|  |
| --- |
| Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Orientation/training information has been provided to

(employee name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the following areas of Member’s/Patient’s Rights and Safety on the dates documented and signed by the employee and trainer listed below.

Personnel must know where to locate information/resources about the following training items.

|  |  |  |
| --- | --- | --- |
| **Member’s Rights** | **Date** | **Signature** |
| Patient Confidentiality |  |  |
| Informed Consent (including human sterilization where applicable) |  |  |
| Prior Authorization requests |  |  |
| Grievance/Complaint Procedure |  |  |
| Sensitive Services/Minor’s Rights |  |  |
| Health Plan Referral Process/Procedures/Resources |  |  |
| Culturally & Linguistically Appropriate Services (CLAS) |  |  |
| Disability Rights and Provider Obligations  |  |  |
| **Safety Training** | **Date** | **Signature** |
| Fire Safety and Prevention |  |  |
| Emergency non-medical procedures:e.g. site evacuation, workplace violence, earthquake, etc. |  |  |
| Medical emergency procedures/action plan |  |  |

|  |  |  |
| --- | --- | --- |
| **Safety** | **Date** | **Signature** |
| Infection Control/Universal Precautions\* |  |  |
| Biohazardous Waste Handling\* |  |  |
| Blood Borne Pathogens Exposure Prevention\* |  |  |
| Child/Elder/Domestic Violence Abuse |  |  |

\*Documentation of Annual Training Required (page 2)

**Annual Safety Training: Infection Control/Universal Precautions, Biohazardous Waste Handling and Bloodborne Pathogens Exposure Prevention**

Documentation of the annual in-service/training date, employee’s signature/title and the signature/title of the trainer is required.

| **Employee Signature/title** | **Date**  | **Trainer Signature/title** | **Date** |
| --- | --- | --- | --- |
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**Use and Maintenance of Medical Office Equipment**

(Name and title of employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been oriented/instructed in the proper use and maintenance of all medical office equipment used in the scope of his/her work at this facility. A qualified instructor has provided the orientation/instruction.
This employee has provided return demonstration showing his/her knowledge, understanding and competency in the proper use and maintenance of the medical equipment listed below. A satisfactory return demonstration has been performed/completed as documented by the date and signature/title of the employee and trainer documented below. (Indicate if item is not used in the employee’s scope of work.)

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Trainer Signature/Title** | **Date** |
| Audiometer |  |  |
| Autoclave |  |  |
| Centrifuge |  |  |
| Defibrillator |  |  |
| EKG machine (electrocardiogram) |  |  |
| Eye charts (literate and illiterate) and occlude for vision testing |  |  |
| Glucometer |  |  |
| Hemoglobinometer (Hemocue) |  |  |
| Oxygen Tank/Regulator/Tubing |  |  |
| Scales: Adult |  |  |
| Scales: Pediatric |  |  |
| Stethoscope and Sphygmomanometer: |  |  |
|  Child cuff |  |  |
|  Adult cuff |  |  |
|  XXLarge/thigh cuff |  |  |
| Stature measuring devices (height/length) |  |  |
| Thermometer (with numeric reading): |  |  |
|  Oral |  |  |
|  Tympanic/Temporal |  |  |
| Ultrasonography equipment |  |  |
| **Equipment** | **Trainer Signature/Title** | **Date** |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |

**Vital sign collection:**

(Name and title of employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has demonstrated that they can take accurate vitals (Blood Pressure, Temperature, Pulse, Respirations) for adults and/or pediatric clients. Employee is able to describe why a patient may not be able to have their blood pressure taken on a specific arm (fistula, mastectomy).

Trainer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injections:**

(Name and title of employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has demonstrated that they can safely, with proper infection control procedures, draw and administer injections for adults and pediatric clients. (Indicate if type is used in the employee’s work)

🞏 Intramuscular 🞏 Subcutaneous 🞏 Intradermal

Trainer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_