

Staff Name: _____ Hire Date: _____

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT PROGRAM
SUD TECH / NURSING STAFF TRAINING**

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
GENERAL ORIENTATION	-	-	-	-	-	-
Mission Statement	1d					Orientation Staff
Demographics	1d					Orientation Staff
False Claims Act Policy	1d					Orientation Staff
Drug Free Workplace Policy	1d					Orientation Staff
Employee Benefits and Expenses Policy	1d					Orientation Staff
Employee Code of Ethics Policy	1d					Orientation Staff
OSHA and Tuberculosis Guidelines	1d					Orientation Staff
Harassment Policy	1d					Orientation Staff
Privileging Application (Licensing if necessary)	1d					Orientation Staff
Job Description	1d					Orientation Staff
Electronic Time Sheets	1d					Orientation Staff
Benefit Package	1d					Orientation Staff
Confidentiality	1d					Orientation Staff
HIPAA Guidelines	1d					Orientation Staff
Mandatory Reporting of Abuse and Neglect	1d					Orientation Staff
Adverse Incident Reports (Policy, Completion of Form and Timelines)	1d					Orientation Staff
Direct Care Guide	1d					Orientation Staff
911 Protocol	1d					Orientation Staff
Choking Protocol	1d					Orientation Staff
Consensual Relationship	1d					Orientation Staff
Trauma Training	1-5d					Orientation Staff
Consumer Rights	2-3d					Orientation Staff
Consumer Rights Pertaining to Freedom From Physical and Verbal Abuse	2-3d					Orientation Staff
Management of Inappropriate Behavior	2-3d					Orientation Staff
People First Language	2-3d					Orientation Staff
Person Centered Planning	2-3d					Orientation Staff
Overview of Developmental Disabilities Services	2-3d					Orientation Staff
Positive Behavior Support	2-3d					Orientation Staff
Cultural Competency	2-5d					Orientation Staff
Motivational Interviewing	2-5d					Orientation Staff
Suicide Prevention	2-5d					Orientation Staff

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
OPERATION OF VANS	-	-	-	-	-	-
Transportation Policy	2-3d					Qualified Trainer
Lifts	2-3d					Qualified Trainer
Safety Belts	2-3d					Qualified Trainer
Emergency Equipment	2-3d					Qualified Trainer
Safety/Maint. Checks – Pre-Trip & Routine	2-3d					Qualified Trainer
Van Logs	2-3d					Qualified Trainer
Operator Accident Form/Procedures	2-3d					Qualified Trainer
Passenger Profile Cards	2-3d					Qualified Trainer
Driving Proficiency Test	2-3d					Qualified Trainer
POPULATION SPECIFIC TRAINING	-	-	-	-	-	-
Understanding Mental Illness – Basic Physiology	2-5d					Qualified Trainer
Schizophrenia	2-5d					Qualified Trainer
1. Negative Symptoms	2-5d					Qualified Trainer
2. Positive Symptoms	2-5d					Qualified Trainer
3. 5 Types of Hallucinations	2-5d					Qualified Trainer
4. Delusions	2-5d					Qualified Trainer
5. Bizarre Behavior	2-5d					Qualified Trainer
Bi-Polar Disorder	2-5d					Qualified Trainer
1. Mania	2-5d					Qualified Trainer
2. Depressive Phase	2-5d					Qualified Trainer
3. Rapid Cycling	2-5d					Qualified Trainer
Common Misconceptions	2-5d					Qualified Trainer
The Effects of Stigma	2-5d					Qualified Trainer
Sensitivity to Consumer/Family Needs	2-5d					Qualified Trainer
Understanding Substance Use Disorder	-	-	-	-	-	-
1. Symptoms	2-5d					Program Director
2. Withdrawals	2-5d					Program Director
3. Behavior	2-5d					Program Director
OTHER:	-	-	-	-	-	-
Initial Performance Plan / Appraisal	3d					Administrative Supervisor
Cardio Pulmonary Resuscitation (CPR)	1w					Qualified Instructor
First Aid	1w					Qualified Instructor
NARCAN Training	1w					Qualified Instructor
Crisis Intervention	1w					Qualified Instructor
Food Handler's Card (Coordinator to Schedule) (Non-licensed sites trained by SHCMHC trainer) (Licensed sites trained at Public Health Dept.)	ASAP					SHCMHC Trainer (non-licensed sites); Mercer County Health Department (licensed sites)

* Training must be completed within this number of employment days.

This checklist must be completed and turned in at the end of the Trauma 101 Training.

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GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
ORIENTATION TO SITE	-	-	-	-	-	-
Introduction to Staff	2wk					Program Director
Tour of Facility	2wk					Program Director
Location of Forms/Supplies	2wk					Program Director
Review of Policies and Procedures	2wk					Program Director
Review and Understand Resident Handbook	2wk					Program Director
CLIA Waived Drug Screening / Breathalyzer Training	2wk					Program Director
Shadow Training Each Shift	2wk					Program Director
Adverse Incident/Infraction Forms	2wk					Program Director
Review of Comsumer Daily Schedule	2wk					Program Director
JOB SPECIFIC TRAINING	-	-	-	-	-	-
Read Residential Handbook	2wk					Program Director
Be Familiar with Staff Call Down Roster	2wk					Program Director
Perform Full Shift Job Duties Solo	2wk					Program Director
Conducting Patient and Room Searches	2wk					Program Director
NURSE SPECIFIC TRAINING						
Antipsychotic Medications	2-3d					Nursing Sup.
Lithium	2-3d					Nursing Sup.
Antidepressants	2-3d					Nursing Sup.
Seizure Medications	2-3d					Nursing Sup.
Anti-anxiety Medications	2-3d					Nursing Sup.
Suboxone, Vivitrol & Naltrexone Medications	2-3d					Nursing Sup.
Physical Health Medications	2-3d					Nursing Sup.
7 Rights of Medication Administration	2-3d					Nursing Sup.
Calling in Medications to Pharmacy & Refills	2-3d					Nursing Sup.
UNDERSTANDING/COMPLETING DOCUMENTATION						
AVATAR Training	2-5d					Nursing Sup.
Individual/Group Progress Notes	2-5d					Nursing Sup.
Vital Signs / Medical Monitoring	2-5d					Nursing Sup.
Security of Nursing Office	2-5d					Nursing Sup.
Refrigerator Temp Log	2-5d					Nursing Sup.
Documentation Completion / Submission / Timelines	2-5d					Nursing Sup.
Scheduling Medical Provider Appointments	2-5d					Nursing Sup.
Discharge Instructions	2-5d					Nursing Sup.
Medication Storage and Counting	2-5d					Nursing Sup.
Nursing Data Collection	2-5d					Nursing Sup.

UNDERSTANDING/COMPLETING DOCUMENTATION - Continued						
Emergency Data Collection	2-5d					Nursing Sup.
Accuchecks	2-5d					Nursing Sup.
Transcription of Medical Provider Orders	2-5d					Nursing Sup.
Nurse/Patient Boundaries	2-5d					Nursing Sup.
On-Call RN Access	2-5d					Nursing Sup.

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Revised 10/13/10; 2/22/13; 3/7/16; 3/24/17; 7/10/17; 10/15/19; 6/19/20