

ORIENTATION AND ANNUAL TRAINING CHECKLIST

Items with an asterisk (*) and in bold type are for direct care staff only			
	CHECK		CHECK
Agency Mission, Vision and Plan and Organizational Chart		*Bloodborne Pathogens/Exposure Control Plan	
*Types of Care/Service Provided by the Agency including Information Provided to Clients Regarding Charges		*TB and Infectious Control Plan	
Personnel Policies, Job Descriptions and Professional Boundaries of All Disciplines		*Medical Device and Safety Hazard Reporting	
Cultural diversity		*Advance Directives	
Emergency/Disaster Preparedness		*Administrative Policy and Supervision of Staff	
Complaints and Grievances		*Identifying Abuse, Neglect and Exploitation	
HIPAA		Fraud, Abuse and Whistleblowing	
Infection Control		*Quality Assurance or QAPI	
*Handwashing and Bag Technique		*Documentation, Recordkeeping including OASIS if applicable	
Communication Barriers		*Understanding Alzheimer's and Dementia	
Workplace/Patient Safety and OSHA including Hazard Communication Plan		*Incident /Occurrence Reporting	
Patient Rights and Responsibilities		Employee Handbook Review	
Corporate Compliance			
Ethics		ID Badge Issued	
PRINT NAME:		TITLE:	
SIGNATURE:		DATE:	