add dates)	■ Oral feeding/Stimulation (GTube)
■ Dress Code *	■ CORE Comps (DHS 4585)	■ FA/BSP Blended Plan (DHS 4588)	Nurse/Client relationship specifics:
■ House Rules*	■ Voc Fire Drill (DHS 4637H & V)	■ Good Day Plan (DHS 4588)	☐ Constipation
■ Memo's/Alerts/Transmittals	■ Change Forms (DHS 4591)	■ Interaction guidelines (DHS 4588)	☐ Dehydration
■ FMLA	■ Job Procedures (TOOL)	■ OIS Oversight	☐ Aspiration
■ Mandatory Reporting/Abuse*	■ New Voc Worksite Orientation	■ CORE Comps (DHS 4585)	☐ Seizures
■ House Finances/Petty Cash	■ New Client Transfers	■ Medication Follow-up/Grn sheet	☐ Hypertension
■ On-call/Call-ins	■ PFW (OTAC)	■ New Client Transfers	☐ Epi pen
■ Shopping Groceries/Menus	■ Discussion Record (OTAC)	■ Medical/Psychiatric appts.	☐ Glucagon protocol
■ Core Values	■ Employment Evaluation (TOOL)	■ Incident Reporting (DHS 4595)	☐ CPAP.BIPAP care
■ Time Capture/Schedule	■ Individual Summary Sheet (ORS)	■ Outing Log (DHS 4628)	☐ Insulin administration
■ Archiving	■ Interest Survey (Tool)	■ Daily Log (DHS 4629)	☐ Diabetic protocol
■ Incident Reporting (DHS 4595)	■ Lifestyle assessment (Tool)	■ Behavior Discuss/Action Plan	☐ Inhaler use/nebulizers
■ Agency policies/procedures	■ Ind. Support Plan (ISP) Doc.	■ Positioning, Lifting	☐ Blood Glucose monitoring
■ Emergency Book		■ Staff alerts	☐ Other:
■ Core Comps (DHS 4585)		■ Universal Precautions *	
■ Client Finances		■ Hep B / Bite Protocols	
■ SAIF / forms / Emp. Accd.			
■ POLST policy * (DHS 4672)			

***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.)