

State Operated Community Program

Transfer Core Competencies

Safety, Health, Rights, Values, Mission

Requirements: Before working unassisted (*without experienced co-worker*)

Transfer Name: _____ Position: _____

Date of transfer: _____ House (site): _____

Evaluator(s): _____

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. <input type="checkbox"/> Missing client <input type="checkbox"/> Fire evacuation <input type="checkbox"/> Emergency evacuation <input type="checkbox"/> Natural disasters <input type="checkbox"/> Emergency notification information <i>(insert NA if not applicable)</i>	30d	30d	30d
S-3 SM & BVS2	Follow posted emergency evacuation procedures.	<ul style="list-style-type: none"> 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-7 BVS2	Use safe handling and storage techniques for chemicals and cleaners	<ul style="list-style-type: none"> 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:	<input type="checkbox"/> First aid kit <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Eye wash station <input type="checkbox"/> MSDS (if applicable)	30d	30d	30d
S-9 BVS2 (N)= nurse	Safely operate work environment equipment: <i>(insert NA if not applicable)</i> Demonstrated proper operation of equipment: <input type="checkbox"/> Phones/faxes <input type="checkbox"/> Tie-downs <input type="checkbox"/> Lifts <input type="checkbox"/> Kitchen appliances <input type="checkbox"/> Lawn/garden tools <input type="checkbox"/> Power tools <input type="checkbox"/> Fire alarm shut of <input type="checkbox"/> Code /emergency alarms <input type="checkbox"/> Vehicles <input type="checkbox"/> Gas shut-off <input type="checkbox"/> Furnace/filter <input type="checkbox"/> Feeding pumps (N) <input type="checkbox"/> Panic buttons <input type="checkbox"/> Laundry room appliances <input type="checkbox"/> Generator <input type="checkbox"/> Medical equipment (e.g. Respiratory orientation) (N) <input type="checkbox"/> Water shut-off	30d	30d	30d	
S-10 SM	Recommend/suggest environmental modifications:	Recommend and make suggested modifications to environment as required for individual's safety. <ul style="list-style-type: none"> Identify dangerous areas & hazardous situations. Properly place equipment and objects. 	3M	3M	3M

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	HEALTH		Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
H-1 BVS2*	Locate medical information for specific individuals.	Present appropriate information on individuals. *NOTE: BVS2 when there is no nurse/client relationship.	30d	30d	30d
H-2 BVS2*	Respond to specific medical and health concerns of individuals. (eg., diet, exercise, seizures, diabetes, g-tube, allergies.)	<ul style="list-style-type: none"> • Follow menu as developed. • Describe special dietary, seizure, and physical concerns of individuals. • Describe staff responsibility in dealing with those concerns. • Follow established procedures and protocols. • Document in medical progress notes. 	30d	30d	30d
H-3 BVS2	Provide personal care supports appropriate to needs of individuals.	(Included use of adaptive equipment). Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, etc.	30d	30d	30d
H-6 BVS2 Nurse	Demonstrate appropriate medication administration and documentation.	<ul style="list-style-type: none"> • Verify physician's order. • Follow organizations approved medication administration procedures. • Administer meds according to individual's Physician's Order Sheet. • Complete required documentation. 	30d	30d	30d
H-7 BVS2	Identify situations that require immediate medical intervention.	<ul style="list-style-type: none"> • 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 the desired therapeutic effects and locate information about possible side effects of medications being used by individuals.	<ul style="list-style-type: none"> • Identify and locate written information about medications used by individuals being supported. • Indicate the effects and side effects that staff needs to monitor. 	30d	30d	30d
H-9 BVS2	Identify symptoms of illness or injury for individuals being supported (e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)	<ul style="list-style-type: none"> • 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. 	30d	30d	30d

*BVS2 when there is no nurse/client relationship.

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RIGHTS		Date	Staff Initials	Eval. Initial
Competency	Demonstration			
R-9 BVS2	Act to prevent abuse, neglect, and exploitation of individuals.	3M	3M	3M
	<p>Demonstrate methods to prevent abuse such as:</p> <ul style="list-style-type: none"> • 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. 			

VALUES and PERSONAL REGARD		Date	Staff Initials	Eval. Initial
Competency	Demonstration			
V-1 BVS1	Locate personal information about individuals.	30d	30d	30d
	<ul style="list-style-type: none"> • Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) 			
V-12 BVS1	Participate in activities and processes that support community integration for individuals	3M	3M	3M
	<p>Measures to be determined by organization e.g.:</p> <ul style="list-style-type: none"> • Supports individuals in community activities as directed in ISP • Supports individuals in a variety of desired communities 			
V-13 BVS1 BVS2	Describe the purpose and basic components of the ISP and staff role in its implementations. Identify key factors such as:	30d	30d	30d
	<ul style="list-style-type: none"> • Assess interests and support needs of individual • 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. members, families, VR, other providers and the community. 			
V-14 BVS1 BVS2	Follow the objectives and strategies set forth in the ISP.	3M	3M	3M
	<ul style="list-style-type: none"> • Carry out the program plan as written • Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. <p><i>(SEE NEXT PAGE for client specific information)</i></p>			
V-15 BVS1 BVS2	Identify elements of the individualized planning. (NEO)	3M	3M	3M
	<p>List orally or in writing:</p> <ul style="list-style-type: none"> • 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 			

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V-16 BVS1	Encourage the participation of individuals in preferred activities. Staff will:	<ul style="list-style-type: none"> • 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. 	30d	30d	30d
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	30d	30d	30d

MISSION and POLICIES			Date	Staff Initials	Eval. Initial
	Competency	Demonstration			
M-2 BVS2	Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration.	Locate the Policy and Procedure notebook and show ability to find policies using the table of contents, etc. Policies will actually be reviewed in NEO and Medication Administration training.	30d	30d	30d
M-5 SM	Locate site copy of applicable Oregon Administrative Rules (OARs).	Present appropriate OARS upon request. OAR 411-325: 24-Hour Residential Services http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html OAR 411-345: VOC http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340 SOCP Policies and Procedures: http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html	3M	3M	3M

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	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-14 BVS1 BVS2 NURSE	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> • 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: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
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