

06/22/10

Attached is an updated **“In-House Training Duties / Responsibilities grid.”**  
Please distribute at your next staff meeting and replace previous version(s) with the attached (06/10) revision date.

The revised version will be included in the “Combined Core Comps” – In-House Training sections.

Also, posted on SOCP main page under “Training” heading:  
<http://www.dhs.state.or.us/spd/tools/dd/socp/>

State Operated Community Program

**In-House training duties / responsibilities (DRAFT 06/16/10)**

Site Managers (SM)	BVS1	BVS2	24-Hour Nurses
<input type="checkbox"/> Overtime	<input type="checkbox"/> Voc Payroll Data	<input type="checkbox"/> Universal Precautions/Bite Prodr.	<input type="checkbox"/> Nursing Care Plans
<input type="checkbox"/> 911 Emergency Services Guidelines	<input type="checkbox"/> Client Schedules and Client Daily Planner	<input type="checkbox"/> ISP Protocols/Support Doc's/Health List	<input type="checkbox"/> ISP Protocols/Support Doc's/Health List
<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> Task Analysis(SP)/Self admin.	<input type="checkbox"/> SAIF / Earthquake Plan	<input type="checkbox"/> Range of Motion (ROM)
<input type="checkbox"/> Cell Phone Usage	<input type="checkbox"/> Safety Home/Voc	<input type="checkbox"/> Fire Extinguishers	Nurse/Client relationship specifics:
<input type="checkbox"/> Dress Code	<input type="checkbox"/> CORE Comps	<input type="checkbox"/> FA/BSP	
<input type="checkbox"/> House Rules	<input type="checkbox"/> Voc Fire Drill	<input type="checkbox"/> Good Day Plan	
<input type="checkbox"/> Memo's / Staff alerts	<input type="checkbox"/> Change Forms	<input type="checkbox"/> Staff alerts	
<input type="checkbox"/> FMLA	<input type="checkbox"/> New Voc Worksite Orientation	<input type="checkbox"/> Van, trailer and vehicle training	<input type="checkbox"/> Aspiration
<input type="checkbox"/> Mandatory Reporting/Abuse	<input type="checkbox"/> New Client Transfers	<input type="checkbox"/> OIS Oversight	<input type="checkbox"/> Seizures
<input type="checkbox"/> House Finances/Petty Cash	<input type="checkbox"/> PFW	<input type="checkbox"/> CORE Comps	<input type="checkbox"/> Hypertension
<input type="checkbox"/> On-call/Call-ins	<input type="checkbox"/> Employment Evaluation	<input type="checkbox"/> Medication Follow-up/Grn sheet	<input type="checkbox"/> Epi pen
<input type="checkbox"/> Shopping Groceries/Menus	<input type="checkbox"/> Individual Summary Sheet	<input type="checkbox"/> New Client Transfers	<input type="checkbox"/> Glucagon protocol
<input type="checkbox"/> Core Values	<input type="checkbox"/> Interest Survey	<input type="checkbox"/> Medical/Psychiatric appts.	<input type="checkbox"/> CPAP .BIPAP care
<input type="checkbox"/> Time Capture/Schedule	<input type="checkbox"/> Lifestyle assessment	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> Insulin administration
<input type="checkbox"/> Archiving	<input type="checkbox"/> Individual Support Plan (ISP)	<input type="checkbox"/> Outing Log	<input type="checkbox"/> Diabetic protocol
<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> PFW /Disc Record	<input type="checkbox"/> Daily Log	<input type="checkbox"/> Inhaler use/nebulizers
<input type="checkbox"/> Agency policies/procedures		<input type="checkbox"/> POLST policy	<input type="checkbox"/> Blood Glucose monitoring
<input type="checkbox"/> Emergency Book		<input type="checkbox"/> Behavior Discuss/Action Plan	<input type="checkbox"/> Other:
<input type="checkbox"/> Core Comps		<input type="checkbox"/> Positioning, Lifting	
<input type="checkbox"/> Client Finances		<input type="checkbox"/> Interaction guidelines	
<input type="checkbox"/> SAIF / forms / Emp. Accd.			
<input type="checkbox"/> POLST			